EXHIBIT A

The Medical Information required to transport the Defendant includes:

USM 553 with medical summary to include:

- Medical Diagnosis
- Current Medication(s)
- Food/Medication Allergies
- Current TB clearance (date & result)
- Ambulatory status
    - Walk independently?
    - Climb stairs independently?
    - Currently using any assistive devices? Will they be sent with?
- Current weight
- Independent with Activities of Daily Living (ADLs: eating, bathing, dressing, toileting)?
- Behavioral issues
- Any other information that would be helping in the transportation and care of this inmate

Additional information

- Any medical devices?
    - Cardiac monitors, CPAPs, wound vacs, PICC lines, prosthetics, colostomies, catheters, etc
- Dialysis info
    - Access site
    - Schedule
    - 1-2 weeks of dialysis run sheets or contact info of where these can be requested from
- Seizure info:
    - Date of last seizure, if within the last 4 weeks
        - Type, duration, rescue meds if required, etc
    - Any changes to seizure medication in the last 4 weeks
- Wheelchair info
    - Does the prisoner have their own wheelchair, if so, Is it powered or manual
    - Is the prisoner able to transfer themselves in/out of wheelchair
- Oxygen therapy
    - How many LPM
    - Is it continuous

  - What route
  - Does the inmate have their own concentrator, if so need make/Model

- Suicidal
  - Is the prisoner currently on suicide watch, mental health observations, or other continuous observation
  - If not currently on any type of watch, when was last watch (if applicable)
  - What suicidal or self-harm tendencies does the prisoner have

- Recent Hospitalization
  - If the inmate has been in the hospital in the last 30 days, please provide *hospital* discharge paperwork that includes any test results, physician notes, etc. The patient version of a discharge summary does not suffice.