## Vaccine-Preventable Disease/Immunization

<table>
<thead>
<tr>
<th>Disease/Immunization</th>
<th>Immunization Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>Mo/Day/Yr</td>
</tr>
<tr>
<td>Mumps</td>
<td>Mo/Day/Yr</td>
</tr>
<tr>
<td>Rubella</td>
<td>Mo/Day/Yr</td>
</tr>
<tr>
<td>Varicella (VZV)</td>
<td>Mo/Day/Yr</td>
</tr>
<tr>
<td>Zoster (shingles)</td>
<td>Mo/Day/Yr</td>
</tr>
<tr>
<td>Diphtheria, Tetanus, &amp; Pertussis (DTaP, DTP, DT)</td>
<td>Mo/Day/Yr</td>
</tr>
<tr>
<td>Diphtheria-Tetanus (Td, Tdap)</td>
<td>Mo/Day/Yr</td>
</tr>
<tr>
<td>Polio (IPV, OPV)</td>
<td>Mo/Day/Yr</td>
</tr>
<tr>
<td>Hepatitis B (HBV)</td>
<td>Mo/Day/Yr</td>
</tr>
<tr>
<td>Human Papilloma Virus (HPV)</td>
<td>Mo/Day/Yr</td>
</tr>
<tr>
<td>Meningococcal conjugate (MCV)</td>
<td>Mo/Day/Yr</td>
</tr>
<tr>
<td>Haemophilus influenza type b (Hib)</td>
<td>Mo/Day/Yr</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Influenza</td>
<td>Mo/Day/Yr</td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>Mo/Day/Yr</td>
</tr>
<tr>
<td>BCG</td>
<td>Yes/Date(s)</td>
</tr>
</tbody>
</table>

### Tuberculin Skin Test (TST)

- **Induration (not redness)**
- **Past history of positive TST (76)**
- **Given, not read (77)**
- **Declined test (88)**
- **Not done (99)**

### IGRA Test:
- **QFT**
- **Tspot**

- **Positive**
- **Negative**
- **Indeterminate**
- **Not Done**

### Chest X-Ray – done in U.S.
- **Normal**
- **Abnormal, stable, old or healed TB**
- **Abnormal, cavitary**
- **Abnormal, non-cavitary, consistent with active TB**
- **Abnormal, not consistent with active TB**
- **Pending**
- **Declined CXR**
- **Not done**

### Diagnosis (must check one)
- **No TB infection or disease**
- **Latent TB Infection (LTBI)**
- **Old, healed not prev. Tx TB**
- **Old, healed prev. Tx TB**
- **Active TB disease**
  - *(suspicious or confirmed)*
  - **Pending**
  - **Incomplete eval., lost to F/U**

### Treatment (for TB disease or LTBI)
- **Start Date: / /**
- **Reason for not treating**
  - **Completed Tx overseas**
  - **Declined treatment**
  - **Medically contraindicated**
  - **Moved out of MN**
  - **Lost to follow-up**
  - **Further eval. pending**
  - **Other:**

### TB treatment follow-up clinic if not the same as screening clinic:

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**Hepatitis B Screening:**

1. Anti-HBs (✓ one)  
   - **Negative**
   - **Positive**
   - **Indeterminate**
   - **Results pending**
   - **Not done**

2. HBsAg (✓ one)  
   - **Negative**
   - **Positive**
   - **Indeterminate**
   - **Results pending**
   - **Not done**

*Note: if positive HBsAg, patient is infected with HBV and infectious to contacts. It is especially important to screen all household contacts.

If positive HBsAg were all household contacts screened?  
- **Yes**  
- **No**  
- **Contacts not screened**  
- **why not?**

### Hepatitis C Screening:

1. Anti-HCV (✓ one)  
   - **Negative**
   - **Positive**
   - **Indeterminate**
   - **Results pending**
   - **Not done**

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### Sexually Transmitted Infections:

1. Syphilis  
   - **Negative**
   - **Positive; treated? yes no**
   - **Pending**
   - **Not done**

2. Gonorrhea  
   - **Negative**
   - **Positive; treated? yes no**
   - **Pending**
   - **Not done**

3. Chlamydia  
   - **Negative**
   - **Positive; treated? yes no**
   - **Pending**
   - **Not done**

4. HIV  
   - **Negative**
   - **Positive; treated? yes no**
   - **Pending**
   - **Not done**

5. Other, specify:  
   - **Negative**
   - **Positive; treated? yes no**

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**Return completed form, preferably within 30 days of U.S. date of arrival, to address on reverse side of this form.**
Vision Loss

If yes, was Eosinophilia present?  
If yes, was further evaluation done?  

Intestinal Parasite Screening:
1. Was screening for parasites done? (✓ one)  
   - Diphenoxylate: ___Yes ___No  
   - Not done

2. Serology Test
   - Schistosoma: ___Negative ___Positive: treated: _________
   - Strongyloides: ___Negative ___Positive: treated: _________
   
3. Stool Test
   - No parasites found
   - Non-pathogenic parasites found
   - Blastocystis; treated: ___yes ___no
   - Pathogenic parasite(s) found
   
4. Mental Health Concern
   - If yes, was Eosinophilia present?
   - If yes, was further evaluation done?

Alien or Visa Registration #____________________________

Intestinal Parasite Screening:  
1. Was screening for parasites done? (✓ one)  
   - If No, why not? ____________________________

2. Serology Test
   - Schistosoma: ___Done ___Results Pending ___Not done
   - Strongyloides: ___Done ___Results Pending ___Not done

3. Stool Test
   - No parasites found
   - Non-pathogenic parasites found
   - Blastocystis; treated: ___yes ___no
   - Pathogenic parasite(s) found
   
Malaria Screening: (✓ one)
- Not screened for malaria (e.g., No symptoms and history not suspicious of malaria)  
- Screened, malaria species found (please specify):  
- Referred for malaria treatment?  
- Not done

Please fill in for all refugees:

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Height (m)</td>
<td>Weight (lbs)</td>
<td>Head Circum. (&lt; 3 yrs old, cm)</td>
<td>Pulse</td>
<td>BP - Syst/Dias</td>
<td></td>
</tr>
<tr>
<td>Blood Glucose (mg/dl)</td>
<td>Hemooglobin</td>
<td>Hematocrit</td>
<td>%</td>
<td>Vit. B12 (pg/ml)</td>
<td>Lead (&lt;17 yrs old)</td>
</tr>
</tbody>
</table>

Currently Pregnant  
- Yes  
- No  
- Not done

Mental Health Concern  
- Yes  
- No  
- Not done

Vision Loss  
- Yes  
- No  
- Not done

Additional Health Concern (list)

Referrals: (check all that apply)
- Primary Care / Family Practice
- Dentistry
- Ophthalmology/Optometry
- Audiology/Hearing
- Cardiology
- Hematology/Oncology
- Neurology
- Radiology
- Dermatology
- Immunology/Allergy
- Nutrition
- Surgery
- Ear, Nose & Throat (ENT)
- Infectious Disease
- Pediatrics
- Urology
- Emergency/Urgent Care
- Internal Medicine
- Public Health Nurse (PHN)
- Social Services
- Endocrinology
- Mental Health
- OB/GYN or Family Planning
- Other Referral

Interpreter needed:  
- Yes, language(s) needed: ____________________________  
- No

Note: Form indicating the results of the tests listed on this form and return to the local public health agency noted below within 30 days of receipt. For more information, contact the Refugee Health Program, Minnesota Department of Health at: (651) 201-5414.

Screening Clinic_________________________  
Physician/PA/NP (Last)________________(First)__________________

Address_________________________________City________________State____ZIP____Phone ( )___________Fax ( )___________

Name/title of person completing form_________________________  
Date screening completed_____/_____/_____

Return/Mail to: (Local Public Health Agency)

Address: ___________________________________________

Phone: ___________________________________________
Components of Refugee Health Assessment: Complete history, review of systems, physical examination including assessment for infectious disease and chronic disease, and laboratory testing. Infectious diseases continue to be significant and can be readily addressed when identified. There is increased recognition that chronic health disorders are common and may pose greater long-term threat to the individual's health. Health issues to consider include: cardiovascular, hematologic disorders (eosinophilia, anemia, and microcytosis), nutritional deficiencies, dental caries, diabetes, thyroid disease, otorhinologic and ophthalmologic problems, and dermatologic abnormalities. As part of assessment, record blood pressure, pulse, height, weight, head circumference, perform urinalysis for any patient old enough to produce a clean catch specimen, vision and hearing evaluation. More detail see: MN Refugee Health Provider Guide at www.health.state.mn.us/refugee.

<table>
<thead>
<tr>
<th>Disease or Condition</th>
<th>Screening Recommendations</th>
</tr>
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<tbody>
<tr>
<td><strong>Immunizations</strong></td>
<td>Assess and update immunizations for each individual. Indicate laboratory evidence of immunity for measles, mumps, rubella, varicella, polio, hepatitis B or hepatitis A, if available; immunizations are not needed if immune. For all other immunizations, update series or begin primary series if immunization dates are not found. If you need assistance translating immunization records or determining needed immunizations, call CDC hotline 800-CDC-INFO (1-800-232-4636). Always update the personal immunization record card.</td>
</tr>
<tr>
<td><strong>Tuberculosis (TB)</strong></td>
<td>Perform a tuberculin skin test (TST) or blood interferon gamma assay (IGRA) for TB for all individuals regardless of BCG history, unless documented previous positive test. Pregnancy is not a medical contraindication for TST testing or for treatment of active or latent TB. TST administered prior to 6 months of age may yield false negative results.</td>
</tr>
<tr>
<td></td>
<td>- A chest X-ray should be performed for all individuals with a positive TST or IGRA test</td>
</tr>
<tr>
<td></td>
<td>- A chest X-ray should also be performed regardless of TST results for:</td>
</tr>
<tr>
<td></td>
<td>- those with a TB Class A or B1 designation from overseas exam or</td>
</tr>
<tr>
<td></td>
<td>- those who have symptoms compatible with TB disease.</td>
</tr>
<tr>
<td><strong>Hepatitis B</strong></td>
<td>Administer a hepatitis B screening panel including hepatitis B surface antigen (HBsAg), hepatitis B surface antibody (anti-HBs), and hepatitis B core antibody (anti-HBc) to all adults and children. Vaccinate previously unvaccinated and susceptible children, 0-18 years of age. Vaccinate susceptible adults at increased risk for HBV infection (due to close interaction within their communities) or from endemic countries. Refer all persons with chronic HBV infection for additional ongoing medical evaluation.</td>
</tr>
<tr>
<td><strong>Intestinal Parasites</strong></td>
<td>For all refugee arrivals (asymptomatic and symptomatic):</td>
</tr>
<tr>
<td></td>
<td>- Confirm specific pre-departure presumptive treatment</td>
</tr>
<tr>
<td></td>
<td>- Evaluate for eosinophilia* by obtaining a CBC with differential (eosinophilia &gt;400 cells/µl) PLUS Documented pre-departure presumptive treatment</td>
</tr>
<tr>
<td></td>
<td>For single-dose albendazole pre-departure treatment (no praziquantel)</td>
</tr>
<tr>
<td></td>
<td>- Strongyloides serology (all refugees);</td>
</tr>
<tr>
<td></td>
<td>- Schistosoma serology (all refugees);</td>
</tr>
<tr>
<td></td>
<td>- Schistosoma serology (all refugees);</td>
</tr>
<tr>
<td></td>
<td>- Treat if positive for Strongyloides stercoralis or Schistosoma spp.</td>
</tr>
<tr>
<td></td>
<td>- If positive for eosinophilia, re-check total eosinophil count in 3-6 months.**</td>
</tr>
<tr>
<td></td>
<td>For single-dose albendazole pre-departure treatment with praziquantel</td>
</tr>
<tr>
<td></td>
<td>- Strongyloides serology (all refugees);</td>
</tr>
<tr>
<td></td>
<td>- Treat if positive for Strongyloides stercoralis</td>
</tr>
<tr>
<td></td>
<td>- If positive for eosinophilia, re-check total eosinophil count in 3-6 months.**</td>
</tr>
<tr>
<td></td>
<td>For high-dose pre-departure treatment (ivermectin and praziquantel)</td>
</tr>
<tr>
<td></td>
<td>- If positive for eosinophilia, re-check total eosinophil count in 3-6 months after arrival.**</td>
</tr>
<tr>
<td></td>
<td>- Conduct stool examinations for ova and parasites (O&amp;P); two stool specimens should be obtained more than 24 hours apart;</td>
</tr>
<tr>
<td></td>
<td>- Strongyloides serology (all refugees);</td>
</tr>
<tr>
<td></td>
<td>- Schistosoma serology (sub-Saharan Africans);</td>
</tr>
<tr>
<td></td>
<td>- Treat pathogenic parasites;</td>
</tr>
<tr>
<td></td>
<td>- Re-check total eosinophil count in 3-6 months.**</td>
</tr>
<tr>
<td></td>
<td>No documented pre-departure presumptive treatment:</td>
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<td>- Strongyloides serology (all refugees);</td>
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</tr>
<tr>
<td></td>
<td>- Treat if positive for eosinophilia, re-check total eosinophil count in 3-6 months.**</td>
</tr>
</tbody>
</table>

*Eosinophilia may or may not be present with parasitic infection; an absolute eosinophil count provides supplemental diagnostic information. **Persistent eosinophilia or symptoms requires further diagnostic evaluation.

If parasites are identified, one stool specimen should be submitted 2-3 weeks after completion of therapy to determine response to treatment. For background information and treatment guidelines see CDC’s Evaluation of Refugees for Intestinal and Tissue-Invasive Parasitic Infections during Domestic Medical Examination, as well as The Medical Letter on Drugs and Therapeutics: Drugs for Parasitic Infections.
Sexually Transmitted Infections

Routine screening for HIV, ages 13-64 years using Anti-HIV 1+2 assay; universal testing of HIV and syphilis for arrivals from areas of the world with high prevalence of HIV/AIDS. Screen for syphilis by administering VDRL or RPR. Confirm positive VDRL or RPR by FTA-ABS/MHATP or other confirmatory test. Repeat VDRL/FTA in 2 weeks if lesions typical of primary syphilis are noted and person is sero-negative on initial screening. Use your clinical judgment to screen for chlamydia and gonorrhea using urine specimen if possible. Screen other STDs if indicated by self-report or endemicity in homeland.

Malaria

Screen those refugees present with symptoms suspicious of malaria. For asymptomatic refugees from highly endemic areas, i.e., sub-Saharan Africa, screen or presumptively treat if no documented pre-departure therapy (note contraindications for pregnant or lactating women and children < 5 kg).

Lead

Venous blood lead level (BLL) screening is recommended for all refugee children under 17 years. Check for lead sources in children with elevated BLL ≥10 µg/dL; check BLLs in all family members. Follow up management. Prescribe daily pediatric multivitamins with iron for refugee children 6 to 59 months of age.

Mental Health

Assess for signs of post-traumatic stress, acute psychiatric disorders; assess mental health as reflected in general health and wellbeing (e.g., sleeplessness, headaches, nightmares, irritability).

NOTICE FOR HEALTH CARE PROVIDERS REGARDING RELEASE OF INFORMATION

Information on this Refugee Health Assessment Form is collected for the Minnesota Department of Health (MDH), by authority of 8 U.S. Code Chapter 12, Subchapter IV, Section 412(c)(3)* of the Immigration and Nationality Act. The information you or your clinic provide is used to obtain a health evaluation and/or treatment for the patient. It can also facilitate the individual's enrollment into a school, child care, or early childhood programs as required by Minnesota Statutes §121A.15. MDH may release this information on the form to health care providers or agencies which are involved in the care of the individual. These health care providers and agencies usually include medical, mental and dental care providers, public health agencies, hospitals, schools, child care centers and early childhood programs. All public health agencies, health institutions, or providers to whom the refugee has appeared for treatment or services will be entitled to the information included on this form.

Although some of the information collected includes legally reportable diseases (MN Rules Chapter 4605), there is no obligation to provide supplemental information and the client will receive health care services even if your entity does not provide the supplemental information. However, if the information is not provided, it may result in delay of services or denial of enrollment into a Minnesota school, child care center or early childhood program because information may not be shared with agencies.

MDH protects private data in accordance with the Government Data Practices statutes, Minnesota Statutes, Chapter 13.

Why is MDH asking for the information?

- To help the patient get medical, dental, or mental health services to ensure they receive appropriate health care;
- For school, child care, or early childhood enrollment to aid in enrollment in these programs;
- To make reports, do research, conduct audits, evaluate refugee programs and develop interventions and educational/outreach activities to ensure refugees received appropriate health care.

With whom may this information be shared?

- Health care providers, including medical, mental and dental health care providers, public health agencies, and hospitals involved in the care of the refugee
- Schools, child care centers or early childhood programs, for enrollment
- Local, state, or federal public health agencies conducting program evaluations to ensure refugees receive appropriate care.

For more information contact:

Refugee Health Program  
Minnesota Department of Health  
625 Robert Street N  
P.O. Box 64975  
St Paul, MN 55164-0975  
(651) 201-5414 (metro)  
1-877-676-5414 (toll-free)  
www.health.state.mn.us/refugee