

Utah Refugee Health Program

Bureau of Epidemiology
Prevention, Treatment & Care Program

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UTAH DEPARTMENT OF
HEALTH

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Preface

Welcome to the Utah Refugee Health Program. This manual is designed to be a resource for health care and social service providers who serve refugees. It describes in detail the process of refugee resettlement, expectations for refugee health screenings, and services provided to refugees resettled in Utah.

The Federal Refugee Act of 1980 created a uniform system of services for refugees resettled in the United States (U.S.). As such, each newly arriving refugee is entitled to a comprehensive health exam within the first 30 days after arriving in the U.S. The primary goal of the program is to offer culturally-appropriate health screenings, education, and referrals to all new refugees arriving in the state of Utah. The Refugee Health Program within the Utah Department of Health works alongside resettlement agencies, local providers, Department of Workforce Services (DWS), the Office of Refugee Resettlement (ORR), and community-based organizations to foster community health partnerships with those groups who serve refugee populations. By coordinating activities between refugee service providers, the Utah Refugee Health Program facilitates and promotes health programs that are culturally and linguistically appropriate.

Overview of Refugee Resettlement

The United Nations defines a refugee as, ***“Any person who is outside any country of such person’s nationality or, in the case of a person having no nationality, is outside any country in which such person last habitually resided, and who is unable or unwilling to return to, and is unable or unwilling to avail himself or herself of the protection of, that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion.”***

(<http://www.acf.hhs.gov/programs/orr/resource/who-we-serve-refugees>).

Providing refuge to individuals whose lives have been impacted by war, conflict or disaster is a key part of U.S. humanitarian efforts. Following World War II and the admission of 250,000 displaced Europeans, Congress enacted the first refugee legislation, “The Displaced Persons Act of 1948,” which allowed for the admission of an additional 400,000 displaced Europeans.

(<http://www.rcusa.org/history>)

In 1975, with the resettlement of hundreds of thousands of Vietnamese refugees, Congress recognized the need to establish a formal resettlement program. Congress passed the “Refugee Act of 1980,” which standardized resettlement services for all refugees admitted to the U.S. Administered by the Bureau of Population, Refugees and Migration (PRM), in conjunction with the ORR in the Department of Health and Human Services (HHS), the current refugee program contracts with nine voluntary agencies (VOLAGS) to ensure newly arrived refugees successfully integrate into their new communities. (<http://www.rcusa.org/history>) The refugee admissions process is quite comprehensive and may take anywhere from a few months to years to complete. Information on the admissions and vetting process can be found at:

<https://www.whitehouse.gov/blog/2015/11/20/infographic-screening-process-refugee-entry-united-states>.

Each year, the U.S. determines how many refugees will be resettled during a fiscal year (FY), October 1 – September 30. While the number fluctuates slightly from year to year, historically the goal was to admit 70,000-80,000 refugees annually; the majority of which were referrals from the United Nations High Commissioner for Refugees (UNHCR). Additionally, the U.S. identified five regions from which refugees were accepted: 1) Latin America and the Caribbean; 2) Europe and Central Asia; 3) East Asia; 4) Africa; and 5) Near East and South Asia. The number of refugees from each region was determined annually; for the past several years the largest numbers of refugees have come from the Near East and South Asia regions followed by East Asia and Africa.

Recent Changes to Resettlement Program

At the start of FY 2020, the U.S. Refugee Admissions Program (USRAP) underwent significant changes to the previous resettlement process. Historically, USRAP worked closely with UNHCR to identify and select refugees qualified for resettlement; in the most recent annual Report to Congress, it now states that USRAP will no longer accept referrals from UNHCR and cases will now be referred by “designated entities” and the Department of State. In addition, refugees will no longer be accepted based on region. Instead, access categories and allocations are defined as follows:

- **Priority 1:** Individual cases referred by designated entities to the program by virtue of their circumstances and apparent need for resettlement.
- **Priority 2:** Groups of special concern designated by the Department of State as having access to the program by virtue of their circumstances and apparent need for resettlement.

FY20 Priority 2 Designations

In-country processing programs	Groups of humanitarian concern outside the country of origin
Religious minorities in Eurasia and Baltics: Jews, Evangelical Christians, Ukrainian Catholics and Orthodox adherents	Religious minorities in Iran: Jews, Christians, Baha'is, and Sabaeen-Mandaeans, and Zoroastrians
Iraq: individuals associated with the U.S.	Iraq: individuals associated with the U.S.

- **Priority 3:** Individual cases from designated nationalities granted access for purposes of reunification with family members already in the United States.

Proposed FY20 Allocations

Populations of special humanitarian concern	Admit up to
Refugees who: <ul style="list-style-type: none"> • have been persecuted or a have well-founded fear of persecution on account of religion; <i>or</i> • are within a category of aliens established under the Lautenberg and Specter Amendments 	5,000
Refugees who are within a category of aliens listed in the Refugee Crisis in Iraq Act of 2007, as amended	4,000
Refugees who are nationals or habitual residents of El Salvador, Guatemala, or Honduras	1,500
Other refugees not covered by the foregoing categories, including: <ul style="list-style-type: none"> • Those referred to the USRAP by a U.S. embassy in any location • Those who gain access to the USRAP for family reunification through the Priority 3 process or a following-to-join petition • Those currently located in Australia, Nauru, or Papua New Guinea under an arrangement between the U.S. and Australia • Those approved to travel prior to 9/30/19 	7,500
<i>Total proposed refugee admissions in FY 2020</i>	18,000

In addition to the above changes, the Executive Order “Enhancing State and Local Involvement in Refugee Resettlement” issued on September 26, 2019 requires all states and localities to consent, in writing, to resettling refugees in their jurisdictions. It is unclear how this change will affect the resettlement process, but Utah Governor Gary Herbert indicated his consent to continue resettlement in Utah. <https://www.whitehouse.gov/presidential-actions/executive-order-enhancing-state-local-involvement-refugee-resettlement/>.

Decreasing Refugee Arrivals

To address the increasing burden of displaced persons worldwide, the Obama Administration determined in September 2016 that the annual refugee admission number would increase from 85,000 in FY16 to 110,000 in FY17. The Trump Administration reduced this number to 50,000 in FY17 and again to 45,000 in FY18. However, the number of refugees that arrived in FY18 was significantly lower than the cap, with only 22,491 arrivals. This was in part due to two Executive Orders and a Presidential Proclamation (commonly referred to as “travel bans”) that significantly reduced the number of refugee arrivals from Syria, Iran, Libya, Somalia, Yemen, North Korea, and Venezuela, as well as increased security vetting procedures and a reduced number of staff assigned to overseas refugee processing. The ceiling was lowered to 30,000 in FY19 and lowered again to 18,000 in FY20. (<https://www.whitehouse.gov/presidential-actions>)

Refugee Arrivals in the U.S., by Region of Origin¹

Region	FY17 Ceiling	FY17 Arrivals	FY18 Ceiling	FY18 Arrivals	FY19 Ceiling	FY19 Arrivals
Africa	35,000	20,232	19,000	10,459	11,000	16,271
East Asia	12,000	5,173	5,000	3,668	4,000	4,997
Europe and Central Asia	4,000	5,205	2,000	3,612	3,000	4,994
Latin America/Caribbean	5,000	1,688	1,500	955	3,000	792
Near East/South Asia	40,000	21,418	17,500	3,797	9,000	2,764
Unallocated Reserve	14,000	0	0	0	0	0
Totals	110,000	53,716	45,000	22,491	30,000	29,818

¹ <http://www.wrapsnet.org/archives/>, <http://www.wrapsnet.org/admissions-and-arrivals/>

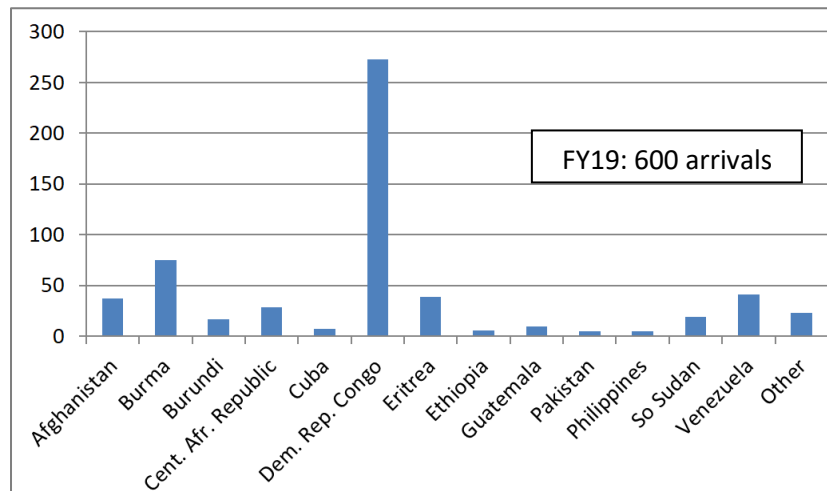
Resettlement in Utah

According to the Utah Refugee Services Office there are estimated to be more than 60,000 refugees, speaking more than 40 languages, living in Utah; approximately 99% reside in Salt Lake County. Historically, Utah has received roughly 1,100 new refugees arriving each year, but in FY19 there were just 600. Two resettlement agencies, Catholic Community Service (CCS) and International Rescue Committee (IRC), provide newly arrived refugees with direct services and support. During the first 90

days, known as the reception and placement period, refugees have access to financial assistance along with employment, housing, education, health and acculturation support. Additionally, refugees typically have access to state-funded programs such as Medicaid and Supplemental Nutrition Assistance Program (SNAP). Utah is unique in that it offers refugees 24 months of direct supportive services. The Refugee and Immigrant Center at the Asian Association of Utah (RIC-AAU), a community-based organization, provides employment, mental health, English as a second language (ESL), case management, and citizenship services to refugees and immigrants. The Utah Refugee Services Office (RSO), housed in the DWS, facilitates the support of the larger refugee community through various initiatives, including capacity building of ethnic-based community organizations, also known as Refugee Community Organizations (RCOs) (<https://jobs.utah.gov/refugee/index.html>).

Community resources and partnerships are crucial to successful integration; agencies serving refugees rely on one another to ensure that services are timely, adequate, and culturally and linguistically appropriate. DWS facilitates access to government-funded programs such as Medicaid, SNAP, financial assistance, and work readiness programs. Public schools within various school districts provide education for both children and adult learners; additionally local organizations provide ESL classes and tutors. Employment plays a major role in successful integration; staff from CCS, IRC, RIC-AAU and DWS work closely with local employers to identify and secure employment for refugee clients. Access to medical services is also an important factor in the integration process; numerous medical providers and facilities provide quality care to refugee patients.

Figure 1. Refugee Arrivals by Nationality, Utah, FY2019



Utah Department of Health Refugee Health Program

The mission of the Utah Health Department of Health (UDOH) is to “Protect the public's health through preventing avoidable illness, injury, disability and premature death; assuring access to affordable, quality health care; and promoting healthy lifestyles.” Housed in the Division of Disease Control and Prevention, Bureau of Epidemiology, the Prevention, Treatment and Care Program oversees the Utah Refugee Health Program. The goal of the Utah Refugee Health Program is to **“Foster community health partnerships with those serving refugee populations through culturally appropriate health screening, education and referrals.”** By coordinating activities between local providers, resettlement agencies, local health departments, DWS, the Centers for Disease Control and Prevention (CDC) and ORR, the Utah Refugee Health Program (program) facilitates and promotes health programs and services that facilitate successful and healthy integration in a culturally and linguistically appropriate manner (<http://health.utah.gov/epi/healthypeople/refugee/>, <https://health.utah.gov/executive-directors-office>).

Services and funding provided by the program focus on five priority areas: 1) Health Screening; 2) Care Coordination; 3) Health Promotion; 4) Mental Health; and 5) TB Control. The graphic on the following page describes current efforts in these five areas.

Program Goals and Objectives

- 1) The program will collaborate with resettlement agencies to ensure that at least 90% of newly arriving refugees initiate a health screening within 30 days of arrival.
- 2) The program will monitor health screening results to ensure that 90% of individuals screened and identified with reportable conditions are referred for follow-up care and/or treatment within 30 days of receiving a report of the condition.
- 3) The program will monitor health screening results to ensure that 90% of individuals screened establish a medical home within 30 days of completing the screening.
- 4) The program will work with resettlement agencies to ensure that 90% of individuals referred for a TB-related chest x-ray obtain the x-ray within 30 days of receiving chest x-ray order.
- 5) The program will coordinate with resettlement agencies and mental health providers to ensure clients are referred to and access mental health services as appropriate.

Utah Refugee Health Program

Prevention, Treatment and Care Program
Bureau of Epidemiology
Division of Disease Control and Prevention
Utah Department of Health

Health Screening

Health Clinics of Utah
St. Mark's Family
Medicine

- Provide comprehensive health screening within 30 days of arrival
- Report health screening results to UDOH, agencies, and Salt Lake Health Department

Care Coordination

Catholic Community Services
International Rescue Committee
Refugee & Immigration Center
at Asian Association of Utah

- Coordinate health screening within first 30 days
- Coordinate referrals
- Coordinate transportation and interpretation for initial health-related appointments
- Participate in LTBI program
- Coordinate interpretation and transportation

Mental Health

Catholic Community Services
International Rescue Committee
Refugee & Immigration Center
at Asian Association of Utah
Utah Health & Human Rights

- Mental health consultation
- Administer RHS-15 screening
- Group/non-traditional therapy
- Clinical services for RMA clients identified as torture survivors

Health Promotion

Catholic Community
Services
International Rescue
Committee

- Provide health education and orientations
- Conduct Bridging the Gap training
- Conduct outreach to refugee communities

TB Control

Salt Lake County &
Bear River health
departments

- Provide treatment of TB disease and infection
- Conduct TB prevention and control activities

Utah Refugee Health Program Staff

- **State Refugee Health Coordinator; Program Manager:** Amelia Self
Oversees the Tuberculosis Control, Ryan White, HIV Prevention, Viral Hepatitis Prevention, Sexually Transmitted Disease (STD) Prevention, HIV Surveillance and Refugee Health programs; facilitates program development, community collaboration, and technical assistance.
- **Health Screening Coordinator:** Hayder Allkhenfr
Oversees the health screening process and data management of the Utah refugee health database; monitors clinical performance, outcomes, and the clinical quality management initiatives; oversees provider training and education.
- **Health Promotion Coordinator:** Danielle Rodriguez
Coordinates ORR funded Refugee Health Promotion grant; develops, amends and monitors contracts and contractor performance.
- **Refugee TB Epidemiologist:** Rachel Ashby
Oversees refugee tuberculosis (TB) and latent tuberculosis (LTBI) projects and coordinates with UDOH TB Control and Epidemiology Programs.
- **Contract Billing Specialist:** Ana Vasquez
Coordinates review and processing of all program billings for health screenings and other contracted services provided by screening clinics and refugee agencies.

Utah Refugee Health Data

The Utah Refugee Health Program collects refugee health-related data for refugees arriving in Utah, including: 1) overseas medical data and information on Class B medical conditions received via the Electronic Disease Notification system, 2) demographic and arrival information received from RIC-AAU, CCS, and IRC, 3) health screening results and referral data (including lab tests, parasites, immunizations, and other health conditions) received from the health screening clinics, and 4) limited information on follow-up care (including mental health and LTBI treatment). Data is analyzed monthly to inform program planning and gauge compliance with contract benchmarks. Limited aggregate data is available at the Public Health Indicator Based Information System (PH-IBIS) (<https://ibis.health.utah.gov/indicator/view/RefArr.Year.html>), with more detailed data available on request.

For refugee health-related aggregate data, please contact the Utah Refugee Health Program at 801-538-6191.

Overseas Medical Report and Conditions

The Refugee Overseas Medical Examination is conducted prior to departure for the U.S. in order to detect diseases that would preclude admission to the U.S. and to prevent the importation of diseases of public health importance (<http://www.cdc.gov/immigrantrefugeehealth/exams/medical-examination-faqs.html>). Physicians from the International Organization for Migration (IOM) or a local panel of physicians approved by the CDC, perform the examination using locally available facilities and document findings on the appropriate forms (Appendix A). The examination includes:

- a) Medical history and physical examination.
- b) TB Screening: a complete screening for TB includes a medical history, physical examination, chest x-ray, determination of immune response to *Mycobacterium tuberculosis* (e.g., tuberculin skin testing [TST] or interferon gamma release assay [IGRA], when required, and sputum testing, when required).
 1. Applicants ≥ 15 years of age require a medical history, physical examination, and chest x-ray.
 2. Applicants 2-14 years of age living in countries with World Health Organization estimated TB incidence rates of ≥ 20 cases per 100,000 should have a TST or IGRA.
- c) Chest x-ray for ≥ 15 years of age (for South Asian refugees, the age is ≥ 2 years). Sputum smear for acid-fast bacilli, if the chest x-ray is suggestive of clinically active tuberculosis disease (ATBD).
- d) Serologic test for syphilis for ≥ 15 years of age. People with positive results are required to undergo treatment prior to departure for the U.S.; physical exam for evidence of other STDs. As of January 4, 2010, HIV testing is no longer required.
- e) Physical exam for signs of Hansen's disease. Refugees with laboratory-confirmed Hansen's disease are placed on treatment for six months before they are eligible for travel to the U.S. Generally, treatment must be continued in the U.S.
- f) A determination regarding whether or not a refugee has a mental disorder. Physicians rely on a medical history provided by the patient and his/her relatives and any documentation such as medical and hospitalization records.
- g) Vaccinations that are age-appropriate and protect against a disease that has the potential to cause an outbreak or protect against a disease that has been eliminated in the U.S., or is in the process of being eliminated.

Departure of refugees with communicable diseases that preclude entry into the U.S. (e.g., syphilis, gonorrhea or Hansen's disease) may be delayed until appropriate treatment is initiated and the individual is no longer infectious. Based on the examination, an individual's medical status is assigned a classification. These classifications include:

- **Class A:** Conditions that prevent a refugee from entering the U.S. They include communicable diseases of public health significance, mental illnesses associated with violent behavior and/or drug addiction. Class A conditions require approved waivers for entry and immediate follow-up upon arrival. Examples are:
 - Chancroid, gonorrhea, granuloma inguinale, lymphogranuloma venereum and syphilis
 - TB: active and infectious
 - Hansen's disease (leprosy)
 - Mental illness with associated harmful behavior
 - Substance abuse

- **Class B:** Physical or mental abnormalities, diseases or disabilities of significant nature; require follow-up soon after arrival.
 - TB: active, not infectious; extrapulmonary; old or healed TB; contact to an infectious case-patient; positive tuberculin skin test (TST)
 - Hansen's disease, not infectious
 - Other significant physical disease, defect or disability

- **Class B TB**
 - Class B1 TB, Pulmonary
 - Class B1 TB, Extra pulmonary
 - Class B2 TB, LTBI Evaluation

The quality of the examination varies and depends on such factors as the site of the examination, the panel of physicians and how long the examination process has been in place at a given location. The examination is valid for one year for those examined in countries using the 1991 TB Technical Instructions as long as the applicant does not have a Class A or Class B TB condition. If any of these conditions exist, the exam is valid for six months. For applicants screened in countries using the 2007 TB Technical Instructions, the exam is valid for six months if there is no Class A TB, Class B1 TB or HIV condition. If any of these conditions exist the examination is valid for three months. (<http://www.cdc.gov/immigrantrefugeehealth/exams/medical-examination-faqs.html>)

Health Screening

The first interaction that refugees have with the health care system in the U.S. begins with the refugee health screening. The Refugee Act of 1980 entitles each newly arriving refugee to a complete health screening exam within the first 30 days after arriving in the U.S. The purpose of the domestic screening is to “reduce the spread of infectious disease, ensure ailments are identified and treated, promote preventive health practices, and to ensure good health practices facilitate successful integration and self-sufficiency.” (http://www.acf.hhs.gov/sites/default/files/orr/state_letter_12_09_revised_medical_screening_guidelines_for_newly.pdf)

The program works closely with various clinics to provide a comprehensive refugee health screening. RIC-AAU, CCS, and IRC are responsible for scheduling the screening appointment, arranging transportation and interpretation services, and ensuring each newly arrived refugee successfully completes the screening within 30 days and any required follow-up in a timely manner. Utah offers a comprehensive and holistic health screening (Appendix B); components include:

- a) Physical exam - addresses health concerns and conditions.
- b) Screening and testing - assess for sexually-transmitted diseases, parasites, deficiencies and chronic disease including:
 - HIV
 - Hepatitis B
 - Hepatitis C
 - Syphilis
 - Schistosomiasis
 - Strongyloides
 - Giardia
 - Anemia
 - Diabetes
 - Other intestinal parasites
- c) Immunizations - the CDC's Advisory Committee on Immunization Practices vaccination requirements do not apply to refugees at the time of their initial admission to the U.S.; however, refugees must meet the vaccination requirements when applying for adjustment of status or permanent resident status in the U.S. (one year or more after arrival). (<http://www.cdc.gov/immigrantrefugeehealth/exams/ti/panel/vaccination-panel-technical-instructions.html>)
- d) Presumptive treatment - for parasites known to be common to specific regions from which refugees are arriving, specifically Schistosomiasis and Strongyloides (if no contradictions).

- e) TB screening-targeted testing for LTBI primarily using QuantiFERON®-TB Gold (QFT-G), which is an alternate testing method for the tuberculin skin test (TST) and offers increased specificity and sensitivity. TST may be used if QFT-G blood draw is unsuccessful or if the QFT-G is indeterminate. The TST is still used for children five years of age or younger. A chest x-ray is mandatory for those who screen positive for TST or QFT to rule out active TB.
- f) Mental health screening-the Refugee Health Screener 15 (RHS-15) is used to screen for depression, anxiety, PTSD, and overall distress in refugees 14 years of age and older. Screening for torture and violence is also strongly recommended.

Communicable disease and/or diseases of public health significance are reported to the local health department (LHD) and UDOH. If follow-up is required, the LHD will either coordinate with the resettlement agency or contact the refugee directly. Refugees found to have an infectious disease, including parasitic or worm infections, will receive the appropriate medication or a prescription.

Tuberculosis and Latent TB Infection

Class B TB

U.S. immigration law requires an overseas TB examination for all refugees and requires a chest x-ray (CXR) for applicants >15 years of age. Individuals with abnormal CXRs suggestive of clinically active TB (or who are otherwise suspected of having active TB) have sputum smear examinations to determine if they have infectious TB disease. Refugees identified with ATBD begin treatment prior to departure for the U.S. Once the refugee is no longer contagious, resettlement can occur.

Class B TB status indicate the need for the refugee to follow-up upon arrival to the U.S. The UDOH TB Control Program considers individuals with Class B TB conditions to be at high risk for ATBD until an evaluation is complete. The LHD has 45 days to locate and evaluate Class B refugees.

TB Screening

Targeted testing for LTBI is a strategic component of TB control as it identifies people at high risk for developing TB disease who would benefit from treatment, if detected. Since newly arriving refugees are at high risk for developing active TB disease, treatment of LTBI is strongly recommended. The use of QFT-G was implemented by the program in 2006 and is the primary means of testing during the refugee health screening as it offers increased specificity and sensitivity.

LTBI Coordination

Reducing the likelihood of progression from latent TB to active TB is a main focus of the UDOH TB Control Program. The Salt Lake County Health Department (SLCoHD) provides services to control the spread of TB in the Salt Lake valley through three main components of TB control:

1. Identify and treat TB disease;
2. Identify, evaluate and treat the newly infected contacts of infectious TB cases; and,
3. Screen and treat high-risk populations for TB infection. Since refugees are considered a high-risk population, SLCoHD works closely with resettlement agencies to evaluate, educate and treat refugees identified with LTBI.

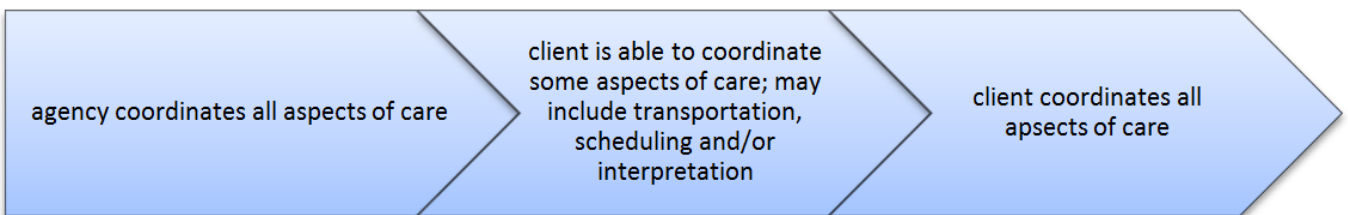
Care and Coordination

Results from the refugee health screening are shared with the program, which then ensures appropriate follow-up care and coordination is provided by the resettlement agencies. The expectation of the program is that each refugee will be assigned a Primary Care Provider (PCP) and receive timely follow-up care (within 30 days of completing the health screening). Resettlement agencies are strongly encouraged to establish care with the initial health screening provider, thus improving the continuity of care. Care and coordination is facilitated by the resettlement agencies, as needed, for primary care, specialty care, and other health-related services.

Program staff at the agencies work closely with clients and medical providers to ensure care is timely and appropriate. Both IRC and CCS emphasize self-sufficiency; clients are encouraged to take an active role in their health care and use their individual strengths to facilitate access to care.

Both CCS and IRC provide case management for the first two years; however, the goal is that most clients will reach health self-sufficiency at the end of the first year. Most health-related services provided by CCS, IRC and RIC-AAU are limited to the initial health screening and subsequent follow-up; long-term coordination >90 days post arrival is no longer supported by UDOH funds.

Health Self-Sufficiency Spectrum



CCS Health Services Program

Mission: The Health Services Team of CCS' Refugee Resettlement and Immigration Program is committed to the physical and mental health of all clients as a tool of empowerment that promotes their full potential to become healthy and productive members of American society. Our goals are: 1) to meet immediate health needs of our clients through the completion of a health screening within 30 days of arrival, 2) to provide ongoing care coordination and the connection to appropriate primary and specialist care as required, 3) to regularly screen for mental health concerns and connect to service where appropriate, and 4) to provide a health education program that ultimately aims for the client's self-sufficiency in navigating the American health care system.

Services: Provide linguistically appropriate, culturally sensitive ongoing care coordination including transportation and interpretation services for our clients as required or requested. Conduct a comprehensive health education curriculum for all eligible clients and encourage their self-sufficiency and independence in accessing appropriate care. Connect clients to available health resources in the community. Conduct mental health screenings and connect to mental health services as appropriate.

Staff

- **Refugee Resettlement Director:** Aden Batar
- **Refugee Resettlement Program Manager:** Mark Burton
- **Health Services Supervisor:** Mariza Chacon
Coordinates, oversees, and manages the Health Services for the Refugee Resettlement Program, including the direct supervision of the Health Screening Coordinator, Interpreter Supervisor, Billing Specialist, Health Education Coordinator, Mental Health Coordinator, and Maternal & Child Health VISTA. Coordinates with government agencies and service providers in the community, including LHDs, clinics/hospitals, and other stakeholders. Manages flow of CCS interns and volunteers. Oversees ongoing care coordination and connection to health services for 600 newly arrived clients annually. Oversees record-keeping and billing aspects of Health Services such as case noting, case file maintenance, reporting, etc. Assists with case file audit and compliance.
- **Health Screening Coordinator:** Mariza Chacon
Maintains arrivals database and shares information as required by UDOH. Coordinates the initial health screenings with two different providers for all newly arrived refugees; ensures completion of screenings by following up with PPD's, indeterminate QFT's, chest x-ray

completion, etc. Assists with coordination of care following the health screening. Coordinates and manages all medical reportable conditions directly with UDOH. Manages all health screening records and documentation; helps case managers with the completion of files. Oversees Health Services Program Assistants. Oversees LTBI coordination, including scheduling interpretation and transportation for intakes and medication pick-ups, and ongoing communication and tracking in partnership with the public health nurses at SLCoHD.

- **Health Promotion Coordinator:** Mahn Lar Htunt

Provides Navigating the Health Care System workshops through a series of lessons that cover information such as insurance, primary care vs. urgent care vs. ER, and community-based public transportation tours that provide further support in scheduling appointments, learning about prescriptions and over-the-counter medications, etc.

- **Interpreter Supervisor:** Vacant

Oversees, manages, hires, trains, and supervises CCS' team of medical interpreters. Coordinates with external medical service providers, particularly HMO's, the University of Utah, and St. Mark's Hospital. Coordinates last-minute urgent care and emergency dental services for clients as necessary. Participates in coordination meetings and reaches out to potential new partners for interpreting contracts and services. Conducts monthly Bridging the Gap refreshers and an annual Bridging the Gap training for interpreters and other CCS staff.

- **Mental Health Coordinator:** Vacant

Coordinates, oversees and manages mental health services for the Refugee Resettlement program. Reviews the mental health assessments performed during the initial health screening; conducts assessment three months and one year after arrival. Refers clients to and schedules clients with the appropriate mental health provider. Educates and trains medical interpreters and other CCS staff about mental health services and trauma-informed care. Manages all record-keeping aspects of mental health services.

- **Health Services Program Assistants:** Aweis Osman and Theo Ndayishimiye

Assists medical services staff with care coordination, scheduling, medical interpretation, and transportation. Assists with tracking and coordination of referrals, follow-up appointments, and children's immunizations series. Assists with interpretation at workshops, screenings, and intake appointments.

- **Maternal and Child Health VISTA:** Vacant
Oversees care coordination for pregnant clients; connects all eligible new arrivals to Women, Infants and Children (WIC) services. Ensures WIC-eligible clients receive grocery store tours to learn how to use their vouchers effectively and public transportation orientations so they may continue to access services independently. Oversees and trains Home Health Education volunteers and assigns volunteers to a new family each month.

IRC Health Program

Mission: IRC-SLC Health Program is dedicated to increasing health access and improving health outcomes among refugees in Salt Lake County.

Services and Staff

- **Executive Director:** Natalie El-Deiry
Oversees staff, programming and services for IRC Salt Lake City. Represents the IRC at the local level, building and maintaining relationships within the community and serving as a resource about the IRC and the U.S. refugee program to the general community. Oversees programs and implementation of services, ensures compliance of services within grants and contracts, and oversees the effective delivery of services. Develops positive relationships with donors and the community to secure funding for local programs, writes grants, and is responsible for local reporting.
- **Health Program Manager:** Pamela Silberman
Manages all health and wellness programming and ensuring services support the IRC mission and goals of the Salt Lake City office. The position dedicates a significant portion of time to staff supervision, program development, and community outreach and involvement.
- **Health Access Coordinator:** Hannah Parrish
Facilitates health access for newly resettled refugees from pre-arrival up to eight months. Oversees the latent tuberculosis infection (LTBI) program ensuring that newly-arrived refugees are screened for TB, receive education and access to medication when they screen positive for LTBI.
- **Mental Health Coordinator:** Jennica Henderson
Oversees all mental health-related efforts for newly arrived refugees resettled by IRC-SLC including implementing mental health screening and referral for newly resettled refugees, coordinating intakes and follow-ups, facilitating staffing meetings with mental health

providers, and acting as the primary reference point within the IRC office for mental health related activities and concerns. Oversees training for resettlement staff and outreach presentations to the refugee community on refugee mental health.

- **Gender Equality and Safety Coordinator:** Jenny Hart
Implements culturally-appropriate interventions to improve safety and equity outcomes for clients and staff, including the Bridge to Safety program, the Gender Equality Team, gender-based violence prevention programming and the Maternal Child Health program.
- **Maternal and Child Health Specialist:** TBD
Implements culturally-appropriate interventions to improve health outcomes for refugee mothers and children, including coordination of pre-natal and post-partum care and education for groups and individuals; coordinates enrollment and orientation for the WIC program and services; tracks immunizations for all school-aged children. Serves as IRC SLC's certified car seat technician distributing car seats and conducting education on the proper use to eligible families.
- **Health Promotion Coordinator:** Farah Al-Hamdani
Oversees all refugee health education initiatives including Navigating the Health Care System workshops, tobacco cessation and prevention projects, nutrition and community health promotion programs, and health team community outreach efforts.
- **Health Access Assistant:** Maha Elmashni
Coordinates health appointments, interpretation and transportation for newly-resettled refugees from pre-arrival up to eight months.
- **Women's Health VISTA:** Laurel Peacock
Supports health program efforts to address the reproductive health needs of newly arrived refugee women and develop programming to promote gender-based violence prevention.
- **AmeriCorps Community Health Worker:** Nicolas Chavez
Supports the IRC health team and helps clients bridge language and transportation barriers, expand access to coverage and care, and improve health outcomes.

RIC-AAU Medical Interpreting and Translation Services Program

Mission: Improve the quality of life of refugees and other immigrants. Provide culturally-sensitive and language-specific social services that include education, employment services, advocacy, mental health treatment, domestic violence counseling, substance abuse treatment for adults and youth, parenting classes, English classes, after-school tutoring and activities, and case management.

Services: Provides care and coordination for clients accessing case management services. Also, provides mental health treatment including therapy for trauma and torture, domestic violence counseling, and substance abuse treatment for adults and youth. Additionally, provides medical, educational, occupational, and court interpretive and/or translation services.

Staff

- **Director of Community Wellness:** Andy Tran
- **Case Management Services:** Vacant
- **Director of Youth & Family Services:** Peter Frost
- **Interpreting Program Supervisor:** Tung Tun

Mental Health

The RHS-15 is used to assess the mental health needs of newly arrived refugees. The RHS-15 (Appendix C) was designed as a simple tool that can be used during the initial health screening and/or in the primary care setting. The 15 questions address symptoms associated with depression, anxiety, trauma, and overall well-being; the tool has been translated and validated in a number of refugee languages. Refugees scoring ≥ 12 on questions one through fourteen or ≥ 5 on the distress thermometer are identified as someone who may benefit from mental health services. An official referral is made for those individuals willing to accept mental health services. Referrals are coordinated through the Utah Refugee Health Program. The refugee health specialist will notify the resettlement agency and mental health service provider of the referral, providing as much information as possible from the health screening. The mental health provider and resettlement agency then coordinate an intake date and time, transportation and interpretation, as needed.

Clients identified during the refugee health screening as requiring follow-up mental health care are referred to the appropriate agency. Currently, there are two primary agencies providing mental health services to the refugee community, Utah Health and Human Rights and Refugee & Immigrant Center at Asian Association of Utah.

Utah Health and Human Rights (UHHR)	Refugee & Immigrant Center at Asian Association of Utah (RIC-AAU)
UHHR provides highly specialized and culturally competent mental health, medical, psychiatric, case management, and legal services to men, women, and children who have endured severe human rights abuses. UHHR helps refugees, immigrants, asylum seekers, and asylees heal from the physical and psychological impacts of torture and rebuild their lives. Evidence-based and holistic services promote health, dignity, and self-sufficiency and are guided by profound respect for the dignity and resiliency of clients. UHHR is a member of the National Consortium of Torture Treatment Programs.	RIC-AAU provides comprehensive outpatient services including, but not limited to, mental health counseling, medication management, family counseling, and domestic violence and substance abuse treatment. RIC-AAU strives to improve the quality of life for refugees and immigrants with an interdisciplinary team of culturally competent professionals including Advance Practice Registered Nurses, clinical social workers, psychologists, family services coordinators, licensed clinical social workers, and case managers who all have experience working with refugee and immigrant populations.
<p>Services include: Mental health services to refugees, immigrants, asylees, and asylum seekers who have survived severe human rights abuses. Interpretive services. Training and consultation to community members and professionals statewide.</p>	<p>Services include: Mental health services to refugees and immigrants in Salt Lake County. Interpretive services.</p>

All follow-up services are coordinated by the resettlement agency and service provider. Currently both IRC and CCS employ mental health coordinators who have the responsibility of coordinating all initial mental health referrals and follow-up appointments, while serving as a liaison between the resettlement agency and service providers. Additionally, both agencies administer the RHS-15 at specific intervals during the resettlement process to specific groups of refugees, with the hope of identifying refugees in need of mental health services earlier in the resettlement process.

Language Access

Title VI

The UDOH Office of Health Disparities has a number of resources to assist in understanding and implementing the National Culturally and Linguistically Appropriate Services Standards (CLAS Standards): (<http://www.health.utah.gov/disparities/class-standards.html>)

Bridging the Gap Medical Interpreter Training

Effective communication between newly arriving refugees and their health care providers is heavily dependent upon interpretation services, along with increased cultural competence among Utah health service providers. RIC-AAU and IHC have licenses to provide the training to interpreters not

employed or affiliated to their respective organization. These trainings may require interpreters to pay the cost of their training. It is also anticipated that the UDOH Bureau of Health Promotion will begin offering trainings in the near future, but dates and details are not yet available. For more information regarding Bridging the Gap training, please see Cross Cultural Health Care Program's (CCHCP) website: <http://xculture.org/>.

Additional Resources

The following is a short list of resources available in the area of medical interpreting/translating:

- The National Council on Interpreting in Health Care (NCIHC) publishes the National Standards of Practice for Interpreters in Health Care. This document provides a detailed explanation of the background of the code of ethics, as well as a full description of each guiding principle.
- National Standards on Culturally and Linguistically Appropriate Services (CLAS). The CLAS standards are recommendations for cultural competence and language accessibility for health care organizations made by the U.S. Department of Health and Human Services, Office of Minority Health.
- Utah Medicaid, Primary Care Network (PCN) and Children's Health Insurance Program (CHIP) interpretive (translation) services during a medical appointment are free for Medicaid clients. For people enrolled in a health maintenance organization (HMO), the HMO is responsible for providing the interpreter; for clients who are not enrolled in an HMO, Utah Medicaid pays for the interpreter. The provider is responsible for arranging for an interpreter. When the provider calls, the agency needs to know the client's Medicaid identification number, the language needed and the date, time and place of the medical appointment. The interpreter may either meet the client at the doctor's office for the appointment or use a telephone conference call. The free translation service is available statewide and also for after-hour care.
- *Telephone Interpreting in Health Care Settings: Some Commonly Asked Questions*. This article, published by the American Translators Association, explains when and where to use telephone interpretation. (https://www.atanet.org/chronicle/feature_article_june2007.php)
- Telephone Interpretation Companies:
 - Language Line Services, 1-800-752-6096
 - Propio Language Services, LLC, 1-888-804-2044
 - Institute for Cultural Competency, 1-800-654-6231
 - Pentskiff Interpreting Services, 1-801-484-4089

Health Promotion

Office of Refugee Resettlement (ORR) Refugee Health Promotion Grant

The program was recently awarded ORR's Refugee Health Promotion Grant. The purpose of the grant is to support health and emotional wellness among refugees by building capacity to address identified health needs within refugee communities and reduce barriers to achieving wellness.

Several activities are provided through contracts with CCS and IRC including:

- The continued provision of the Navigating the Health Care System workshop series that was developed and taught in the previous grant cycle (2014-2017). The curriculum consists of three classes that are intended to promote health literacy, through contracts with CCS and IRC. Both agencies have been providing these classes which promote health literacy in order to initiate newly-arrived refugees on the path to self-sufficiency. Topics covered include specifics on how to navigate the U.S. health care system, including how to schedule a doctor's appointment, how to fill a prescription, when to use emergency, urgent, or primary, care and more.
- Training and supervising community health mentors from the University of Utah Doctorate of Nursing School and Utah Valley University Medical Anthropology program to assist individuals on a one-to-one basis with the hands-on practice and support necessary to attain self-sufficiency in navigating the U.S. health care system and manage their unique conditions.
- Working directly with Refugee Community Based Organizations (RCBOs) connected with Refugee Services Office Community Capacity Building Grants to identify health priorities among each refugee community and collaboratively develop health workshops centered on those needs, incorporating community partners, and developing culturally appropriate materials.
- Advising on EPICC's Community Health Worker Initiative on the work of refugee community health workers and providing support to individuals from the refugee communities undergoing the Community Health Worker training in developing and providing their community health programming.
- Interpretation for the activities mentioned above.

Resources

Utah Department of Health: Refugee Health Program

288 N 1460 W

PO Box 142104 SLC UT 84114

Phone: 801-538-6191

Fax: 801-538-9913

Website: <http://health.utah.gov/epi/healthypeople/refugee/>

Catholic Community Services (CCS)

224 N 2200 W SLC UT 84116

Phone: 801-977-9119

Fax: 801-977-8227

Website: <http://www.ccsutah.org/programs/refugees/refugee-resettlement>

International Rescue Committee (IRC)

221 S 400 W

PO Box 3988 SLC UT 84110

Phone: 801-328-1091

Fax: 801-328-1094

Website: <http://www.rescue.org/us-program/us-salt-lake-city-ut>

Refugee & Immigrant Center: Asian Association of Utah (RIC-AAU)

155 S 300 W SLC UT 84101

Phone: 801-467-6060

Fax: 801-486-3007

Website: <http://www.aau-slc.org/>

Utah Refugee Service Office

140 E 300 S, SLC UT

Phone: 801-526-9483

Website: www.refugee.utah.gov

Salt Lake County Health Department

Phone: 385-468-4100

Website: <http://slco.org/health/>

Office of Refugee Resettlement (ORR)

<http://www.acf.hhs.gov/programs/orr/>

CDC Immigrant & Refugee Health

<http://www.cdc.gov/immigrantrefugeehealth/>

CDC Division of Global Migration and Quarantine

<http://www.cdc.gov/ncezid/dgmg/>

CDC: General Recommendations on Immunizations

<https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html>

CDC: Guidelines for Using the QuantiFERON-TB Gold

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5415a4.htm>

United Nations High Commissioners for Refugees (UNHCR)

<http://www.unhcr.org>

International Organization for Migration

www.iom.int

Health Reach

<http://healthreach.nlm.nih.gov/>

EthnoMed

www.ethnomed.org

Cultural Orientation Resource Exchange

<http://coresourceexchange.org/>

Refugee Council USA

www.rcusa.org

National Partnership for Community Training (Mental Health TA)

<https://gulfcoastjewishfamilyandcommunityservices.org/refugee-services/national-partnership-for-community-training/>

National Council on Interpreting in Health Care

<http://www.ncihc.org/>

Minnesota Department of Health: Refugee Health

<https://www.health.state.mn.us/communities/rih/index.html>

Office for Civil Rights

<http://www.hhs.gov/ocr/office/index.html>

U.S. Committee for Refugees and Immigrants (USCRI)

www.refugees.org

Cross Cultural Health Care Program

<http://xculture.org/>

Healthy Roads Media

www.healthyroadsmedia.org

Department of State: Refugee Admissions

<http://www.state.gov/j/prm/ra/index.htm>

North American Refugee Health Conference

<http://www.northamericanrefugeehealth.com/>

Heartland Alliance: Rainbow Welcome Initiative

<http://www.rainbowwelcome.org/>

APPENDIX A

OVERSEAS MEDICAL FORM



REPORT OF MEDICAL EXAMINATION BY PANEL PHYSICIAN

Photo	Surnames		Given Names		Birth Date (mm-dd-yyyy)	Sex <input type="checkbox"/> M <input type="checkbox"/> F		
	U.S. Consulate/Embassy	Document Type	Document Number	Case or Alien Number				
Birthplace (City, Country)		Present Country of Residence		Prior Country of Residence				
Present Address of Residence		Present City of Residence		Present Postal Code of Residence				
Intended US Address		Intended US City		Intended US State				
Intended US Postal Code		E-mail Address						
Date of Medical Exam (Date of physical exam or date of final TB culture results, if cultures performed) (mm-dd-yyyy)								
Date Exam Expires (3 months if Class A TB, or Class B1 TB, otherwise 6 months) (mm-dd-yyyy)								
Exam Place of Current Exam (City, Country)				Date of Prior Exam, if any (mm-dd-yyyy)				
Panel Physician Performing Exam		Panel Site		Radiology Facility				
Sputum Smear Laboratory		Sputum Culture Laboratory		Syphilis Laboratory				
Drug Susceptibility Test Laboratory		TB DOT Facility		Gonorrhea Laboratory				
Applicant Category (Mark One)	Immigrant Visa <input type="checkbox"/> Immigrant <input type="checkbox"/> Special Immigrant (SIV) <input type="checkbox"/> Diversity <input type="checkbox"/> Adoptee	Refugee <input type="checkbox"/> Refugee <input type="checkbox"/> Follow to join refugee (Visa 93)	Asylee <input type="checkbox"/> Follow to join asylee (Visa 92)	Non-Immigrant Visa (NIV) <input type="checkbox"/> K-Visa <input type="checkbox"/> Other NIV _____	Parolee <input type="checkbox"/> Parolee			
1. Classification (Check all boxes that apply)								
<input type="checkbox"/> No apparent defect, disease, or disability (See Worksheets DS-3025, DS-3026, DS-3030)								
<input type="checkbox"/> Class A Conditions (See Worksheets DS-3025, DS-3026, DS-3030)								
<table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Tuberculosis disease (1A1) <input type="checkbox"/> Syphilis, untreated (1A1) <input type="checkbox"/> Gonorrhea, untreated (1A1) <input type="checkbox"/> Hansen's Disease, untreated multibacillary or paucibacillary (1A1) </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Any physical or mental disorder (excluding addiction or abuse of specific substance on the Controlled Substances Act but including other substance-related disorder) with harmful behavior or history of such behavior likely to recur (1A3) <input type="checkbox"/> Addiction or abuse of specific substance on the Controlled Substances Act (1A4) <input type="checkbox"/> Immigrant visa applicant refuses vaccinations (1A2) </td> </tr> </table>							<input type="checkbox"/> Tuberculosis disease (1A1) <input type="checkbox"/> Syphilis, untreated (1A1) <input type="checkbox"/> Gonorrhea, untreated (1A1) <input type="checkbox"/> Hansen's Disease, untreated multibacillary or paucibacillary (1A1)	<input type="checkbox"/> Any physical or mental disorder (excluding addiction or abuse of specific substance on the Controlled Substances Act but including other substance-related disorder) with harmful behavior or history of such behavior likely to recur (1A3) <input type="checkbox"/> Addiction or abuse of specific substance on the Controlled Substances Act (1A4) <input type="checkbox"/> Immigrant visa applicant refuses vaccinations (1A2)
<input type="checkbox"/> Tuberculosis disease (1A1) <input type="checkbox"/> Syphilis, untreated (1A1) <input type="checkbox"/> Gonorrhea, untreated (1A1) <input type="checkbox"/> Hansen's Disease, untreated multibacillary or paucibacillary (1A1)	<input type="checkbox"/> Any physical or mental disorder (excluding addiction or abuse of specific substance on the Controlled Substances Act but including other substance-related disorder) with harmful behavior or history of such behavior likely to recur (1A3) <input type="checkbox"/> Addiction or abuse of specific substance on the Controlled Substances Act (1A4) <input type="checkbox"/> Immigrant visa applicant refuses vaccinations (1A2)							
<input type="checkbox"/> Class B Conditions (See Worksheets DS-3025, DS-3026, DS-3030)								
<table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align: top;"> Tuberculosis <input type="checkbox"/> B1 TB, Pulmonary <input type="checkbox"/> B1 TB, Extrapulmonary <input type="checkbox"/> B2 TB, LTBI Evaluation <input type="checkbox"/> B3 TB, Contact Evaluation <input type="checkbox"/> Syphilis, treated within last year <input type="checkbox"/> Gonorrhea, treated within last year </td> <td style="width:50%; vertical-align: top;"> Hansen's Disease <input type="checkbox"/> Multibacillary, treated <input type="checkbox"/> Paucibacillary, treated <input type="checkbox"/> Any physical or mental disorder (excluding addiction or abuse of specific substance on the Controlled Substances Act but including other substance-related disorder) without harmful behavior or history of such behavior unlikely to recur <input type="checkbox"/> Sustained, full remission of addiction or abuse of specific substance on the CSA </td> </tr> </table>							Tuberculosis <input type="checkbox"/> B1 TB, Pulmonary <input type="checkbox"/> B1 TB, Extrapulmonary <input type="checkbox"/> B2 TB, LTBI Evaluation <input type="checkbox"/> B3 TB, Contact Evaluation <input type="checkbox"/> Syphilis, treated within last year <input type="checkbox"/> Gonorrhea, treated within last year	Hansen's Disease <input type="checkbox"/> Multibacillary, treated <input type="checkbox"/> Paucibacillary, treated <input type="checkbox"/> Any physical or mental disorder (excluding addiction or abuse of specific substance on the Controlled Substances Act but including other substance-related disorder) without harmful behavior or history of such behavior unlikely to recur <input type="checkbox"/> Sustained, full remission of addiction or abuse of specific substance on the CSA
Tuberculosis <input type="checkbox"/> B1 TB, Pulmonary <input type="checkbox"/> B1 TB, Extrapulmonary <input type="checkbox"/> B2 TB, LTBI Evaluation <input type="checkbox"/> B3 TB, Contact Evaluation <input type="checkbox"/> Syphilis, treated within last year <input type="checkbox"/> Gonorrhea, treated within last year	Hansen's Disease <input type="checkbox"/> Multibacillary, treated <input type="checkbox"/> Paucibacillary, treated <input type="checkbox"/> Any physical or mental disorder (excluding addiction or abuse of specific substance on the Controlled Substances Act but including other substance-related disorder) without harmful behavior or history of such behavior unlikely to recur <input type="checkbox"/> Sustained, full remission of addiction or abuse of specific substance on the CSA							

Class B Other (Specify or give details from worksheets)

2. Vaccination Documentation (See DS-3025, mark one)

- | | |
|---|--|
| <input type="checkbox"/> Immigrant Visa or Parolee applicant completed vaccination requirements | <input type="checkbox"/> Immigrant Visa applicant refuses vaccination (Class A) |
| <input type="checkbox"/> K Visa applicant voluntarily completed vaccination requirements | <input type="checkbox"/> Immigrant Visa applicant requested Adoptee Exemption |
| | <input type="checkbox"/> Immigrant Visa applicant requests Individual Waiver based on religious or moral convictions |
| | <input type="checkbox"/> Refugee or follow to join Asylee/Refugee (V92/93) applicant not required to meet vaccination requirements |
| | <input type="checkbox"/> K-Visa applicant electing to not be vaccinated at this examination |
| | <input type="checkbox"/> Other NIV applicant not required to meet vaccination requirements |

3. Panel Physician

I attest that I performed this examination, have reviewed all test results, and that the medical classification is correct in accordance with the Centers for Disease Control and Prevention's Technical Instructions for panel physicians. I further attest that I have a current panel physician agreement with the Department of State. I further attest that I provided the applicant the "applicant consent statement" and that the applicant read, understands, and has agreed to its contents.

Panel Physician Signature

Date (mm-dd-yyyy)

PAPERWORK REDUCTION ACT AND CONFIDENTIALITY STATEMENTS

PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: PRA_BurdenComments@state.gov

CONFIDENTIALITY STATEMENT

INA Section 222(f) provides that visa issuance and refusal records shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States. The U.S. Department of State uses the information provided on this form to determine an individual's eligibility for a U.S. visa. Certified copies of visa records may be made available to a court which certifies that the information contained in such records is needed in a case pending before the court. The information provided may also be released to federal agencies for law enforcement, counterterrorism and homeland security purposes; to Congress and courts within their sphere of jurisdiction; and to other federal agencies who may need the information to administer or enforce U.S. laws. Although furnishing this information is voluntary, individuals who fail to submit this form or who do not provide all the requested information may be denied a U.S. visa or experience processing delays.

Photo



VACCINATION DOCUMENTATION WORKSHEET

To Be Completed by Panel Physician Only
For US Vaccination Requirements

OMB No. 1405-0113
EXPIRATION DATE: 10/31/2020
ESTIMATED BURDEN: 20 minutes
(See Page 2 of 2)

GIVE COPY TO APPLICANT

Surnames	Given Names	Birth Date (mm-dd-yyyy)	Exam Date (mm-dd-yyyy)	Blanket Waiver(s) To Be Requested If Vaccination Not Medically Appropriate.
Document Type	Document Number	Case or Alien Number		

1. Vaccination Record					Vaccine Given By Panel Site	For Designated Refugees Only: Additional Vaccine Given by Panel Site*		Test for Immunity Positive	Indicate reason below. Mark all that apply (see legend): A, B, C, D, F, H
Vaccine History Transferred From a Written Record List Chronologically from Left to Right. Provide date as mm-dd-yyyy						Date	Date		
Diphtheria, tetanus, pertussis	Date	Date	Date	Date	Date	Date	Date	Date	
<input type="checkbox"/> DTP, DTaP									
<input type="checkbox"/> DT									
<input type="checkbox"/> Td									
<input type="checkbox"/> Tdap									
Polio									
<input type="checkbox"/> OPV									
<input type="checkbox"/> IPV									
Measles, mumps, rubella									
<input type="checkbox"/> MMR									
<input type="checkbox"/> Measles									
<input type="checkbox"/> Mumps									
<input type="checkbox"/> Rubella									
Rotavirus									
<input type="checkbox"/> RotaTeq (RV5)									
<input type="checkbox"/> Rotarix (RV1)									
Hib									
Hepatitis A									
Hepatitis B									
Meningococcal									
<input type="checkbox"/> MCV4									
<input type="checkbox"/> Other MCV conjugate									
Varicella									
<input type="checkbox"/> Vaccine <input type="checkbox"/> Varicella History									
Pneumococcal									
<input type="checkbox"/> PCV 7									
<input type="checkbox"/> PCV 10									
<input type="checkbox"/> PCV 13									
<input type="checkbox"/> PPSV 23									
Influenza									
Other									

2. Vaccination Documentation (Mark one)

<input type="checkbox"/> Immigrant Visa or Parolee applicant completed vaccination requirements	<input type="checkbox"/> Immigrant Visa applicant refuses vaccination (Class A)
<input type="checkbox"/> K Visa applicant voluntarily completed vaccination requirements	<input type="checkbox"/> Immigrant Visa applicant requested Adoptee Exemption
	<input type="checkbox"/> Immigrant Visa applicant requests Individual Waiver based on religious or moral convictions
	<input type="checkbox"/> Refugee or follow to join Asylee/Refugee (V92/93) applicant not required to meet vaccination requirements
	<input type="checkbox"/> K Visa applicant electing not to be vaccinated at this examination
	<input type="checkbox"/> Other NIV applicant not required to meet vaccination requirements

3. Panel Physician Name (printed) _____ **Panel Physician signature** _____ **Date (mm-dd-yyyy)** _____

I attest I performed this examination or supervised completion of this form and have an agreement with the Department of State.

* Only for designated refugees enrolled in the Vaccination Program for U.S.-bound Refugees
 Refugee declines to receive vaccinations

Blanket waiver legend: A Not age appropriate B Insufficient time interval to complete series
 C Contraindicated D Not routinely available F Flu vaccine not available H Known chronic hepatitis B virus infection

4. Contraindications to vaccination

If a vaccination was contraindicated, mark which contraindications were present (mark all that apply)

- Current pregnancy
- Immune compromised
- History of severe allergic reaction to vaccine or vaccine component
- Other severe reaction to vaccine
- Current moderate to severe illness
- Other, specify: _____

5. Remarks

6. Panel Physician Initials

Date (mm-dd-yyyy)

PAPERWORK REDUCTION ACT AND CONFIDENTIALITY STATEMENTS

PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: PRA_BurdenComments@state.gov

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MEDICAL HISTORY AND PHYSICAL EXAMINATION WORKSHEET

Photo

Surnames		Given Names		Exam Date (mm-dd-yyyy)
Birth Date (mm-dd-yyyy)	Document Type	Document Number	Case or Alien Number	

1. Medical History (Past or present)

No	Yes		No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Applicant appears to be providing unreliable or false information, specify in remarks	<input type="checkbox"/>	<input type="checkbox"/>	Obstetrics
<input type="checkbox"/>	<input type="checkbox"/>	General	<input type="checkbox"/>	<input type="checkbox"/>	Pregnancy, current Estimated delivery date (mm-dd-yyyy) _____ LMP _____
<input type="checkbox"/>	<input type="checkbox"/>	Illness or injury requiring hospitalization (including psychiatric)	<input type="checkbox"/>	<input type="checkbox"/>	Previous live births, number: _____ Birth dates of live births (mm-dd-yyyy) _____
<input type="checkbox"/>	<input type="checkbox"/>	Cardiology	<input type="checkbox"/>	<input type="checkbox"/>	Sexually Transmitted Diseases
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	Previous treatment for sexually transmitted diseases, specify date (mm-yyyy) and treatment:
<input type="checkbox"/>	<input type="checkbox"/>	Congestive heart failure or coronary artery disease	<input type="checkbox"/>	<input type="checkbox"/>	Syphilis _____
<input type="checkbox"/>	<input type="checkbox"/>	Arrhythmia	<input type="checkbox"/>	<input type="checkbox"/>	Gonorrhea _____
<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic heart disease	<input type="checkbox"/>	<input type="checkbox"/>	Endocrinology
<input type="checkbox"/>	<input type="checkbox"/>	Congenital heart disease	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes _____
<input type="checkbox"/>	<input type="checkbox"/>	Pulmonology	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease _____
<input type="checkbox"/>	<input type="checkbox"/>	Tobacco use: <input type="checkbox"/> Current <input type="checkbox"/> Former	<input type="checkbox"/>	<input type="checkbox"/>	Hematologic/Lymphatic
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Anemia _____
<input type="checkbox"/>	<input type="checkbox"/>	Chronic obstructive pulmonary disease	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Disease _____
<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis history: Diagnosed (mm-yyyy) _____ Treatment Completed (mm-yyyy) _____	<input type="checkbox"/>	<input type="checkbox"/>	Thalassemia _____
<input type="checkbox"/>	<input type="checkbox"/>	Fever	<input type="checkbox"/>	<input type="checkbox"/>	Other hemoglobinopathy _____
<input type="checkbox"/>	<input type="checkbox"/>	Cough	<input type="checkbox"/>	<input type="checkbox"/>	Other
<input type="checkbox"/>	<input type="checkbox"/>	Night sweats	<input type="checkbox"/>	<input type="checkbox"/>	An abnormal or reactive HIV blood test Diagnosed (mm-yyyy) _____
<input type="checkbox"/>	<input type="checkbox"/>	Weight loss	<input type="checkbox"/>	<input type="checkbox"/>	Malignancy, specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatry	<input type="checkbox"/>	<input type="checkbox"/>	Kidney or Bladder disease _____
<input type="checkbox"/>	<input type="checkbox"/>	Psychological/Psychiatric Disorder (including major depression, bipolar disorder, or schizophrenia)	<input type="checkbox"/>	<input type="checkbox"/>	Chronic liver disease (including hepatitis B or C) _____
<input type="checkbox"/>	<input type="checkbox"/>	Major impairment in learning, intelligence, self-care, memory, or communication	<input type="checkbox"/>	<input type="checkbox"/>	Previous treatment for Hansen's Disease Treatment Completed (mm-yyyy) _____
<input type="checkbox"/>	<input type="checkbox"/>	Use of substances other than those required for medical reasons	<input type="checkbox"/>	<input type="checkbox"/>	Other medical conditions requiring treatment, specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	Substance use or substance induced disorders of substances on the Controlled Substances Act (CSA)	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Substance use or substance induced disorders of substances not on the CSA (including alcohol)	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Ever caused serious injury to others, caused major property damage or had trouble with the law because of medical condition, mental disorder, or influence of alcohol or drugs	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Ever had thoughts of harming yourself	<input type="checkbox"/>	<input type="checkbox"/>	Disabilities (including loss of arms or legs), specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	Ever acted on those thoughts			_____
<input type="checkbox"/>	<input type="checkbox"/>	Ever had thoughts of harming others			_____
<input type="checkbox"/>	<input type="checkbox"/>	Ever acted on those thoughts			_____
<input type="checkbox"/>	<input type="checkbox"/>	Neurology			
<input type="checkbox"/>	<input type="checkbox"/>	History of stroke			
<input type="checkbox"/>	<input type="checkbox"/>	Seizure disorder			

2. Current Medications (List all current medications)

3. Previous Surgeries (List all previous surgeries)

4. Vital Signs and Vision Height _____ cm Weight _____ kg BMI _____ kg/m ²	BP _____ / _____ Pulse _____ / min	Temperature _____ °C Respiratory Rate _____ / min	Visual acuity at 6 meters: Uncorrected L 6/ _____ R 6/ _____ Corrected L 6/ _____ R 6/ _____
---	---------------------------------------	--	--

5. Physical Examination (include all findings and give details in Remarks)

N, normal; A, abnormal

N	A		N	A	
<input type="checkbox"/>	<input type="checkbox"/>	General appearance	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal system (including gait)
<input type="checkbox"/>	<input type="checkbox"/>	Nutritional status (including acute wasting and or chronic stunting malnutrition)	<input type="checkbox"/>	<input type="checkbox"/>	Extremities (including pulses, edema)
<input type="checkbox"/>	<input type="checkbox"/>	Hearing and ears	<input type="checkbox"/>	<input type="checkbox"/>	Skin
<input type="checkbox"/>	<input type="checkbox"/>	Eyes	<input type="checkbox"/>	<input type="checkbox"/>	Hematologic
<input type="checkbox"/>	<input type="checkbox"/>	Nose, mouth, and throat (include dental)	<input type="checkbox"/>	<input type="checkbox"/>	Nervous system: Sequelae of stroke or cerebral palsy, other neurologic disabilities
<input type="checkbox"/>	<input type="checkbox"/>	Heart (S1, S2, murmur, rub)	<input type="checkbox"/>	<input type="checkbox"/>	Mental status (including mood, intelligence, perception, thought processes, and behavior during examination)
<input type="checkbox"/>	<input type="checkbox"/>	Lungs			
<input type="checkbox"/>	<input type="checkbox"/>	Abdomen (including liver, spleen)			
<input type="checkbox"/>	<input type="checkbox"/>	Lymph nodes			
Fundal height (if applicable): _____					

6. Mental Health Specialist

Referral made to mental health specialist. If so, attach report.

Any physical or mental disorder (excluding addiction or abuse of specific substance on the Controlled Substances Act but including other substance-related disorder) Class A, with harmful behavior, list disorder(s) _____ Class B, without harmful behavior, list disorder(s) _____

Addiction or abuse of a specific substance on the Controlled Substances Act
 Class A, list substance(s) _____ Class B, in remission, list substance(s) _____

7. Syphilis Laboratory Results and Treatment

Laboratory testing not done

	Test Name	Date specimen reported (mm-dd-yyyy)	Reactive	Non-reactive	Titer
Screening					
Confirmatory					
Treated <input type="checkbox"/> Yes <input type="checkbox"/> No	If treated, therapy: <input type="checkbox"/> Benzathine penicillin, 2.4 MU IM <input type="checkbox"/> Other (therapy, dose): _____ Treated by panel physician: <input type="checkbox"/> Yes <input type="checkbox"/> No Stage of syphilis (mark one): <input type="checkbox"/> Primary <input type="checkbox"/> Tertiary <input type="checkbox"/> Secondary <input type="checkbox"/> Neurosyphilis <input type="checkbox"/> Early latent <input type="checkbox"/> Congenital <input type="checkbox"/> Late latent or latent of unknown duration		Date(s) treatment given (mm-dd-yyyy) _____		

8. Gonorrhea Laboratory Results and Treatment

Laboratory testing not done

	Test Name	Date specimen reported (mm-dd-yyyy)	Positive	Negative
Screening				
Drug	Dosage	Start Date (mm-dd-yyyy)	End Date (mm-dd-yyyy)	

9. Diagnosis and Treatment for Hansen's Disease

Complete this section only if the applicant was diagnosed by the panel physician or was on Hansen's Disease treatment at the time of presentation for their medical examination

- Type of Hansen's Disease Treatment
- Multibacillary Partial (≥ 7 days)
- Paucibacillary Completed

Drug	Dosage	Start Date (mm-dd-yyyy)	End Date (mm-dd-yyyy)

- Treated by panel physician
- Yes
- No

- If not treated by panel physician, was referral made by panel physician to another provider for treatment:
- Yes. Provide facility name: _____
- No

- Diagnosis
- Initial diagnosis made by panel physician
- Initial diagnosis made by non-panel physician before medical evaluation by panel physician
- If so, year of diagnosis: _____

10. Remarks

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TUBERCULOSIS WORKSHEET

Photo	Surnames		Given Names		Age
	Birth Date (mm-dd-yyyy)	Document Type	Document Number	Case or Alien Number	

1. Test for Cell-Mediated Immunity to Tuberculosis

See Tuberculosis Technical Instructions, when required, perform one type only.

TST Date applied (mm-dd-yyyy) _____
Results (mm) _____

IGRA Date drawn (mm-dd-yyyy) _____

- Positive
 Negative
 Indeterminate, Borderline, or Equivocal

If IGRA performed, mark which test:

- Quantiferon
 T-Spot

2. Chest X-Ray Indication (Mark all that apply)

- Chest X-Ray not indicated Known HIV infection History of Tuberculosis
 Age ≥ 15 years TST ≥ 10 mm or IGRA positive
 Signs or symptoms of tuberculosis TB Case Contact: TST ≥ 5 mm or IGRA positive

Date Chest X-Ray Taken (mm-dd-yyyy)

3. Chest X-Ray Findings (for radiologist to complete)

- Normal Findings Abnormal Findings (Indicate category and finding, marking all that apply in the tables below)

Suggests Tuberculosis (Need Smears and Cultures)

- Infiltrate or consolidation Miliary findings
 Reticular markings suggestive of fibrosis Discrete linear opacity
 Cavitary lesion Discrete nodule(s) without calcification
 Nodule(s) or mass with poorly defined margins (such as tuberculoma) Volume loss or retraction
 Pleural effusion Irregular thick pleural reaction
 Hilar/mediastinal adenopathy Other

Does Not Need Smears and Cultures

Mark as Class B Other on DS-2054

- Cardiac
 Musculoskeletal
 Other, specify in Remarks

Do Not Mark as Class B Other on DS-2054

- Smooth pleural thickening (if at CPA, must confirm is not effusion [do lateral or decubitus radiograph or ultrasound])
 Diaphragmatic tenting
 Single or scattered calcified pulmonary nodule(s)
 Calcified lymph node(s)

Radiologist's Remarks

Radiologist's Name (Printed)

Radiologist's Signature (Required)

Date Interpreted (mm-dd-yyyy)

4. Sputum Smears and Cultures Decisions

- No, not indicated -Applicant has no signs or symptoms of TB, no known HIV infection, and:
 X-ray Normal or 'No specimens required' and test for cell-mediated immunity to TB negative (if performed)
 X-ray Normal or 'No specimens required' and test for cell-mediated immunity to TB positive (if performed)
 Yes, are indicated - Applicant has (Mark all that apply):
 Signs or symptoms of TB
 Chest X-ray suggests TB
 Known HIV infection
 End of treatment cultures

5. Sputum Smears and Cultures Results

Sputum Smear Results	Date specimen obtained (mm-dd-yyyy)	Date specimen reported (mm-dd-yyyy)	Positive	Negative
	1.			
2.				
3.				

Sputum Culture Results	Date specimen obtained (mm-dd-yyyy)	Date specimen reported (mm-dd-yyyy) *Use as date of exam on DS-2054	Positive	Negative	NTM	Contaminated
	1.					
2.						
3.						

6. Tuberculosis Classification

Applicants may have more than one TB Classification. However, they cannot be classified as both Class B1 TB and Class B2 TB. In addition, applicants cannot be classified as Class B3 TB, Contact Evaluation if they are Class A or Class B1 TB, Extrapulmonary.

- No TB Classification**
CXR not suggestive of tuberculosis, no tuberculosis signs or symptoms, no known HIV infection, TST or IGRA negative (*if performed*), not a contact
- Class A**
Applicant has tuberculosis disease
- Class B1 TB, Pulmonary**
CXR suggests tuberculosis, or tuberculosis signs and symptoms, or known HIV infection and sputum smears and cultures are negative and not a clinically diagnosed case.
- Class B1 TB, Extrapulmonary**
Applicants with evidence of extrapulmonary tuberculosis. The anatomic site of infection should be documented.

Anatomic Site of Disease _____

- No treatment
- Current treatment
- Completed treatment
- Started but did not finish extrapulmonary treatment

- Class B2 TB, LTBI Evaluation**
Applicants who have a tuberculin skin test ≥ 10 mm or positive IGRA but otherwise have a negative evaluation for tuberculosis. Contacts with TST ≥ 5 mm or positive IGRA should receive this classification (if they are not already Class B1 TB, Pulmonary).

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> No LTBI treatment | If treated, LTBI treatment: | If treated, mark LTBI regimen: |
| <input type="checkbox"/> Current LTBI treatment | <input type="checkbox"/> LTBI treatment by panel physician | <input type="checkbox"/> Isoniazid |
| <input type="checkbox"/> Completed LTBI treatment | <input type="checkbox"/> LTBI treatment by non-panel physician | <input type="checkbox"/> Rifampin |
| <input type="checkbox"/> Started but did not finish LTBI treatment | Dates of treatment _____ to _____ | <input type="checkbox"/> 3HP |
| | | <input type="checkbox"/> Other _____ |

- Class B3 TB, Contact Evaluation**
Applicants who are a recent contact of a known tuberculosis case.
- No preventive treatment
- Window Prophylaxis
 - Isoniazid Rifampin 3HP Other _____

Source Case:

Name _____

Case or Alien Number, if known _____

Relationship to Contact _____

Date Contact Ended (*mm-dd-yyyy*) _____

Type of Source Case TB (*Mark only one and attach DST results*)

- Pansusceptible TB
- MDR TB (resistant to at least INH and rifampin)
- Drug-resistant TB other than MDR TB
- Culture negative
- Culture results not available
- DST results not yet available

Remarks

7. History of Class A TB

Complete this section only if one of the following is true (*mark appropriate option*):

- Applicant was previously diagnosed with Class A TB by the panel physician
- Applicant was on tuberculosis treatment at the time of presentation for their medical examination

How was the diagnosis made: Positive laboratory tests Clinical diagnosis

Diagnostic Chest Radiograph	
Facility performing chest radiograph: _____	
Date Radiograph obtained (<i>mm-dd-yyyy</i>): _____	
Findings Present	
<input type="checkbox"/> Normal or no findings suggestive of tuberculosis	<input type="checkbox"/> Hilar/mediastinal adenopathy
<input type="checkbox"/> Infiltrate or consolidation	<input type="checkbox"/> Miliary findings
<input type="checkbox"/> Reticular marking suggestive of fibrosis	<input type="checkbox"/> Discrete linear opacity
<input type="checkbox"/> Cavitory lesion	<input type="checkbox"/> Discrete nodule(s) without calcification
<input type="checkbox"/> Nodule(s) or mass with poorly defined margins (such as tuberculoma)	<input type="checkbox"/> Volume loss or retraction
<input type="checkbox"/> Pleural effusion	<input type="checkbox"/> Irregular thick pleural reaction
	<input type="checkbox"/> Other

Sputum Smear Results at Diagnosis

Date specimen obtained (<i>mm-dd-yyyy</i>)	Date specimen reported (<i>mm-dd-yyyy</i>)	Positive	Negative
1.			
2.			
3.			

Sputum Culture Results at Diagnosis

Date specimen obtained (<i>mm-dd-yyyy</i>)	Date specimen reported (<i>mm-dd-yyyy</i>)	Positive	Negative	NTM	Contaminated
1.					
2.					
3.					

Drug Susceptibility Test Results

Method of DST:	Date specimen obtained (<i>mm-dd-yyyy</i>)	Date DST reported (<i>mm-dd-yyyy</i>)
<input type="checkbox"/> MGIT <input type="checkbox"/> Agar <input type="checkbox"/> LJ		

	Drug	Susceptible	Resistant
Required for first-line DST	Isoniazid		
	Rifampin		
	Ethambutol		
	Pyrazinamide		
Required for multidrug-resistant cases	Ethionamide		
	Amikacin		
	Capreomycin		
	Para-aminosalicylic acid (PAS)		
	Fluoroquinolone, specify: _____		
	Other, specify:		

7. History of Class A TB, Continued

Were molecular tests used in addition to the required sputum smears, cultures, and DST:

- No
- Yes (mark all that apply):

Molecular Test	Mycobacterium Tuberculosis		Rifampin Resistance		Isoniazid Resistance		Second-Line Test
	Positive	Negative	Positive	Negative	Positive	Negative	
<input type="checkbox"/> Hain Line Probe Assay							<input type="checkbox"/> Performed, attach results
<input type="checkbox"/> GeneXpert							
<input type="checkbox"/> Other _____							

Tuberculosis Treatment

Treating physician or institution

Designated DOT site: _____

Non-Designated DOT site: _____

Drug	Dosage	Start Date (mm-dd-yyyy)	End Date (mm-dd-yyyy)
Isoniazid			
Rifampin			
Ethambutol			
Pyrazinamide			
Other, specify:			

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APPENDIX B

UTAH REFUGEE HEALTH

SCREENING FORM

Utah REFUGEE HEALTH SCREENING FORM

Date of Arrival: ____/____/____

Screening Clinic: _____ Screen Date: ____/____/____

Last Name: _____ First Name: _____

 Foster Care:

Address: _____ DOB: ____/____/____ Sex: M F Alien ID: _____ Resettlement Agency: _____

 Place of Birth: _____ Arrive From: _____ Nativity/Culture: _____ Language: _____ USPHS Class: B1 B2
PHYSICAL EXAM:

Weight: _____	Height: _____	BP: _____	BMI: _____	Visual Acuity: Y N	Referral needed: Y N	Tobacco user: Y N
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TB SCREENING:

TB Test: PPD QFT Tspot	Date: ____/____/____	Results: _____ mm Neg Pos Indeterminate	Date: ____/____/____	X-ray Results: Normal Abnormal	Date: ____/____/____
------------------------	----------------------	---	----------------------	--------------------------------	----------------------

LAB TESTS:

Hemoglobin: _____ Hct: _____ MCV: _____	Diabetes Results (high risk): _____	Vit D (high risk): _____	Urine Analysis: Y N Findings: _____
HIV (≥13 yrs): <input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Indeterminate	Syphilis (≥15 years): <input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Indeterminate	Gonorrhea: <input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Indeterminate	
HIV Confirm: <input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Indeterminate	Syphilis Confirm: <input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Indeterminate	Chlamydia: <input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Indeterminate	
Lipid Profile (Total): (TG): (HDL): (LDL)	Blood Lead (6ms-16ys) Results: _____ µg/dl:	B 12 Tested (Bhutanese) Results: _____	
HBsAg (All): _____ HBcAb (All): _____	Hep C (1945-1965) Results: _____	H Pylori: _____ <input type="radio"/> Blood Ab <input type="radio"/> Urea Breath test <input type="radio"/> Stool Ag	

PARASITES

Soil Transmitted Helminths: Treated overseas: Y N Screened at HS: Y N Results: (+/-) _____ Albendazole at HS: Y N Dose: _____	Schistosomiasis: Treated overseas: Y N Screened at HS: Y N Results: (+/-) _____ Praziquantel at HS: Y N Dose: _____	Strongyloides: Treated overseas: Y N Screened at HS: Y N Results: (+/-) _____ Ivermectin at HS: Y N Dose: _____
---	---	---

IMMUNIZATIONS:
Vaccines (date given)

DTaP/TD/Tdap	IPV	HIB	Meningococcal	Hepatitis B	MMR	Varicella	Pneumococcal	Hepatitis A	HPV	Influenza
____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____

Serology (+/-)

--	--	--

MENTAL HEALTH:

≥ 14 yrs: RHS-15 Score 1: _____ (≥12 = positive) RHS-15 Score 2: _____ (≥5 = positive) < 14 yrs: Ask parent, "Do you think your child has difficulties with their emotions, concentration, behavior, or getting on with other people?" Y N	Torture/Violence: Y N "In this clinic we see many patients who have been forced to flee their homes because of violence or threats to their health and safety. Were you (or any of your family) a victim of violence and/or torture in your home country?"	All ages: Anxiety: Y N Depression: Y N Other: Y N Describe: _____
How was the RHS-15 administered? Check all that apply <input type="checkbox"/> Self-administered <input type="checkbox"/> Provider assisted <input type="checkbox"/> Interpreter assisted	MH Severity: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	MH Referral Accepted: Y N

OTHER HEALTH CONDITIONS: check category if PRESENT, circle condition or write in space

<input type="checkbox"/>	Cardiovascular:	HTN	↑ BP without HTN	Heart Murmur			
<input type="checkbox"/>	Dental:	Caries	Calculus	Decay	Pain		
<input type="checkbox"/>	Dermatology:	Dermatitis	Scabies	Tinea			
<input type="checkbox"/>	Endocrinology:	Diabetes	Thyroid				
<input type="checkbox"/>	ENT:	Impacted Cerumen	Perforated TM	<Hearing			
<input type="checkbox"/>	Genitourinary:	Dysuria/BPH	Nocturia	UTI			
<input type="checkbox"/>	GI:	Abdominal Pain	Constipation	Diarrhea			
<input type="checkbox"/>	Hematology:	Eosinophilia	Macrocytic anemia	Microcytic anemia			
<input type="checkbox"/>	Musculoskeletal:	Arthritis	Low back pain	Loss of Limb	Other Pain		
<input type="checkbox"/>	Neurology:	Headaches	Neuropathy	Seizures			
<input type="checkbox"/>	Nutrition:	Short stature	Underweight	Overweight	Obesity		
<input type="checkbox"/>	Obstetrics/GYN:	Dysmenorrhea	Menorrhagia	Depo due _____			
<input type="checkbox"/>	Ophthalmology:	Corneal opacity	<Vision				
<input type="checkbox"/>	Pulmonology:	Asthma	COPD	Hx of TB			

COMMENTS:

Screening Physician: _____

Physician Signature: _____

APPENDIX C

REFUGEE HEALTH SCREENER 15

Pathways to Wellness

Integrating Refugee Health and Well-being

Creating pathways for refugee survivors to heal



ENGLISH VERSION

DEMOGRAPHIC INFORMATION

NAME: _____

DATE OF BIRTH: _____

ADMINSTERED BY: _____

DATE OF SCREEN: _____

DATE OF ARRIVAL: _____ GENDER: _____

HEALTH ID #: _____

Developed by the *Pathways to Wellness* project and generously supported by the Robert Wood Johnson Foundation, The Bill and Melinda Gates Foundation, United Way of King County, The Medina Foundation, Seattle Foundation, and the Boeing Employees Community Fund.

Pathways to Wellness: Integrating Community Health and Well-being is a project of Lutheran Community Services Northwest, Asian Counseling and Referral Services, Public Health Seattle & King County, and Dr. Michael Hollifield. For more information, please contact Beth Farmer at 206-816-3252 or bfarmer@lcsnw.org.

REFUGEE HEALTH SCREENER (RHS-15)

Instructions: Using the scale beside each symptom, please indicate the degree to which the symptom has been bothersome to you over the past month. Place a mark in the appropriate column. If the symptom has not been bothersome to you during the past month, circle "NOT AT ALL."



SYMPTOMS	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
1. Muscle, bone, joint pains	0	1	2	3	4
2. Feeling down, sad, or blue most of the time	0	1	2	3	4
3. Too much thinking or too many thoughts	0	1	2	3	4
4. Feeling helpless	0	1	2	3	4
5. Suddenly scared for no reason	0	1	2	3	4
6. Faintness, dizziness, or weakness	0	1	2	3	4
7. Nervousness or shakiness inside	0	1	2	3	4
8. Feeling restless, can't sit still	0	1	2	3	4
9. Crying easily	0	1	2	3	4

The following symptoms may be related to traumatic experiences during war and migration. How much in the past month have you:

10. Had the experience of reliving the trauma; acting or feeling as if it were happening again?	0	1	2	3	4
11. Been having PHYSICAL reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?	0	1	2	3	4
12. Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)?	0	1	2	3	4
13. Been jumpier, more easily startled (for example, when someone walks up behind you)?	0	1	2	3	4

REFUGEE HEALTH SCREENER (RHS-15)

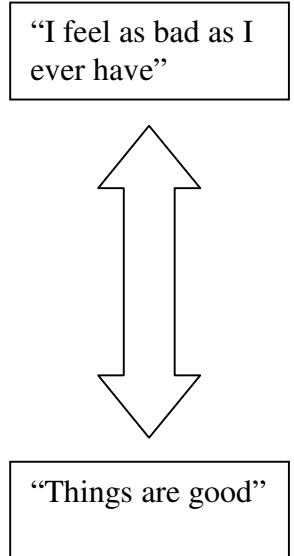
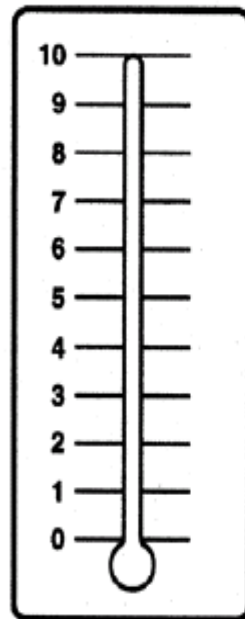
14. Generally over your life, do you feel that you are:

- Able to handle (cope with) anything that comes your way0
- Able to handle (cope with) most things that come your way1
- Able to handle (cope with) some things, but not able to cope with other things.....2
- Unable to cope with most things.....3
- Unable to cope with anything4

15.

Distress Thermometer

FIRST: Please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.



ADD TOTAL SCORE OF ITEMS 1-14: ____

SCORING	
<p>Screening is POSITIVE</p> <ol style="list-style-type: none"> 1. If Items 1-14 is ≥ 12 OR 2. Distress Thermometer is ≥ 5 	<p>Self administered: ____</p> <p>Not self administered: ____</p>
<p>CIRCLE ONE: SCREEN NEGATIVE</p>	<p>SCREEN POSITIVE REFER FOR SERVICES</p>