



U.S. Department of Health and Human Service

OMB 0970-#### [Valid through MM/DD/2020]  
Office of Refugee Resettlement  
Medical Checklist for Transfers, Rev. 09/05/2016

**OFFICE OF REFUGEE RESETTLEMENT**  
**Division of Children's Services**  
**MEDICAL CHECKLIST FOR TRANSFERS**

**IDENTIFYING INFORMATION**

UC's Name: _____	Completed By(name and title): _____
A#: _____	Date Completed: _____

**INSTRUCTIONS**

- This checklist must be completed by a medical coordinator or other medical staff within three (3) business days identifying the need for a transfer.
- If "No" is checked for any of the below questions, do not transfer the child without consulting the ORR Medical Team. The FFS must also be consulted in accordance with ORR policies and procedures.
- The completed checklist should be uploaded to the UC Portal under "UAC Documents" and the paper copy stored in a secure location.
- Do **not** include a copy of this checklist with the child's transfer documents as it contains confidential medical information.

**CHECKLIST**

	Meets Transfer Criteria	Does Not Meet Transfer Criteria
1. Has the initial medical exam been completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have results from all lab tests been received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is the child up-to-date on immunizations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does the child have enough medications to last through the transfer process, plus an additional 3 days?	<input type="checkbox"/> Yes <input type="checkbox"/> NA	<input type="checkbox"/> No
5. Is the child free of all medical conditions that require specialist care (such as pregnancy, or epilepsy, or heart disease)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Is the child currently clear of the following symptoms/conditions?		
a. Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Rash	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Neck stiffness/Confusion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Diarrhea/Vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Scabies/Lice	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are all medical reports as complete as possible (e.g., lab results and final diagnoses entered) in the UC Portal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have all medical documents (e.g., Initial Medical Exam form, immunization records, lab results) been uploaded to the UC Portal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN:** The purpose of this information collection is to allow ORR to ensure that UAC are medically cleared for transfer within the ORR care provider network, excluding transfer to an influx care facility. Public reporting burden for this collection of information is estimated to average 0.08 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (Homeland Security Act, 6 U.S.C. 279). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information please contact UACPolicy@acf.hhs.gov.