



MANITOWOC COUNTY SHERIFF

Sheriff - Daniel L. Hartwig

In Partnership with the Community. Dedicated to Your Safety.

Huber Report-In / Medical Pre-Booking Information

Last Name: _____ First Name: _____ Middle Name: _____

DOB: ___/___/___ Report in Date: ___/___/___ Phone # _____

Sentence Length: _____

Have you been in the Manitowoc County Jail in the last two years? Yes or No (circle one)

Primary Doctor: _____ Clinic: _____ Phone #: _____

State current medical diagnosis:

Do you have any allergies to Medication or Food? Yes or No (circle one)

Remarks if Yes _____

List Current prescribed medications you are taking.

Medication Name	Strength	Dosage Instructions	Prescribed By.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Confidential information release authorization form attached Yes or No (circle one)

Information received by _____ Date _____