



## OREGON DEPARTMENT OF CORRECTIONS

### Request for Background Verification Data/LEDS Information

Date: \_\_\_\_\_

Purpose: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Other Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ (Optional or last 4-digits only) Ethnicity: \_\_\_\_\_ (Optional)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Purpose/Reason for LEDS Check: \_\_\_\_\_

OJIN Needed: Yes ☐ No ☐

Section Requesting LEDS Check: \_\_\_\_\_ Institution/Facility: \_\_\_\_\_

State(s) Wanted for LEDS Check: \_\_\_\_\_

DOC400 Visitor List: \_\_\_\_\_

**The information provided will be used only for the purpose indicated above and will be handled with confidentiality.**

By signing, you grant the Oregon Department of Corrections permission to run a LEDS check and certify that the information provided is correct and true to the best of your knowledge.

Signature: \_\_\_\_\_

☐ Information/Permission received by phone, email, or fax.

**Functional Unit Manager/Designee Must review and approve in all cases where criminal history is discovered.**

☐ No Criminal Record ☐ Criminal Record ☐ Approved ☐ Denied VTS=

Reviewed by FUM: \_\_\_\_\_

LEDS Check Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

## **OREGON STATE CORRECTIONAL INSTITUTION**

### **Walk-thru Metal Detector Medical Exception Process**

The Oregon Department of Corrections Administrative Rule on Facility Access (291-016-0030) states, “All persons entering the facility will be subject to screening devices similar to metal detectors and may be searched as specified in the Department’s Rule on Searches (Institutions).”

If you are unable to clear the metal detector due to a medical condition, you will need to complete the process listed below. After all steps have been completed and approval has been granted, you will be added to the facility Walk-thru Metal Detector Medical Exception List. When accessing the facility, you will undergo a frisk (pat-down) search of the affected area(s) and be processed through with a handheld wand metal detector.

1. Please fill out the top portion of the Walk-thru Metal Detector Medical Exception form (page 2) and forward it to your physician’s office for completion. To avoid delay, please ensure all information on the form is legible.
2. Ask your physician to complete the bottom portion of the form and fax to (503) 378-8919, or mail to Aneke Taverne, Superintendent’s Office, OSCI 3405 Deer Park Drive SE - Salem, OR 97310 or via email to [aneke.b.taverne@doc.oregon.gov](mailto:aneke.b.taverne@doc.oregon.gov) for processing. If you have a card from your physician, you may complete the upper portion of the form and submit the form along with a copy of your physician-issued card.
3. OSCI staff will call to verify this information with your physician. Please ensure the doctor’s name and contact information is legible, if it is not the form will not be processed.
4. Once approval is granted, you will receive a letter of confirmation and be added to the OSCI Walk-thru Metal Detector Medical Exception List. This will notify facility access staff that you are not required to go through the walk-thru metal detector (see alternate process outlined above).
5. Please be patient, this process may take some time. If you have questions/concerns, please call Aneke Taverne at (503) 373-0113.

# Walk-thru Metal Detector Medical Exception Form

Facility Contractor/AIC Visitor/Volunteer Name:

Last

First

M.I.

DOB: / /

Address:

City, State ZIP:

Phone Number: ( ) -

E-mail:

Specify section/program (affiliation) or name & SID # of the AIC you visit:

Volunteer

Affiliation:

Contractor

Affiliation:

Visitor of AIC:

AIC Name

AIC SID #

I hereby authorize the physician and or clinic/medical facility listed below to provide verification regarding the medical condition(s) noted below by the physician/clinic/medical facility staff.

Physician:

Clinic/Medical Facility:

Phone Number:

## **\*\*TO BE COMPLETED BY PHYSICIAN, CLINIC/MEDICAL STAFF ONLY\*\***

The affected areas noted contain metal products/hardware that may trigger the facility metal detector (check all that apply):

	Left	Right	Lower	Upper
Ankle				
Arm				
Elbow				
Finger				
Foot				
Hand				
Head				
Hip				
Knee				
Leg				
Neck				
Shoulder				
Spinal Column				
Torso				
Wrist				
Other				

Other medical condition(s) that may prevent the contractor, AIC visitor or volunteer from being processed through the metal detector:

- ☐ Pacemaker
- ☐ Metal Braces
- ☐ Wheelchair (please note if able to stand)

Comments:

Physician Signature

Date

Telephone Number

Email, fax or mail completed forms to:

Aneke Taverne  
Oregon State Correctional Institution  
3405 Deer Park Drive SE  
Salem, OR 97310  
Email: [aneke.b.taverne@doc.oregon.gov](mailto:aneke.b.taverne@doc.oregon.gov)  
Fax: (503) 378-8919 / Phone: (503) 373-0113