STATE OF MICHIGAN

CASE NO.	
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JUDICIAL CIRCUIT COURT COUNTY	RECOMMENDATION OF COMMITMENT REVIEW PANE Original Continued A	L ppeal
In the matter of		
The following named panel members diseases and infections:	have training and experience in the dia	agnosis and treatment of serious communicable
Names of physicians		
information we considered relevant		im of appeal filed with the court, and any other
2. We interviewed the individual on	Date	
	al because	
4. The individual is a carrier of		☐ an infectious agent. ☐ a serious communicable disease. ☐ a serious communicable infection.
5. The individual is a health threat to o	others because:	
6. The individual requires the following	g treatment:	
Nar	ne of facility	Number of days or months
	(PLEASE SEE OTHER SIDE)	

Do not write below this line - For court use only

☐ 8. We recommend the following	alternative(s) to commitmen	it:	
The reasons for this recommo	endation are:		
9. We recommend continuation	of the commitment as order	ed on	
for the following reasons:		Date	
☐10. We recommend termination of	of the current commitment as	s ordered on	
		Date	
I certify that I am a physician licensed are true to the best of my information		clare that this report has been exam	ined by me and that its contents
Date		Date	
Signature		Signature	
Name (type or print)		Name (type or print)	
Address		Address	
City, state, zip	Telephone no.	City, state, zip	Telephone no.
Date			
Signature			
Name (type or print)			
Address			
City, state, zip	Telephone no.		