D-27.2 Attachment C
Effective: 10/30/2013
Reviewed: 01/18

Heat-Related Illness Reporting Form

Offender name:______________________________ TDCJ # ________________________

Unit of Assignment:__________________________ Date of incident: ________________

Medication History:

Does this offender take psychotropic medications for which heat precautions apply? Yes ☐ No ☐
(Refer to Policy D-27.2 Attachment A)

Does this offender take other medications for which heat precautions apply? Yes ☐ No ☐
(Refer to Policy D-27.2 Attachment A)

Contributing Conditions:

Does the offender have any of the following diagnoses?

Cardiovascular Disease	☐	Seizure Disorder	☐
Cirrhosis	☐	Sjogren's syndrome	☐
Chronic Obstructive Pulmonary Disease/Asthma	☐	Sweat gland dysfunction	☐
Cystic Fibrosis	☐	Thyroid dysfunction	☐
Diabetes	☐	Older than 65	☐
Mental Health Condition	☐		

Environmental Factors:

When the offender became ill, was he/she: Inside ☐ Outside ☐ ?

Please check the appropriate box indicating where the offender was at the time he/she became ill.

Chain bus	☐	Pill window	☐	Visitation	☐
Commissary line	☐	Recreation	☐	Work	☐
Dining hall	☐	School/classroom	☐	Other:	
Housing area	☐	Showers	☐	________________________	

At the time of the incident, did the offender's HSM-18/HSIN screen reflect the following restrictions?

Ground floor	Yes ☐	No ☐
No temperature extremes	Yes ☐	No ☐
No humidity extremes	Yes ☐	No ☐
No work in direct sunlight	Yes ☐	No ☐

Treatment:

Was the offender sent to a local emergency department for treatment? Yes ☐ No ☐
Was the offender admitted to the hospital for treatment? Yes ☐ No ☐
Did the offender die as a result of this incident? Yes ☐ No ☐

Diagnosis:

What was the PROVIDER'S DIAGNOSIS of the illness?

Heat Cramps	☐	Heat Stroke	☐
Heat Exhaustion	☐	Neuroleptic Malignant Syndrome	☐

Signature of licensed health care worker completing form: ________________________________

Reporting:

When completed e-mail this form and the EMR documentation (if applicable) to hsl@tdcj.state.tx.us or fax to 936-437-3599.