OKLAHOMA DEPARTMENT OF CORRECTIONS FOOD SERVICES WORK PERMISSION SLIP

Inmate Name			ODOC Number	
TO:				
FACILITY:				
FROM:	M: Medical Services unit			
The above r	named inmate has	been medically e	valuated and approved	to work in the kitchen:
		□ YES	□ NO	
Signature of health care provider/RN/LPN			Date	
Original:	Medical Record			
Сору:	Food Services			
				DOO 440400E (D 04/00)

DOC 140106E (R 01/22)