|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Health Assessment Form**  **Unaccompanied Children’s Program**  **Office of Refugee Resettlement (ORR)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **General Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Minor** | | | Last name: | | | | | | | | | | | | | | | First name: | | | | | | | | | | | |
| DOB: | | | | | | | | | | | | A#: | | | | | | | | Gender: | | | | | | |
| **Healthcare Provider (HCP)** | | | Name:  **MD / DO / PA / NP** | | | | | | | | | | | | Clinic/Practice: | | | | | | | Specialty Type: | | | | | | | |
| Street address: | | | | | | | | | | | | City or Town: | | | | | | | State: | | | | | Phone number: | | |
| Location where child received care (e.g., Offsite clinic, ER): | | | | | | | | | | | | | | | | | | | | | | | Date evaluated: | | | |
| **Program** | | | Program name: | | | | | | | | | | | | | | | | | * Program Staff Member Present During Exam with HCP | | | | | | | | | |
| **History and Physical Assessment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Vital Signs** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Temperature (T)** | | | | **Heart Rate (HR)** | | | | **BP (> 3 yrs)** | | | **Resp Rate (RR)** | | | | | | **Height (HT)** | | | | **Weight (WT)** | | | **BMI (>2 yrs)** | | | | | **BMI %ile** |
| F / C | | | |  | | | |  | | |  | | | | | | in / cm | | | | lbs / kg | | |  | | | | |  |
| **Allergies:** | | * No | | | * Yes, specify below | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Food** | | | | | | | | **Medication** | | | | | | | | | **Environmental** | | | | | | | **Other** | | | | |
| Allergen |  | | | | | | | |  | | | | | | | | |  | | | | | | |  | | | | |
| Reaction |  | | | | | | | |  | | | | | | | | |  | | | | | | |  | | | | |
| **Medical History** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Concerns Expressed by Minor or Caregiver:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Review of Systems (ROS) and Physical Exam** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Were any signs/symptoms reported by the minor or observed by program staff or HCP?** | | | | | | | | | | | | | * No | * Yes, check all applicable signs/symptoms and enter the onset date (mm/dd/yyyy): | | | | | | | | | | | | | | | |
| **Sign/Symptom** | | | | * **Pain, location:**   **\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | * **Fever (>37.8 Co) or chills** | | | | * **Red Eyes** | | | | * **Runny Nose** | | | * **Sore Throat** | | | | * **Cough** | | | | | * **Difficulty breathing/ Shortness of Breath** | |
| **Onset Date** | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | | |  | |
| **Sign/Symptom** | | | | * **Nausea** | | | | * **Vomiting** | | | | * **Diarrhea** | | | | * **Neck stiffness** | | | * **Headache** | | | | * **Dizziness** | | | | | * **Confusion/Altered mental status** | |
| **Onset Date** | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | | |  | |
| **Sign/Symptom** | | | | * **Neurologic symptoms** | | | | * **Skin lesions/Rash** | | | | * **Yellow skin/eyes** | | | | * **Swollen glands** | | | * **Unusual bleeding** | | | | * **Other: \_\_\_\_\_\_\_\_\_\_\_** | | | | | * **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Onset Date** | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | | |  | |
| **Physical exam performed by HCP:** | | | | | | * No | | | * Yes, enter the findings for each evaluated system | | | | | | | | | | | | | | | | | | | | |
| **System** | | | | | **Evaluated, Findings** | | | | | **Describe findings** | | | | | | | | | | | | | | | | | | | |
| General appearance | | | | | * Normal | | * Abnormal | | |  | | | | | | | | | | | | | | | | | | | |
| HEENT | | | | | * Normal | | * Abnormal | | |  | | | | | | | | | | | | | | | | | | | |
| Neck | | | | | * Normal | | * Abnormal | | |  | | | | | | | | | | | | | | | | | | | |
| Heart | | | | | * Normal | | * Abnormal | | |  | | | | | | | | | | | | | | | | | | | |
| Lungs | | | | | * Normal | | * Abnormal | | |  | | | | | | | | | | | | | | | | | | | |
| GU/GYN | | | | | * Normal | | * Abnormal | | |  | | | | | | | | | | | | | | | | | | | |
| Extremities | | | | | * Normal | | * Abnormal | | |  | | | | | | | | | | | | | | | | | | | |
| Abdomen | | | | | * Normal | | * Abnormal | | |  | | | | | | | | | | | | | | | | | | | |
| Back/Spine | | | | | * Normal | | * Abnormal | | |  | | | | | | | | | | | | | | | | | | | |
| Neurologic | | | | | * Normal | | * Abnormal | | |  | | | | | | | | | | | | | | | | | | | |
| Skin (include tattoos) | | | | | * Normal | | * Abnormal | | |  | | | | | | | | | | | | | | | | | | | |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | * Normal | | * Abnormal | | |  | | | | | | | | | | | | | | | | | | | |

Page 1 of 3

Page 2 of 3

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Laboratory Testing** | | | | | | | | | | | |
| **Condition** | **Indicators** | **Test** | **Result** | | | | | | | | |
| Influenza | Fever + cough or sore throat | * Rapid flu | * Negative | * Positive, type: | | | * A | | * B | * A/B | * Unk |
| Strep throat | Sore throat + fever without cough | * Rapid strep | * Negative | * Positive | | | | | | | |
| Lead | Previously elevated lead level | * Capillary, Lead | * Ordered/Pending | | * Negative | | | * Positive (>5 mcg/dl), level: \_\_\_ | | | |
| * Blood/Serum, Lead | * Ordered/Pending | | | | | | | | |
| Pregnancy | ­Sexual activity | * Urine pregnancy | * Negative | * Positive | | * Indeterminate | | | | | |
| * Blood/Serum hCG | * Ordered/Pending | | | | | | | | |
| HIV | Sexual activity | * Rapid oral | * Negative | * Positive | | * Indeterminate | | | | | |
| * Blood/Serum, 4th Gen | * Ordered/Pending | | | | | | | | |
| Chlamydia | Sexual activity | * NAAT/PCR | * Ordered/Pending | | | | | | | | |
| Gonorrhea | Sexual activity | * NAAT/PCR | * Ordered/Pending | | | | | | | | |
| Syphilis | Sexual activity | * RPR/VRDL | * Ordered/Pending | | | | | | | | |
| Hepatitis B | Sexual activity or Injection drug use | * Surface antigen | * Ordered/Pending | | | | | | | | |
| Hepatitis C | Injection drug use | * Antibody, Total | * Ordered/Pending | | | | | | | | |
| Active  Tuberculosis | Active TB Work Up | * AFB smear * TB culture * NAAT/PCR * MDDR * DST | * Ordered/Pending * Ordered/Pending * Ordered/Pending * Ordered/Pending * Ordered/Pending | | | | | | | | |
| Other Reportable Infectious Disease: | | Specify: | * Ordered/Pending | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Diagnosis and Plan** | | | | | | | | | | | | | | | | |
| **Diagnosis:** | Minor with new complaints, symptoms, diagnoses/conditions; meds prescribed (including OTC) or referrals needed: | | | | | | | | | | | | | | | |
| * No, specify reason for exam (e.g., follow-up immunizations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Yes, check all diagnoses that apply below. Specify in the space provided, where indicated. | | | | | | | | | | | | | | | | |
| **General/Constitutional** | | | | | * Anemia | * Allergy (e.g., drug reaction, food allergy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| * Dehydration | | * Lead poisoning | | | * Lymphadenopathy | * Malnourished | | | | | | * Pallor | | | | |
| * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| **HEENT** | | | | | * Conjunctivitis | * Eyelid lesions | | | | | * Otitis media/externa | | | | | * Rhinitis |
| * Hearing issues: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | * Speech impediment | * Strep throat | | | | | | * Pharyngitis (Not strep throat) | | | | |
| * Vision issues: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Respiratory/Pulmonary** | | | | | * Asthma | * Chronic cough | | | | | | * Abnormal CXR (Non-TB): \_\_\_\_\_\_\_\_\_\_\_ | | | | |
| * Lower respiratory illness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | * Upper respiratory illness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | * Influenza-like illness (ILI) | | | | |
| * Influenza, lab-confirmed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Cardiovascular** | | | | | * Arrhythmia | * Elevated blood pressure | | | | | | * Chest pain | | | | |
| * Heart murmur | | * Syncope/fainting | | | * Congenital heart disease: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| * Acquired heart disease: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Endocrine Disorder** | | | | | * Diabetes, Type 1 and 2 | * Hyper/Hypothyroidism | | | | | | * Delayed/Precocious puberty | | | | |
| * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| **Gastrointestinal** | | | | | * Abdominal pain | * Constipation | | | | * Celiac disease | | | | * Diarrhea, Acute/Chronic | | |
| * Failure to thrive | | * Gastritis/Peptic ulcer | | | * Gastroenteritis | * GI bleeding | | | | * Heartburn/Reflux | | | | * Jaundice | | |
| * Liver disease | | * Weight loss | | | * Inflammatory bowel disease | | | | * Intestinal parasites: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| **Genito-urinary/Reproductive** | | | | | * Bed-wetting | * Hematuria | | | | | * Proteinuria | | | | * Inguinal hernia | |
| * Kidney stones | | * Urinary tract infection | | | * Testicular torsion | * Hydrocele/Varicocele | | | | | | * Abnormal Vaginal Bleeding/Discharge | | | | |
| * Amenorrhea/Dysmenorrhea /Menorrhagia | | | | | * Gynecomastia/Breast Mass (fibroadenomas, cysts) | | | | | | | * Genital warts | | | | |
| * Pelvic Inflammatory Disease | | | | | * Pregnant: Current gestational age \_\_\_\_\_ wks, Est. due date \_\_/\_\_/\_\_\_\_ | | | | | | | | | | | |
| * Childbirth | | | | * Spontaneous abortion | | | | | | | * Elective abortion | | | | | |
| * Consensual sexual activity, who/when/where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| **Neurological** | | | | | * Brain tumor | * Cerebral palsy | | | | | | * Cerebrovascular disease | | | | |
| * Cognitive disorder / IQ deficit | | | | | * Developmental delay | * Headache/Migraine | | | | | | * Neurocysticercosis | | | | |
| * Traumatic brain injury / Concussion | | | | | * Seizure/Epilepsy | * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| **Musculoskeletal** | | | | | * Back pain | * Extremity/Joint pain | | | | | | * Bone tumors (benign/malignant) | | | | |
| * Fracture | | | * Sprain/Strain | | * Scoliosis/Kyphosis | * Ligamentous/Tendon injury | | | | | | | | | | |
| * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| **Skin, Hair, and Nails** | | | | | * Acne | * Atopic dermatitis/Eczema | | | | | | * Allergic/Irritant Contact Dermatitis | | | | |
| * Lice | | | * Scabies | | * Ingrown toenail | * Acanthosis Nigricans | | | | | | * Hair loss/Allopecia Areata | | | | |
| * Cellulitis | | | * Ringworm | | * Tattoos | * Tinea pedis | | | | | | * Onychomycosis | | | | |
| * Scars | | | * Warts | | * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Potentially Reportable Infectious Disease** | | | | | * Acute hepatitis A | * Acute/chronic hepatitis B | | | | | | * Acute/chronic hepatitis C | | | | |
| * Chikungunya | | | * Chlamydia | | * COVID-19 | * Dengue | | | | | | * Gonorrhea | | | | |
| * HIV | | | * Malaria | | * Measles | * Mumps | | | | | | * Pertussis | | | | |
| * Rubella | | | * Sepsis/Meningitis | | * Syphilis | * TB, active disease | | | | | | * TB, latent (LTBI) | | | | |
| * Typhoid fever | | | * Varicella | | * Zika virus | * Viral hemorrhagic fever: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| **Medical, Other** | | | | |  | | | | | | | | | | | |
| **Behavioral and Mental Health Concerns** | | | | | * ADHD/ADD | * Adjustment disorder | | | | | | | * Autism | | | |
| * Bipolar disorder | | | * Conduct disorder | | * Depressive disorder | * Borderline personality disorder | | | | | | | * Generalized Anxiety disorder | | | |
| * Eating disorder | | | * Hallucinations | | * Panic disorder | * Obsessive-Compulsive Disorder | | | | | | | * Oppositional Defiant Disorder | | | |
| * PTSD | | | * Schizophrenia | | * Self-injury/cutting | * Separation anxiety disorder | | | | | | | * Suicide ideation/attempt | | | |
| * Nonconsensual sexual activity, who/when/where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| **Dental** | | | | | * Broken tooth or teeth | | | * Gingivitis/gum disease | | | | | * Impacted tooth/teeth | | | |
| * Infection/abscess | | | * Tooth decay/caries | | * Tooth sensitivity | | | * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Plan:** Check all that apply and specify where indicated. Please provide copies of office notes, lab/imaging results, and immunization records to program staff. | | | | | | | | | |
| Return to clinic:   * PRN/As needed | | * Follow-up (specify condition, timing): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Minor fit to travel: | * No | | * Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Per program staff, discharge from ORR custody will be delayed: | | | | | | * No | * Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Minor has/may have an ADA disability: | | | | * No | Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| * Referred to specialist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| * Minor requires quarantine/isolation, specify diagnosis and timeframe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| * Medications (specify name, reason, date started, dose, and directions and indicate if psychotropic): | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| * Immunizations given * List immunizations that were indicated, but not given and state why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| * Age-appropriate anticipatory guidance discussed and/or handout given | | | | | | | | | |
| * Surgery/procedure needed/performed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| * Physical/dietary restrictions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| * Visiting nurse services required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| * Physical/Occupational/Speech therapy required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| * Durable medical equipment required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| * Per local/state reporting guidelines, Health Department was notified of suspect/confirmed diagnosis of a reportable infectious disease | | | | | | | | | |
| Were other minors in ORR custody potentially exposed during infectious period? | | | | | | | | * No | * Yes |
| Grantee staff members at shelter potentially exposed, how many? \_\_\_\_\_\_\_\_ | | | | | | | | | |
| * Other: | | | | | | | | | |
| **Recommendations from Healthcare Provider / Additional Information** | | | | | | | | | |
|  | | | | | | | | | |
| **Healthcare Provider Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_  **Healthcare Provider Printed Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |

The purpose of this information collection is to provide ORR with critical health information for unaccompanied children in the care of ORR.Public reporting burden for this collection of information is estimated to average 9 minutes per healthcare provider, 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 (6 U.S.C. §279: Exhibit 1, part A.2 of the Flores Settlement Agreement (Jenny Lisette Flores, et al., v. Janet Reno, Attorney General of the United States, et al., Case No. CV 85-4544-RJK [C.D. Cal. 1996]). 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. The OMB # is 0970-0509 and the expiration date is XX/XX/XXXX. If you have any comments on this collection of information, please contact [UACPolicy@acf.hhs.gov](mailto:UACPolicy@acf.hhs.gov).

2 of 3