|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Medical Assessment Form**  **Unaccompanied Alien Children Bureau**  **Office of Refugee Resettlement (ORR)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **General Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Child** | | | | Last name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | First name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOB: | | | | | | | | | | | | | | A#: | | | | | | | | | | | | | | | Sex: | | | | | | | | | | Date evaluated: | | | | | | | | | | | | | Time evaluated: | | | | | | | | | |
| Primary language:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | Who provided appropriate language services for child during evaluation? | | | | | | | | | | | | | | | | | | | | * HCP fluent in child’s primary language | | | | | | | | | * Trained interpreter | | | | | | | | | | | | * Not provided | | |
| **Evaluating Healthcare Provider (HCP)** | | | | Name:  **MD / DO / PA / NP** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone number: | | | | | | | | | | | | | | | Clinic or Practice: | | | | | | | | | | | | | | | | |
| Street address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | City/Town: | | | | | | | | | | | | | | | | | | | | State: | | | | | | | |
| Location where child received care (e.g., Primary health care provider/Pediatrician, medical specialist): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Program** | | | | Program name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Program Staff Member Present During Exam with HCP | | | | | | | | | | | | | | | | | | | | |
| **Reason for visit:** | | | | * Initial medical exam (IME)\* | | | | | | | | | | | | | | | | | | | | | | | | * New complaint/concern | | | | | | | | | | | | | | | | * Follow-up visit with PCP for previous complaint/concern | | | | | | | | | | | | | | | | | | | | | |
| * Specialist visit, type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | * Routine well-child check/Establish care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **History and Assessment\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Vital Signs** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Temperature (T)** | | | | | | | **Heart Rate (HR)** | | | | | | | | | | | | | **BP (> 3 yrs)** | | | | | | | | | | **Resp Rate (RR)** | | | | | | | | | **Height (HT)** | | | | | | | **Weight (WT)** | | | | | | **BMI (>2 yrs)** | | | | | | | | | | **BMI %ile** | | | |
| 0C | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | cm | | | | | | | kg | | | | | |  | | | | | | | | | |  | | | |
| **Allergies:** | | * No | | | | | | | | * Yes, specify below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | **Food** | | | | | | | | | | | | | | | | | | | | | | | | | | **Medication** | | | | | | | | | | | | | | | | | | | | | **Environmental** | | | | | | | | | | | | | | | |
| Allergen | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Reaction | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Vision Screening** (> 3 years): | | | | | | | | | | | | | | * Yes, specify below | | | | | | | | | | | * Not performed | | | | | | | | | | | | **Hearing Screening:** | | | | | | | | | | * Yes, specify below | | | | | | | | * Not performed | | | | | | | | | | |
|  | | | | | **Right Eye** | | | | | | | | | **Left Eye** | | | | | | **Both eyes** | | | | | | | **Final** | | | | | | | | | | OAE/ABR (Preferred for < 4 years) | | | | | | | | | | | | | | | | | | | | | | | | * Pass | | | * Fail | |
| Corrected | | | | | 20 / | | | | | | | | | 20 / | | | | | | 20 / | | | | | | | * Pass | | | | | * Fail | | | | | Pure Tone Audiometry (Preferred for ≥ 4 years) | | | | | | | | | | | | | | | | | | | | | | | | * Pass | | | * Fail | |
| Uncorrected | | | | | 20 / | | | | | | | | | 20 / | | | | | | 20 / | | | | | | | * Pass | | | | | * Fail | | | | | Gross Hearing (Acceptable for all ages) | | | | | | | | | | | | | | | | | | | | | | | | * Pass | | | * Fail | |
| **Medical & Mental Health History (including dates & locations of care)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surgeries: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hospitalizations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chronic/Underlying conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Healthcare received in DHS custody/during journey: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Medications (dosage frequency & dates):** | | | | | | | | | | * Past: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Current: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reproductive History (complete for anatomically female UC who have started menarche):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of LMP: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_, | | | | | | | | | | | | | | | | * Approximate | | | | | | | | | | * Exact | | | | | | | | | * Contraceptive use, specify (e.g., IUD, pills): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pregnancy history: | | | | | | | | | * No | | | | |  | | --- | | * Yes, # of: vaginal deliveries \_\_\_\_, C-sections \_\_\_\_, miscarriages/abortions \_\_\_\_, ectopics \_\_\_\_, living children \_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pregnancy/Postpartum complications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Currently breastfeeding | | | | | | | | | | | |
| **History of abuse:** | | | | | | | | * Yes, specify | | | | | | | | | * Denied, with no obvious signs | | | | | | | | | | | | | | | | | | | | | | | * Denied, but obvious signs present | | | | | | | | | | | | | * Unknown | | | | | | | | | | | | |
| Type(s): | * Verbal | | | | | | | | | | | * Emotional | | | | | | | | | * Physical, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Sexual (with or without penetration), estimated date of last encounter: \_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Other victimization (e.g., gang, bullying, crime): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consensual sexual activity (with penetration):** | | | | | | | | | | | | | | | | | | | | | | * No | | | | | | | | | * Yes, estimated date of last encounter: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Unknown | | | | | | |
| **Substance use:** | | | | | | * Yes, specify | | | | | | | | | * Denied, with no obvious signs/symptoms | | | | | | | | | | | | | | | | | | | | | | | | | | * Denied, but obvious signs/symptoms present | | | | | | | | | | | | | | | | | | | * Unknown | | | | | |
|  | | | | | | | | | | | **Alcohol** | | | | | | | | | | | | **Tobacco/Nicotine** | | | | | | | | | | | | | **Marijuana** | | | | | | | | | | | | **Injection drugs (IDU)** | | | | | | | | | **Other substances** | | | | | | | | |
| Specify substance(s) | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | N/A | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |
| Frequency/Quantity | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |
| Date of last use | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |
| **Travel history:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Review of Systems (ROS) and Physical Exam\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Concerns expressed by child/caregiver:** | | | | | | | | | | | | | | | | | | | | No | | | | | * Yes, specify:   Page 1 of 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Were any physical signs/symptoms reported by the child 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 Examination\*** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Systems** | | | **Normal findings** | | | | | | | | | | | **Abnormal findings, specify or if not evaluated, give reason:** | | | | | | | | | | | | |
| General | | | * Well-appearing/nourished; no distress; developmentally appropriate | | | | | | | | | | |  | | | | | | | | | | | | |
| Head/Neck | | | * Normocephalic, neck supple; no adenopathy or masses | | | | | | | | | | |  | | | | | | | | | | | | |
| Eyes | | | * PERRL, EOMI; no redness/discharge | | | | | | | | | | |  | | | | | | | | | | | | |
| ENT/Dental | | | * TMs WNL; no rhinorrhea; o/p w/o erythema, lesions, caries, abscess | | | | | | | | | | |  | | | | | | | | | | | | |
| Cardiovascular | | | * Regular rate & rhythm; no murmurs; normal pulses; cap refill < 3 sec | | | | | | | | | | |  | | | | | | | | | | | | |
| Lungs | | | * Clear to auscultation, no wheezes, crackles, rhonchi, no accessory muscle use | | | | | | | | | | |  | | | | | | | | | | | | |
| Abdomen | | | * Non-distended; soft and non-tender; no masses or organomegaly | | | | | | | | | | |  | | | | | | | | | | | | |
| Genitourinary | | | * External GU normal; Tanner \_\_\_\_\_: no lesions, discharge, hernia | | | | | | | | | | |  | | | | | | | | | | | | |
| Musculoskeletal/Back/Extremities | | | * Full range of motion of all extremities; no joint swelling, erythema; no scoliosis | | | | | | | | | | |  | | | | | | | | | | | | |
| Neurologic | | | * Typical gait, strength, tone, sensation, speech & behavior for age | | | | | | | | | | |  | | | | | | | | | | | | |
| Skin | | | * No rashes, lesions, jaundice, pallor, scars, birthmarks, or tattoos | | | | | | | | | | |  | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Were any mental health signs/symptoms reported by the child or observed by program staff or HCP?** | | | | | | | | | | | | | | | | | | * No | | * Yes, specify below: | | | | | | |
| * Feels empty, hopeless, sad, numb more often than not | | | | | | | | | | | | * Has trouble eating, sleeping | | | | | | | | | | | | | | |
| * Feels constantly worried, anxious, nervous more often than not | | | | | | | | | | | | * Has nightmares | | | | | | | | | | | | | | |
| * Experiences mood swings, from very high to very low | | | | | | | | | | | | * Engages in self-harm | | | | | | | | | | | | | | |
| * Relives traumatic events from the past | | | | | | | | | | | | * Hears voices or sees things others do not see (hallucinations) | | | | | | | | | | | | | | |
| * Feels easily annoyed or irritated | | | | | | | | | | | | * Thoughts of hurting others | | | | | | | | | | | | | | |
| * Feels afraid, easily startled, jumpy | | | | | | | | | | | | * Thoughts of hurting self, would be better dead | | | | | | | | | | | | | | |
| * Has trouble concentrating, restless, too many thoughts | | | | | | | | | | | | * Other concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| Is child able to attribute these feelings to a specific reason(s)? | | | | | | | | * No | | | * Yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| **Laboratory Testing\*** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Condition** | **Indicators** | | | | | | | | | **Test** | | | | | | | **Result** | | | | | | | | | |
| CBC w/ diff | <6 yrs at IME | | | | | | | | | * Blood/Serum | | | | | | | * Ordered | | | * Pending; collected: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ | | | | | | |
| Lead | <6 yrs, lactating or pregnancy at IME | | | | | | | | | * Capillary, Lead | | | | | | | * Negative | | | * Positive (>3.5 μg/dL), level: \_\_\_\_\_ | | | | | | |
| * Blood/Serum, Lead | | | | | | | * Ordered | | | * Pending; collected: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ | | | | | | |
| Pregnancy | ­>10 yrs or <10 yrs who have reached menarche at IME, sexual activity/abuse/assault | | | | | | | | | * Urine pregnancy | | | | | | | * Negative | | | * Positive | * Indeterminate | | | | | |
| HIV | All children at IME | | | | | | | | | * Rapid, fingerstick/oral | | | | | | | * Negative | | | * Positive | * Indeterminate | | | | | |
| * Blood/Serum, 4th Gen | | | | | | | * Ordered | | | * Pending; collected: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ | | | | | | |
| Syphilis | <2 yrs & not with biological mother at IME, sexual activity/abuse/assault | | | | | | | | | * RPR/VDRL | | | | | | | * Ordered | | | * Pending; collected: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ | | | | | | |
| Chlamydia | Sexual activity/abuse/assault | | | | | | | | | * NAAT/PCR | | | | | | | * Ordered | | | * Pending; collected: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ | | | | | | |
| Gonorrhea | Sexual activity/abuse/assault | | | | | | | | | * NAAT/PCR | | | | | | | * Ordered | | | * Pending; collected: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ | | | | | | |
| Hepatitis B | Pregnancy, sexual abuse/assault, IDU, country-based | | | | | | | | | * Surface antigen | | | | | | | * Ordered | | | * Pending; collected: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ | | | | | | |
| Hepatitis C | Pregnancy, IDU | | | | | | | | | * Total antibody | | | | | | | * Ordered | | | * Pending; collected: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ | | | | | | |
| COVID-19 | Any COVID-19 symptom, incl. but not ltd. to runny nose, sore throat, cough, headache, diarrhea | | | | | | | | | Rapid: | | | * Ag | | * PCR | | * Negative | | | * Positive | | * Indeterminate | | | | |
| * NAAT/PCR | | | | | | | * Ordered | | | * Pending; collected: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ | | | | | | |
| Influenza | Fever + cough or sore throat | | | | | | | | | * Rapid flu | | | | | | | * Negative | | | * Positive, type(s): | | | | * A | * B | * Unk |
| Strep throat | Sore throat + fever without cough, HCP discretion | | | | | | | | | * Rapid strep | | | | | | | * Negative, | | | * culture ordered | | | | * Positive | | |
| Other Reportable Infectious Disease (Non-TB): | | | | Specify: | | | | | | | | | | | | | * Ordered | | | * Pending; collected: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ | | | | | | |
| Specify: | | | | | | | | | | | | | * Ordered | | | * Pending; collected: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ | | | | | | |

Page 2 of 4

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TB Screening\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has child ever been exposed to a person with ***active*** TB disease? | | | | | | | | | | | | | | | * No | | | * Yes, specify: | | | | | | | | | | | | | | | | |
| Has child ever been treated for TB? | | | | | | * No | | | | * Yes, specify type & details: | | | | | | | | | * Active TB disease | | | | | | | | | * Latent TB infection (LTBI) | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **TB screening indicator** | | | | | **Test** | | | | | | | | | | | | | | | **Result** | | | | | | | | | | | | | | |
| <2 yrs of age at IME | | | | | * PPD/Tuberculin skin test (TST) | | | | | | | | | | | | | | | * Ordered | | | | | | | * Pending; date performed: \_\_\_\_/\_\_\_\_/\_\_\_\_\_,   date read: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_; Result (mm): \_\_\_\_\_ | | | | | | | |
| >2 yrs of age at IME | | | | | TB blood test (IGRA):   * QuantiFERON®-TB Gold In-Tube test (QFT-GIT) | | | | | | | | | | | | | | | * Ordered | | | | | | | * Pending; collected: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ | | | | | | | |
| * T-SPOT®.TB test (T-Spot) | | | | | | | | | | | | | | |
| >15 yrs of age at IME | | | | | * Single view (PA) CXR | | | | | | | | | | | | | | | * Ordered | | | | | | | * Pending; performed: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ | | | | | | | |
| <15 yrs and + TST/IGRA or exposure/treatment history | | | | | * 2-view (PA and lateral) CXR | | | | | | | | | | | | | | | * Ordered | | | | | | | * Pending; performed: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ | | | | | | | |
| **TB Screening Outcome:** | * Pending | | | | * Negative for TB condition; No further follow up needed | | | | | | | | | | | * TB, Latent (LTBI) | | | | | * Referred to Health Department/ specialist for active TB evaluation | | | | | | | | | | | * Not performed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **If referred to HD/specialist, was an active TB work-up initiated?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * No, specify reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Yes, specify reason: | | | * Signs/Symptoms | | | | | | | | * Abnormal imaging | | | | | | * Exposure history | | | | | | | | | * Initiation of LTBI treatment | | | | | | | * Other: \_\_\_\_\_\_\_\_\_\_\_ | |
| * Specimen collected by HD/specialist: | | | | | | | | | Specimen type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | Tests ordered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Diagnosis and Plan\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Diagnosis:** Child with complaints, symptoms, diagnoses/conditions; meds prescribed (including OTC) or referrals needed: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * No | | | | * Yes |
| If **Yes**, check all diagnoses that apply. Specify in the space provided, where indicated. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **General/Constitutional** | | | | **HEENT** | | | | | | | | **Respiratory/Pulmonary** | | | | | | | | | | | | | **Cardiovascular** | | | | | | **Gastrointestinal** | | | |
| * Allergic reaction * Allergy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Anemia * Dehydration * Developmental delay * Lead in blood * Fatigue * Lymphadenopathy * Obesity * Sickle cell disease * Underweight/Weight loss * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | * Allergic rhinitis * Cerumen impaction * Conjunctivitis * Hearing issues: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Otitis externa * Otitis media * Pharyngitis, strep * Pharyngitis, other * Vision issues: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | * Abnormal CXR (Non-TB): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Asthma, severity: \_\_\_\_\_\_\_\_\_ * Bronchiolitis * Chronic cough * Croup * Influenza, lab-confirmed * Influenza-like illness (ILI) * Pneumonia * Shortness of breath/wheezing * Upper respiratory illness * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | * Arrhythmia * Chest pain * Congenital heart disease: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * High blood pressure * Heart murmur * Myocarditis/Pericarditis/ Endocarditis * Syncope/Fainting * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | * Abdominal pain * Appendicitis * Constipation * Diarrhea, acute/chronic * Failure to thrive * Gastritis/Peptic ulcer * Gastroenteritis * GI bleeding * Heartburn/Reflux * Inflammatory bowel disease * Intestinal parasites: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Jaundice * Liver disease * Nausea/Vomiting * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Dental** | | | | | | | | | | | | **Endocrine Disorder** | | | | | | | | | | | | | | | | | | |
| * Broken tooth/teeth * Gingivitis/Gum disease * Impacted tooth/teeth * Infection/abscess | | | | * Missing tooth/teeth * Tooth decay/caries * Tooth sensitivity * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | * Acanthosis nigricans * Delayed/Precocious puberty * Diabetes, Type 1 and 2 | | | | | | | | | | | | * Hyper/Hypothyroidism * Short stature * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Genito-urinary/Reproductive** | | | | | | | | | | | | | | **Musculoskeletal** | | | | | | | | | | **Potentially Reportable Infectious Disease** | | | | | | | | | | |
| * Abnormal vaginal discharge * Abortion * Amenorrhea/Abnormal uterine bleeding * Bed-wetting * Childbirth * Consensual sexual activity * Genital lesions * Gynecomastia/Breast mass * Herpes simplex virus * Inguinal hernia | | | | * Kidney disease/stones * Menstrual cramping/pain * Miscarriage * Pelvic inflammatory disease * Pregnant, gestational age: \_\_\_\_\_ wks; est. due date: \_\_\_/\_\_\_\_/\_\_\_\_\_\_ * Proteinuria/Hematuria * Sexual abuse/assault * Testicular pain/Torsion * Urinary tract infection * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | * Back pain * Bone tumors (benign/malignant) * Extremity/Joint pain * Fracture * Hematoma/Bruise * Ligamentous/Tendon injury * Myalgia * Scoliosis/Kyphosis * Sprain/Strain * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | * 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Neurological** | | | | | | | | | | | | | | **Skin, Hair, and Nails** | | | | | | | | | | | | | | | | | | | | |
| * Brain tumor * Cerebral palsy * Cerebrovascular disease * Headache/Migraine * Seizure/Epilepsy | | | | * Traumatic brain injury/ Concussion * Vertigo/Dizziness * Weakness * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | * Acne * Atopic dermatitis/Eczema * Cellulitis/Abscess * Contact dermatitis * Diaper rash * Hair loss/Alopecia areata | | | | | | | | | | * Impetigo * Ingrown toenail * Lice * Onychomycosis * Scabies * Scars | | | | | | | * Tattoos * Tinea pedis/corporis/ cruris/capitis * Urticaria * Warts * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Page 3 of 4 | | | |
| **Medical, Other** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Behavioral and Mental Health Concerns** | | | | | | | * Anxiety symptoms (e.g., panic attacks, excessive worry/fear) | | | | | | | | | | | | | | | | | | | | | | * Depressive symptoms | | | | | |
| * Manic symptoms (e.g., elated mood, pressured speech) | | | | | | | | | | | | | * Trauma symptoms (e.g., nightmares, flashbacks) | | | | | | | | | | | | | | | | * Hallucinations | | | | | |
| * Delusions | | * Behavioral concerns (e.g., aggression, trouble following rules) | | | | | | | | | | | | | | | | | | | | * Social/Emotional delay | | | | | | | * Urge for/current self-harm | | | | | |
| * Urge for/current harm to others | | | | | | | | * History of psychiatric diagnoses or treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * 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. | |
| * Immunizations administered during visit | |
| * Immunizations documented on foreign record reviewed and validated | |
| * Immunizations indicated but not given; specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| * Age-appropriate anticipatory guidance discussed and/or handout given | |
| * Child educated on healthcare services received and treatment recommendations | |
| * Medications administered/prescribed:  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Medication Name | Reason | Date Started | Expected end date | Dose | Directions | Psychotropic? | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | |
| * Child requires isolation for a communicable disease; specify diagnosis, start/end dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| * Child has special healthcare needs that require accommodation while admitted in ORR care; specify condition/reason, time frame and frequency: | |
| * Onsite care provider clinician evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| * Increased level of supervision for mental health concern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| * Assistance with daily living activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| * Durable medical equipment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| * Physical activity restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| * Dietary restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| * Child has/may have an ADA disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| * Child has health concerns that require follow-up services; specify needs and time frame by when services should occur: | |
| * Return to clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| * Mental health specialist evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| * Medical specialist evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| * Physical/Occupational/Speech therapy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| * Surgery/Procedure needed/performed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| * Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Child cleared to travel:** | * Yes, with no restrictions |
| * Yes, with restrictions (e.g., ground travel, travel safety plan, travel length): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * No, reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Recommendations from Healthcare Provider / Additional Information** | |
|  | |
| **Healthcare Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_**  **Healthcare Provider Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: 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 13 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 0970-0466 and the expiration date is 10/31/2026. If you have any comments on this collection of information, please contact [UACPolicy@acf.hhs.gov](mailto:UACPolicy@acf.hhs.gov).

Page 4 of 4