



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

IDENTIFYING INFORMATION		
UC's Name: _____ A#: _____	Completed By (name and title): _____ Date Completed: _____	
INSTRUCTIONS		
<ul style="list-style-type: none"> <li>This checklist should be completed by a medical coordinator or other medical staff no later than 24 hours prior to the proposed transfer date.</li> <li><b>If "No" is checked for any of the below questions, do not transfer the child to an influx care facility.</b></li> <li>The completed checklist should be uploaded to the UC Portal 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.</li> <li>The person completing this form should initial the <i>Care Provider Checklist for Transfers to Influx Care Facilities</i> to indicate the child is medically cleared and vaccinated.</li> </ul>		
CHECKLIST		
	Meets Influx Transfer Criteria	Does Not Meet Influx 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 (e.g., STD tests) and medical consultations been received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. TB screening		
a. Does the child have a <u>negative</u> PPD (<10 mm) or IGRA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. For 15-17 year olds, does the child have a <u>normal</u> chest X-ray?	<input type="checkbox"/> Yes <input type="checkbox"/> NA <sup>1</sup>	<input type="checkbox"/> No
4. HIV screening		
a. Was the child tested for HIV? <i>Check "No" if child opted out of HIV testing.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. If the child was tested, was the HIV test negative?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. For females, was the pregnancy test negative?	<input type="checkbox"/> Yes <input type="checkbox"/> NA <sup>1</sup>	<input type="checkbox"/> No
6. Did the child receive the following immunizations?		
a. Tdap (tetanus, diphtheria, pertussis)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Hepatitis A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Hepatitis B	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Varicella (chickenpox)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. IPV (inactivated poliovirus vaccine)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. MMR (measles, mumps, rubella)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. MCV4 (meningococcal disease)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. HPV (human papillomavirus)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. Flu, when seasonably available (generally, September through June)	<input type="checkbox"/> Yes <input type="checkbox"/> NA <sup>1</sup>	<input type="checkbox"/> No
7. Did the child receive all of the above immunizations more than 72 hours before the scheduled physical transfer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<sup>1</sup> NA: Question is not applicable (i.e., child is <15 years; pregnancy testing for males; flu vaccine is not seasonably available).

**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 to an influx care facility. Public reporting burden for this collection of information is estimated to average 0.17 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](mailto:UACPolicy@acf.hhs.gov)

8. Is the child currently clear of all contagious conditions, including scabies and lice? <sup>2</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you confirmed the child has no known <u>medical or dental issues</u> requiring additional evaluation, treatment, or monitoring by a healthcare provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Has a clinician confirmed the child has no known <u>mental health issues</u> requiring additional evaluation, treatment, or monitoring?  <b>Clinician, please initial here:</b> _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Has the following documentation been uploaded to the Files section of the Portal Health Tab: Initial Medical Exam form, Supplemental TB Screening form, lab results, immunization record, and chest x-ray reading (for 15-17 year olds)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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<sup>2</sup> A lice, fever, and rash check will also be done within 24 hours of physical transfer, per the ORR Operations Guide, Section 1.2.10.