**OFFICE OF REFUGEE RESETTLEMENT**

**Division of Children’s Services**

**MEDICAL CHECKLIST FOR TRANSFERS**

|  |  |  |  |
| --- | --- | --- | --- |
| IDENTIFYING INFORMATION | | | |
| UC’s Name:  A#: | Completed By(name and title):  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 |
| Has the initial medical exam been completed? | | Yes | No |
| Have results from all lab tests been received? | | Yes | No |
| Is the child up-to-date on immunizations? | | Yes | No |
| Does the child have enough medications to last through the transfer process, plus an additional 3 days? | | Yes  NA | No |
| 1. Is the child free of all medical conditions that require specialist care (such as pregnancy, or epilepsy, or heart disease)? | | Yes | No |
| 1. Is the child currently clear of the following symptoms/conditions? | |  |  |
| * 1. Fever | | Yes | No |
| * 1. Rash | | Yes | No |
| * 1. Cough | | Yes | No |
| * 1. Neck stiffness/Confusion | | Yes | No |
| * 1. Diarrhea/Vomiting | | Yes | No |
| * 1. Scabies/Lice | | Yes | No |
| Are all medical reports as complete as possible (e.g., lab results and final diagnoses entered) in the UC Portal? | | Yes | No |
| Have all medical documents (e.g., Initial Medical Exam form, immunization records, lab results) been uploaded to the UC Portal? | | Yes | No |