

DEER RIDGE CORRECTIONAL INSTITUTION
Walk-thru Metal Detector Medical Exception Process

The Oregon Department of Corrections Administrative Rule on Facility Access (291-016-0030) states, "All persons entering the facility will be subject to screening devices similar to metal detectors and may be searched as specified in the Department's Rule on Searches (Institutions)."

If you are unable to clear the metal detector due to a medical condition, you will need to complete the process listed below. After all steps have been completed and approval has been granted, you will be added to the facility Walk-thru Metal Detector Medical Exception List. When accessing the facility, you will undergo a frisk (pat-down) search of the affected area(s) and be processed through with a handheld wand metal detector.

1. Please fill out the upper portion of the Walk-thru Metal Detector Medical Exception form (attached) and forward it to your physician's office for completion.
2. Ask your physician to complete the form and fax or mail to Mr. Richard Ackley's office for processing. If you have a card from your physician, you may complete the upper portion of the form and submit with a copy of your physician-issued card.
3. DRCI staff will call to verify this information with your physician.
4. Once approval is granted, you will receive a letter of confirmation and be added to the DRCI Walk-thru Metal Detector Medical Exception List. This will alert facility access staff that you are not required to go through the walk-thru metal detector (see alternate process outlined above).
5. Please be patient - this process can take some time. If you have questions, please call Michele Simmelink-Rask at 541-325-5684

**Walk-thru Metal Detector
Medical Exception Form**

(To be completed by visitor/volunteer/contractor)

Facility Visitor/Volunteer/Contractor Name: _____
Name (Print Legibly) First Name M.I. Last

Address City State Zip

Phone Number E-mail Address

Specify Section/Company or Name and SID # of the inmate you visit.

Volunteer: _____ Contractor: _____

Visitor of: _____
Inmate Name Inmate SID #

I hereby release _____ to provide to
(Doctor's Name, Medical Facility, Phone Number)

Deer Ridge Correctional Facility verification regarding the medical condition(s) listed below.

Visitor/Volunteer/Contractor Signature Date

To be Completed by Physician

Affected area(s) contain metal products that may trigger the facility metal detector. Please check all that apply:

	Right/Left		Upper/Lower
<input type="checkbox"/> Arm	<input type="checkbox"/> Finger(s)	<input type="checkbox"/> Torso	<input type="checkbox"/> Knee
<input type="checkbox"/> Elbow	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Spinal Column	<input type="checkbox"/> Ankle
<input type="checkbox"/> Wrist	<input type="checkbox"/> Neck	<input type="checkbox"/> Hip	<input type="checkbox"/> Foot
<input type="checkbox"/> Hand	<input type="checkbox"/> Head	<input type="checkbox"/> Leg	<input type="checkbox"/> Other

Other medical condition(s) that may prevent visitor/volunteer/contractor from being processed through the metal detector:
 Pacemaker Metal Braces Wheelchair (please note if able to stand)

Comments: _____

Physician Signature Date Telephone Number

Fax or mail completed forms to:
Michele Simmelink-Rask , Executive Assistant
Deer Ridge Correctional Institution
3920 E. Ashwood Road
Madras, OR 97741-3703
FAX – 541-325-5933