

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

APPLICATION FOR VOLUNTARY ADMISSION
TO A UNITED STATES PUBLIC HEALTH SERVICE HOSPITAL

THE SURGEON GENERAL,
Public Health Service,
Washington 25, D. C.

I, _____
(First name) (Middle name) (Last name)
at present residing at _____
(Number) (Street) (City)
(State), hereby voluntarily apply for admission to a United States Public Health Service hospital for the treatment of drug addiction.

I HEREBY CERTIFY that I am a citizen of the United States and that I believe I am an addict within the meaning of the law which authorized the establishment of these institutions.

[Definition of "addict" and "habit-forming narcotic drugs."—The law authorizing the establishment of the United States Public Health Service hospitals defines the terms "addict" and "habit-forming narcotic drugs" as follows:

The term "addict" means any person who habitually uses any habit-forming narcotic drug as defined in this act so as to endanger the public morals, health, safety, or welfare, or who is or has been so far addicted to the use of such habit-forming narcotic drugs as to have lost the power of self-control with reference to his addiction.

The term "habit-forming narcotic drug" or "narcotic" means opium and coca leaves and the several alkaloids derived therefrom, the best known of these alkaloids being morphia, heroin, and codeine, obtained from opium, and cocaine derived from the coca plant; all compounds, salts, preparations, or other derivatives obtained either from the raw material or from the various alkaloids; Indian hemp and its various derivatives, compounds, and preparations, and peyote in its various forms.]

Date of birth _____ Place of birth _____
(Month) (Day) (Year) (City) (State)

Use of alcohol _____
(Total abstainer, moderate user, excessive user)

My regular or permanent occupation, trade, profession, or business is _____

I am at present employed as _____

My average daily dosage is _____ grains of _____
(Drug used)

I have been addicted to the habitual use of narcotic drugs for _____ years.

I became addicted in the following manner: _____

I have made the following efforts (dates and places) toward cure of my addiction: _____

The reason for failure of such efforts is as follows: _____

I am afflicted with the following deformities, diseases, or infirmities in addition to that of drug addiction: _____

The following additional information is submitted as having a bearing on the merit of my application for medical treatment by the Government: _____

I agree that if my application is tentatively accepted, I will comply with any instructions which may be issued to me relative to furnishing proof of citizenship, birth certificate, photograph or other documentary evidence. I further agree that if I am admitted to a United States Public Health Service hospital, I will remain therein for the maximum time estimated by the Surgeon General as necessary to effect a cure of my addiction or until I cease to be an addict within the meaning of the law, and that I will abide by all rules of the institution.

I hereby designate the following doctor of medicine licensed to practice by this State to conduct the necessary examination:

_____, M. D., _____ (Number) _____ (Street)

_____ (City) _____ (State)

(Signature of applicant)