

FIRST NAME JACK	MIDDLE NAME	LAST NAME RUBY	ARR. NO.
CELL NO. F2	AGE 52 SEX M RACE W	DATE 11-24-63 TIME 6 PM	M
COPIES FOR DISTRIBUTION	Prisoner Remarks: Rectal examination at request of DPB & FBI. ~		
1. Prisoners File <input type="checkbox"/>	Nature of Illness or Injury: Adequate digital exam accomplished. No foreign bodies present as far as 3 inches		
2. Emergency Hosp. M.D. <input type="checkbox"/>	Treated in Jail _____	Emerg. Hosp. _____	Parkland _____
3. Dep. Chief Services <input type="checkbox"/>	Treatment and/or Recommendation by Emerg. M.D.: _____		
Last Copy Remain Book <input type="checkbox"/>	Jailer On Duty [Signature]	Emerg. M.D. [Signature]	
NOTE: In the event of injury to prisoners while in jail special report must be made.			