



Home Office



Public Health
England



International Organization for Migration (IOM)
The UN Migration Agency

HEALTH PROTOCOL

PRE-ENTRY HEALTH ASSESSMENTS FOR UK-BOUND REFUGEES

The following changes will take effect as of 1 April 2019:

- A new method of recording mobility and housing adaptation needs has been introduced. The specific mobility needs of refugees with reduced mobility who may require housing adaptations will be assessed and recorded on a new form. This is attached in Annex 14.
- Tuberculosis screening will be carried out every six months, following the refugee's first health assessment and until the time they are resettled to the UK. Tuberculosis screening should follow UK Technical Instructions¹.
- For women of reproductive age, date of last menstrual period should be ascertained and a pregnancy test will be carried out every six months for all female refugees from 15 to 49 years old, following their first pre-entry health assessment and until the time they are resettled to the UK. Care for pregnant women should be offered as is outlined in the protocol.
- The validity of the health assessments undertaken on refugees being considered for resettlement remains 12 months, except for tuberculosis screening and pregnancy test results, which are now valid for 6 months.

¹ <https://www.gov.uk/government/publications/uk-tuberculosis-technical-instructions>

Health Protocol

PRE-ENTRY HEALTH ASSESSMENTS FOR UK-BOUND REFUGEES

June 2020

1. Introduction

Pre-entry health assessments

The UK government accepts refugees under various resettlement schemes. Under these schemes, refugees are initially identified by the United Nations High Commissioner for Refugees (UNHCR) and are resettled to the UK according to current UK policy, following a detailed pre-entry health assessment undertaken by the organisation selected to provide pre-arrival services.

This protocol describes the aim, objectives and scope of the pre-entry health assessment for refugees who are resettled in the UK, and is applicable to both these schemes and similar ones which may be introduced in the future. It includes the technical instructions (TI) that guide healthcare professionals tasked with the clinical assessment of refugees. Following the assessment, the information is shared with the necessary institutions in the UK for appropriate follow-up, in accordance with the [Data Protection Act \(DPA\) 1998](#) [1] and applicable confidentiality regulations [2].

The purpose of this health assessment is not to identify conditions that lead to exclusion from the UK or barriers for travel, but aims to identify health conditions for which treatment is required on arrival to the UK or would be beneficial before travel to the UK, and those that may require special travel arrangements or early follow up in the UK.

This protocol was developed by a steering group based in the UK Home Office, Public Health England (PHE) and the International Organization for Migration (IOM), with extensive expert and stakeholder consultation (Annex 1 outlines these procedures).

Aim

Pre-entry health assessments aim to facilitate the early integration of refugees who are to be resettled in the UK by promoting individual health, protecting public health where relevant and linking individual needs with appropriate health and social services in the UK.

Objectives

- To identify health conditions for which treatment is recommended before the individual travels to the UK, primarily for personal benefit, but also:
 - to ensure the individual is settled in a location and accommodation that has appropriate facilities to meet their health and social care needs;
 - to ensure current TB screening practice is met in all pre-entry assessments;
 - to identify and address conditions and diseases with public health significance before travel.
- To offer immunisation, wherever possible, for the benefit of the individual and of society.

- To assess the refugees' fitness to travel to the UK and to their final destination within the UK. To arrange special travel requirements (from a medical point of view) for the most vulnerable cases, when air travel might present additional risk to their health condition.
- To identify and share medical information with the resettlement authorities in the UK for the purpose of organizing adequate care and treatment upon arrival in the UK.

2. Summary

Consent and counselling	<ul style="list-style-type: none"> Refugees shall be informed of the procedures of the health assessment; that examination findings will be shared with the necessary UK authorities; and will be asked to complete an informed consent form (Annex 2). A hardcopy of the health assessment will be given to the refugee on their journey to the UK.
General assessment	<ul style="list-style-type: none"> Medical history, physical examination and the radiology/ laboratory examinations are conducted by clinical staff and recorded on the medical form (Annex 3).
Specific conditions	<ul style="list-style-type: none"> Tuberculosis <ul style="list-style-type: none"> As per the UK Tuberculosis Screening Technical Instructions.
Laboratory testing	<ul style="list-style-type: none"> This protocol does not cover testing for HIV and syphilis, although it is current Home Office policy. Further details on the testing (maintained from the 2015 protocol can be found in Annex 12). Testing for Hepatitis B and C is recommended for refugees with personal risk factors and on the basis of prevalence in the area of origin. Testing for helminthic infections should be implemented wherever operationally feasible, and replace presumptive treatment if facilities are available and if it is epidemiologically justifiable. Testing for malaria should replace presumptive treatment if operationally feasible and epidemiologically justifiable.
Immunisation	<ul style="list-style-type: none"> All refugees should be immunised according to the UK immunisation schedule. In practice not all immunisations may be available pre-entry, therefore as a minimum it is recommended that: <ul style="list-style-type: none"> One dose of measles containing vaccine should be administered to all refugees older than 9 months. All refugees coming from countries identified by the World Health Organization as exporting or with circulating Polio should receive at least one dose of OPV (IPV alternatively for immunocompromised individuals). Hepatitis B vaccine to be given to family members and close contacts of identified cases. Vaccination history in the form of a vaccination card (Annex 13) will travel with the refugee along with other medical records.
Additional Clinical Assessments	<ul style="list-style-type: none"> Additional tests and evaluations can be requested in order to promote individual health, define healthcare needs post resettlement and outline travel requirements. These focus on chronic physical health conditions, problem alcohol/drug use and psychosocial development.
Medical escorts	<ul style="list-style-type: none"> Adequate medical escort(s) should be provided for all resettlement cases in need of special assistance during the air travel to the UK. For refugees needing a medical escort, a Significant Medical Conditions Form and an Activities of Daily Living report (where applicable) will be completed (Annexes 4 and 6).
Documentation flow	<ul style="list-style-type: none"> Data should be captured electronically and all medical results/records should be communicated securely and regularly with the appropriate UK Authorities including the Home Office (for applicant management) and PHE (for monitoring and evaluation) through the existing platform providers.
Future revisions	<ul style="list-style-type: none"> This protocol will be reviewed on a regular basis, as deemed appropriate by stakeholders.

3. Health Assessment

General principles

- All adults and children being considered for resettlement to the UK will be health assessed.
- Findings of the health assessment, lab test results, vaccines and administered treatment should be recorded in the medical form (Annex 3).
- The physician is not obligated to treat acute or chronic medical conditions detected as a result of the health assessment, but must inform the refugee (or his/her parent or legal guardian) of this and of any associated health care needs and facilitate treatment, if needed. If any medical condition is detected, the physician must inform the refugee of this and of any associated health care needs. Refugees with medical conditions that might pose a risk to themselves or others during the travel, or might deteriorate during the health assessment or travel, can benefit from treatment and stabilization. This can be done on a case by case basis and after consultation and approval from the UK Home Office.
- The refugee should receive a hardcopy of the health assessment in paper form at the airport/point of departure, which they should carry with them to the UK, with all the results from the assessment and all immunisations given.
- The health assessment is intended to be a thorough and unbiased appraisal of the refugee's state of health pre-departure. However, due to the individual circumstances of the refugee and/or the sensitive nature of certain conditions, it cannot be assumed that all health or medical conditions of the individual will be identified through the health assessment.

Consent and Counselling [3]

- The refugee must give consent by completing an Informed Consent Form (Annex 2) in a language that they understand (or with steps taken to ensure they understand) before the health assessment starts. The informed consent form shall be written in English on one side and in the refugee's spoken language on the other side, which they will sign.
- A copy of the consent form should be kept by the panel physician and a copy of it should be given to the refugee.

Capacity

- All refugees over the age of 18, or over the age of majority (in the instance that it is greater than 18 years in the country where the health examination is taking place), are presumed to be competent to give consent for themselves, unless the opposite is documented or suspected by a panel physician. A person lacks capacity if they have an impairment or disturbance (permanent or temporary) that affects the way their mind or brain works and that makes them unable to make or communicate a specific decision at the time it needs to be made [4] .
- Where the refugee has not reached the age of majority² or is deemed not to have capacity to understand and sign the form, the form must be signed by their parent or legal guardian, in accordance to regulations of the country where the assessment is taking place.

² Age of consent according to UK law is 18 years of age and should be followed unless a higher age of consent is mandated by the country where the health examination is taking place.

- If a refugee is mentally competent to give consent but is physically unable to sign a form, the physician should complete the form as usual, and ask an independent witness to confirm that the individual has given consent orally or non-verbally.
- Where the refugee concerned is an unaccompanied minor the issue of consent will be dealt with on a case by case basis and the accompanying adult will sign the consent on behalf of the minor.

Freedom

- Consent must be given voluntarily and freely, without pressure or undue influence being exerted on the person.
- Refugees are entitled to withdraw their consent to the health assessment, any parts thereof, or the data flows, at any time before or after signing the form. However, because the health assessment is a key part of the resettlement procedure, the UK Home Office has the right to determine what impact the withdrawing of consent may have on the resettlement process.

Information

- The consent form documents the agreement (or otherwise) of the refugee to proceed with the health assessment in accordance with the UK protocol. The consent is only valid if the refugee (or his/her parent/guardian) signs the form after sufficient explanation of the process.
- An information sheet (Annex 5), written in English and which summarises the important information about the health assessment, will be used by the panel physician to aid the verbal explanation given to the refugee.
- Information to be provided should cover the entire health assessment process, its benefits and risks the options or alternatives to the assessment proposed, and the consent process.
- The physician must further ensure that the refugee understands and accepts that any relevant personal information collected during the assessment process, including health records and test results may be shared with UK health and social care providers. The refugee should be informed that, under the DPA 1998 [1], the use of confidential patient information is restricted to activities directly concerned with or supportive of patient healthcare or the resettlement process on a “need-to-know” basis. Therefore, individual health information will only be shared with necessary UK authorities.
- The refugee should be given the opportunity to ask questions and be given sufficient time to reflect on the answers given.

Counselling

- Refugees should be offered counselling or pre-test discussion regarding the tests being undertaken, such as tuberculosis (TB), viral hepatitis or others. Pre-test discussion can be offered at the same time as information about consent and can be done in groups. The discussion should be conducted in a cultural, language, gender and age-sensitive way and provided by a health professional with experience in this area. This should clarify the nature of the tests, the actions required depending on the results and the consequences upon resettlement. It should be made clear that the purpose of this

health assessment is not to identify conditions that lead to the exclusion from the UK or barriers for travel; on the contrary, it is focused on the promotion of individual health.

- Individual post-test discussion shall also be offered in the event of positive or suspicious results. Post-test discussion should include informing the refugee about the results of the test and referral of the individual to appropriate care.

Additional Procedures

- The physician must retain the Informed Consent Form for at least three years (electronic copy is sufficient) and, upon request, make the form available to the necessary UK authorities or those they direct.

4. General Assessment

Medical history

- Before beginning the clinical assessment, the health professional – physician or nurse – who first sees the refugee, should ensure he/she has had the opportunity to clarify any questions about the health assessment in an individual and confidential manner.
- Medical history should be taken by clinical staff (physician or nurse) following [standard practices](#) [5].
- Medical history should also include current medication. This should include the generic name, dose, indication, start date and finish date (if appropriate).
- Refugees with chronic conditions should carry fourweeks' supply of medication on their person from the point of embarkation to the UK.
- The examination should also address the mental health status of the examinee, and seek to identify signs and symptoms of mental illnesses that are serious enough to warrant further specialised assessment, treatment, follow up, or interfere with refugees' self-sufficiency (including ability to care for self, attend school or engage in other age-appropriate activities). Special attention may be needed for particular issues, such as history of torture, gender or sexuality based violence, or physical, sexual or psychological abuse (this list is not exhaustive).
- The detection of any disease of public health concern, in the medical history or throughout the health assessment, should prompt the physician to follow local guidance on the notification of the local health authorities, where applicable.

Pregnancy

- Pregnancy is not a reason to exclude a refugee from resettlement to the UK, but an individual risk assessment must be made regarding travel and pregnancy, as postponing travel might sometimes be [advised](#) [6]. General recommendations on [fitness to travel](#) [7] are also available.
- For women of reproductive age, date of last menstrual period should be ascertained.
- A pregnancy test should be carried out on all females between 15 and 49 years of age at both health assessment and pre-embarkation check or pre-departure medical screening (unless the woman is with confirmed/obvious pregnancy or menstruating).
- Panel physicians should refer the refugee for [routine antenatal care](#) [8] for pregnant women that should include a general health assessment of both the woman and the foetus.
- Date of last menstrual period, pregnancy test results and/or assessment of the woman

and foetus should be registered in the medical form (Annex 3). Pregnant women, regardless of the stage of pregnancy, should have a Significant Medical Conditions form filled out (Annex 4).

- The 'must travel before' date, and the 'expected delivery date' should be indicated on the Medical Form for all pregnant women.

Physical Examination

- Physical examination should include:
 - Vital signs measurement, including:
 - respiratory and heart rates,
 - blood pressure,
 - head circumference for children below 2 years of age,
 - body temperature,
 - height and weight,
 - visual acuity,
 - hearing acuity,
 - Assessment of:
 - developmental milestones for children,
 - musculoskeletal system, including mobility,
 - neurological system, including reflexes,
 - respiratory system,
 - cardiovascular system,
 - gastrointestinal tract,
 - lymph nodes,
 - oral and dental examination, and
 - skin examination.
- External genitalia and female breast examination should be done only in exceptional circumstances and if there are clear clinical justifications. It must be done following the [UK's standards for intimate examinations](#) [9] and be culturally and gender sensitive. Refugees must be informed of the procedure, what to expect before the examination is carried out and must give permission for the examination. Where the refugee has not reached the age of majority for the country concerned (where the health examination is taking place), or lacks the mental or other capacity to understand and give permission, permission must be sought from their parent or legal guardian. The refugee can withdraw their permission at any time during the examination. Whenever possible, the panel physician should be of the same gender as the refugee. The presence of a chaperone must be offered in all intimate examinations. The examination must be done in a proper environment, in which privacy is safeguarded and the dignity of the refugee is ensured.
- Physical examination should include the assessment of mobility and ability to perform daily tasks independently.
- Refugees with significant needs, such as a physical or sensory impairment, are twice as likely to report signs of psychological distress [10]. It is recommended that the panel physician pay particular attention to the mental health of these individuals.
- The examination shall also address the mental health status of the examinee, and represents an active search for signs and symptoms of mental illnesses that are serious enough to warrant treatment and follow up, interfere with the applicant's self-

sufficiency, or represent a risk of harm to the individual or to others, or a need for extensive social services. A pilot assessment of the mental health of a cohort of refugees has been undertaken and may become a future component of the health assessment depending on the outcomes of the pilot.

- Refugees with reduced mobility should have a completed Activities of Daily Living Form (Annex 6) and Accommodation and Mobility Form (Annex 14).
- Refugees with significant mobility problems requiring a wheelchair, stretcher or special accommodation must have the Significant Medical Conditions form filled out (Annex 4) and there should be clarity of need for temporary arrangements and long term accommodation needs as set out in the Accommodation Mobility Form (Annex 14).

Urinalysis

- Urinalysis is recommended for all refugees aged 5 years and older. Children under 5 years old should only be tested if there are clinical reasons to do so.
- Urinalysis testing consists of a dipstick urine test to determine the presence of protein, blood and glucose in the urine. The result of the dipstick test augments the medical history and physical examination of the refugee. The interpretation of the results and the need for further investigations should be guided by clinical assessment, in keeping with local circumstances and the refugee's symptoms and medical needs. However, investigations of abnormal results in a dipstick test, if not urgent, should not delay resettlement of the refugee.
- The detection of previously unknown **haematuria**, without clinical suspicion of a probable cause, should be followed by:
 - Urine microscopy (for cell count and morphology), and
 - Urine culture test [11].
- In the event of a urinary tract infection the panel physician must give the refugee clear and unambiguous advice about the need to seek treatment immediately. The physician is in no obligation to treat the refugee but must give him/her a referral letter.
- In the absence of a urinary tract infection the panel physician should initiate further investigations in keeping with local circumstances and the refugee's symptoms and medical needs.
- If haematuria is detected in a female refugee while on her menstrual period, urine dipstick should be repeated once the menstrual period is over.
- The detection of significant **proteinuria** without a probable cause should be followed by a repeat dipstick test [11], preferably in a morning urine sample. If this test detects proteinuria again, then the following should be done:
 - Serum creatinine level testing and calculation of GFR;
 - Urine albumin, creatinine and protein, with calculation of albumin/creatinine ratio (ACR) and urine protein/creatinine ratio (PCR) [12].
- Investigations should be guided by clinical judgement, keeping with local circumstances and the refugee's symptoms and medical needs.
- The detection of **glycosuria** without a probable cause should be followed by:
 - Blood glucose measurement and
 - Serum glycosylated haemoglobin level test.
- Investigations of possible causes of glycosuria should be guided by clinical judgement, in keeping with local circumstances, the refugee's symptoms and medical needs.

5. Specific conditions

Tuberculosis

- Tuberculosis (TB) screening is outlined in detail in the [UK TB Technical Instructions](#) [13].
- Screening of refugees of age 11 years and older will include:
 - a symptom screen (cough, haemoptysis, weight loss, night sweats, history of previous TB);
 - medical history taking, including any history of recent contact with a case of active pulmonary TB (shared the same enclosed air space or household or other enclosed environment for a prolonged period for days or weeks);
 - a physical examination where clinically indicated;
 - a standard postero-anterior (PA) chest X-ray (CXR).
- Pregnant women can choose to defer the CXR until after the delivery, undergo CXR examination using double shielding or opt for TB clearance based on negative cultures from three appropriately taken sputum samples. It is essential that the woman is counselled; informed consent is obtained and appropriately kept.
- Screening of children under the age of 11 shall include:
 - a symptom screen,
 - medical history taking, and
 - physical examination.
- Where a child has symptoms or signs of active pulmonary TB, or a history of previous TB, or a history of recent contact with a case of active pulmonary TB, then the child is required to have either a CXR or 3 sputum samples or gastric lavage (on 3 occasions) for mycobacterial examination (including culturing for mycobacteria).
- All X-rays must be interpreted by a qualified radiologist, and further reviewed by the panel physician.
- Where the CXR is suggestive of either active or old pulmonary TB, for individuals with signs or symptoms of pulmonary TB, or for pregnant women who do not wish to have a CXR, three sputum samples must be taken. These will be assessed for acid fast bacilli and cultured for *Mycobacteria* at a laboratory designated by the UK or its international partners for this purpose.
- Refugees who have active pulmonary TB should be fully treated and certified clear of pulmonary TB before resettlement. There may be extenuating circumstances that require immediate travel. In these circumstances, the HO should be informed and direct medical advice should be sought from PHE.
- Suspected laryngeal TB should be investigated the same way as pulmonary TB. Further guidance can be found in the [NICE guidelines](#). The detection of extra-pulmonary TB (EPTB) is not a reason to delay resettlement, but the refugee should be offered appropriate treatment at the earliest opportunity and follow up arrangements in the UK ensured.
- Only pre-entry screening for active TB needs be carried out. Latent TB testing is not required, given its non-infectious nature. Refugees may be eligible for community based latent TB infection (LTBI) screening following arrival in the UK. Further information can be found on LTBI testing and treatment [here](#) [14].
- There is no legal requirement to screen for EPTB given the diagnostic challenges, however if EPTB is suspected then it should be reported to UK public health authorities.

- GeneXpert will not be utilised due to its lower sensitivity compared to sputum culturing.
- Further guidance on tuberculosis among migrant populations, including screening for LTBI, can also be found in PHE's online [Migrant Health Guide](#) [15].

6. Laboratory testing

- Laboratory services must meet internationally accepted laboratory standards, which include the following:
 - Refugees must be reliably identified prior to sample taking;
 - Health staff shall reliably identify the refugee and code the blood samples; before handing them over to the laboratory for testing;
 - Use of quality assured supplies and equipment;
 - Infection control and safety measures;
 - Accurate and confidential reporting of results.

Sexual health and HIV

- HIV and syphilis testing is currently Home Office policy but not part of this joint protocol. Details on current policy and the relevant parts of the previous protocol about testing for these infections can be found in Annex 12.

Hepatitis B and C

- According to guidance from [NICE](#) [16] and the World Health Organization (WHO), [hepatitis B virus \(HBV\)](#) [17] and [hepatitis C virus \(HCV\)](#) [18] testing is recommended for people under certain circumstances (see figure 1). This includes people who were born or brought up in countries in which the prevalence of chronic hepatitis B or C is higher than 2%, and people who inject or have injected drugs.
- The Centers for Disease Control and Prevention – Atlanta have published global prevalence of [HBV](#) [19] and [HCV](#) [20] infection on their website.
- In the case of refugees undergoing a health assessment as part of the resettlement process, testing for HBV and HCV on the basis of medium or high prevalence (i.e. $\geq 2\%$) in the country in which the refugee was born, brought up or resided for a substantial amount of time is recommended. It is recognised that due to a number of factors this data may not be available for the countries from which refugees originate or are resettled from. In these circumstances testing for all may be justifiable.
- HBV testing should start with HBV surface antigen (HBsAg) with further HBV markers if HBsAg positive. HCV testing should start with antibodies to HCV (anti-HCV), followed by HCV RNA if anti-HCV positive.
- Diagnosis of HBV or HCV in an individual should lead to testing (and, for HBV, possibly vaccination) of household and sexual contacts.

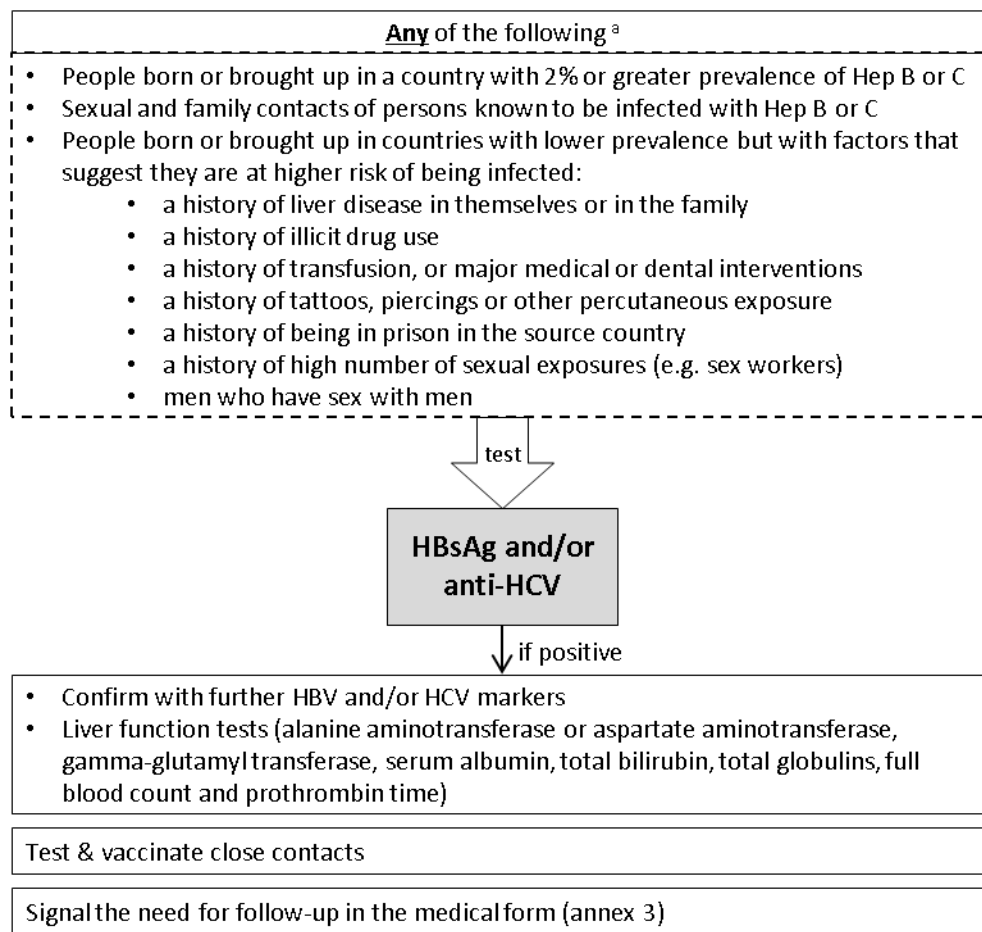


Figure 1. Testing algorithm for hepatitis B and C. In the case of refugee health assessments, criteria should be extended to people residing in a country with $\geq 2\%$ prevalence, in addition to country of birth or upbringing (first bullet point). (a) As recommended by the National Institute for Health and Care Excellence guidelines [PH43] [Hepatitis B and C testing: people at risk of infection, 2012](#) [16] and by the WHO's [Guidelines for the screening, care and treatment of persons with Hepatitis C infection, 2014](#) [18] and [Guidelines for the prevention, care and treatment of persons with Hepatitis B infection, 2015](#) [17].

7. Immunisation

- Where possible, the [UK immunisation algorithm](#) [21] for vaccination of individuals with uncertain or incomplete immunisation status shall be followed (Annex 11).
- Immunisation activities for resettling refugees before resettlement shall follow the WHO guidelines for dealing with outbreaks of vaccine preventable diseases of international concern, and the epidemiological situation in the country where the refugee is currently residing.
- All refugees arriving to the UK from the countries identified by the WHO as countries exporting wild polio virus or where wild polio virus is still circulating shall receive at least one dose of trivalent Oral Polio Vaccine (OPV). Alternatively, IPV can be used for immunocompromised individuals, as per the panel physician's discretion and vaccine availability.

- In some locations, certain vaccines may not be available or conditions may not be suitable for health assessment providers to organise a full immunisation schedule.
- One dose of measles containing vaccine, preferably MMR, shall be administered to all departing refugees older than 9 months.
- Immunisations shall ideally be administered more than three to four weeks prior to the scheduled departure to the UK, to allow for building immunity, while reducing virus-shedding post immunisation.
- Additional vaccinations against invasive meningococcal disease, varicella, influenza and rotavirus should be considered if the refugee is living in overcrowded conditions.
- When indicated, close contacts of individuals with certain infectious diseases, such as hepatitis B, should also receive appropriate immunisation, in line with [UK guidance](#) [22].
- Vaccines may be contraindicated in specific groups, such as those with confirmed history of anaphylactic reaction to a vaccine component or previous dose, or those who are immunosuppressed or pregnant, in line with [UK guidance](#) [23]. Vaccination history in the form of a vaccination card (Annex 13) will travel with the refugee along with other medical records.

8. Additional Clinical Assessments

Chronic physical health conditions

- Additional evaluation, testing and investigation can be undertaken at the discretion of the panel physician, in order to:
 - diagnose or characterise exacerbated medical conditions in need of treatment;
 - diagnose or better characterise chronic medical conditions that might impact the health needs and costs upon relocation to the UK;
 - better characterise conditions that might impact travel to the UK.
- Individuals in whom there is suspicion of end organ damage by a chronic condition (e.g., renal damage in a patient with diabetes, cardiovascular disease in a patient with arterial hypertension, etc.), further exploration and adequately characterisation shall be done.
- Individuals with limited mobility, visual or hearing impairment or with other severe intellectual or physical disability shall be assessed using the Activities of Daily Living Form (Annex 6) and the Significant Medical Conditions form should be completed (Annex 4) and there should be clarity of need for temporary travel arrangements and long term accommodation needs by completing the Accommodation Mobility Form (Annex 14).
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- Chronic medical conditions should be adequately described in the medical form, together with the findings of further specialist evaluation, additional tests and investigations. An assessment of future health needs should also be described.

Problem alcohol/ drug use

- Problem alcohol/ drug use can be defined as substance use that is associated with “a pathological pattern of behaviours related to the use of the substance”[24]. In this context, problem alcohol/ drug use are of particular concern if they represent a risk to the individual or to others, namely in terms of physical violence. Any problem alcohol/

drug use should be assessed in order to appropriately link to the UK health services upon resettlement.

- If the refugee responds “yes” to the question “Do you drink?” in the initial health assessment administered by the panel physician, alcohol use should be further characterized/explored using the [Alcohol Use Disorders Identification Test \(AUDIT\)](#) (Annex 7).
- If the refugee reports illicit drug use in the initial health assessment administered by the panel physician, the issue should be further characterized using the [Drug Use Disorders Identification Test \(DUDIT\)](#) (Annex 8).
- Problem alcohol or drug use should also be characterized in terms of:
 - Substance(s) used, route(s) of administration and combinations of substances used together;
 - Co-existing mental health problems (posttraumatic stress disorder, depression, etc.);
 - Co-existing physical health conditions (e.g. epilepsy, pregnancy, etc.);
 - Risk of harm to self (e.g., risk of suicide or deliberate self-harm);
 - Risk of harm to others (e.g., risk of criminal activity, risk of harmful physical behaviour, etc.);
 - Health and social needs for the UK system (e.g., need for social care, rehabilitation treatment, etc.).

Psychosocial development

- All refugees with suspected cognitive impairment or dementia shall be administered the Rowland Universal Dementia Assessment Scale (RUDAS, Annex 9), a multicultural cognitive screening instrument [25].
- Children with suspected or obvious developmental delay shall be assessed using the Chart of Early Childhood Development (Annex 10).
- Refugees with significant developmental issues and/or requiring special schooling or employment needs should have the Significant Medical Conditions form filled out (Annex 4).

Malaria

- Any febrile illness in an individual from or residing in a malaria endemic country should be investigated and malaria should be excluded at the pre-departure check stage, and managed as per the best clinical practice during the health assessment stage. A test and treat approach ideally with a rapid malaria test should be undertaken wherever operationally feasible. [WHO recommends](#) prompt parasite-based diagnosis by light microscopy or malaria rapid diagnostic test (RDT) in all patients suspected of malaria before antimalarial treatment is administered [26]. Light microscopy entails visualization of the malaria parasites in a thick or thin smear of the patient’s blood.
- Presumptive antimalarial treatment is only indicated in settings where a test and treat approach is not possible or feasible, such as during malaria epidemics.
- Refugees coming from or travelling through [sub-Saharan African countries](#) should be unambiguously informed that suspect malaria is a medical emergency and that, if fever develops after arrival to the UK, s/he should seek immediate medical assistance and

stating where they have travelled from [27]. General information about malaria can be found in the [PHE malaria factsheet](#) [28] and in the [Migrant Health Guide](#) [15] aimed at primary care practitioners.

Helminthic infections

- Refugees who come from or reside in the Middle East, Africa, Asia, Latin America and the Caribbean should be offered the following tests during the pre-departure checks:
 - Stool test for ova, cysts and parasites.
 - Serology for strongyloidiasis and schistosomiasis.
- Refugees should be treated based on test results.
- Exceptionally, if testing is not available or is logistically impractical and depending on the epidemiological situation, presumptive treatment with albendazole is indicated during the pre-departure checks for refugees coming from the Middle East, Africa, Asia, Latin America and the Caribbean:
 - A single dose of albendazole 400mg for all refugees except pregnant women and children < 2 years of age;
 - Children 12 – 23 months: a single dose of albendazole 200mg.
- Testing and treatment guidance for helminthic infections is available online from PHE's [Migrant Health Guide](#) [15].

9. Medical escorts

- The organisation providing pre-arrival services shall identify, train and provide adequate medical escorts for all resettlement cases to the UK in need of special assistance during the air travel to the UK.
- A Significant Medical Conditions form (Annex 4) should be completed for those requiring medical escorts to travel to the UK.
- The medical escort shall be selected based on the clinical skills and the specific condition and medical needs of the patient, taking into account the language, gender, age and cultural sensitivity.
- Medical escorts might be requested to accompany the severely ill patients to a health facility in the UK.
- The medical escorts must hand over the patient to the receiving-end agency or a health professional at the most appropriate point decided by the pre-arrival service provider.
- Medical escorts shall brief the receiving-end health professional of any event or change in the health condition of the escorted patient. Relevant medical documentation / files shall also be shared with the receiving health practitioners in the UK, as appropriate.

10. Documentation flow

- The health assessments shall be completed in accordance with the Grant Agreement when refugees can freely move within the country where the health examination is taking place.
- All medical records/results should be captured electronically and the health assessment findings communicated to the UK Authorities as soon as they are executed and completed through sharing:
 - A cumulative Excel spreadsheet containing the most important and relevant

- details of the individual health assessments, if requested by the UK Home Office.
- A monthly line listing to PHE for programme and epidemiological monitoring and evaluation purposes.
- Electronic copies of the duly completed Health Assessment Forms through the best possible and secure means of electronic transmission, as agreed and requested by the UK Home Office. Such file transmission includes transmission of all relevant supplementary medical forms (such as the Significant Medical Conditions and Activities of Daily Living Forms) where indicated.
- The organisation providing these services should be able to update the UK Home Office authorities of the progress and actions undertaken with regards to the cases/individuals that are placed on medical hold, whose medical forms are pending and where the health assessment is still not finalized (treatment, specialist review, determination of fitness to travel, etc.).
- The organisation providing these services should provide Pre-Departure Medical Screening reports and Pre-Embarkation Certificates in accordance with the Grant Agreement.
- In accordance with the DPA 1998 [1], the use of confidential patient information should be restricted to activities directly concerned with or supportive of patient healthcare and resettlement or programme monitoring on a “need-to-know” basis. Therefore individual health information will only be shared with the necessary UK authorities.

11. Future Revisions

This protocol will be reviewed on a regular basis to determine if any significant changes need to be made. Major changes to UK medical or governmental guidance may lead to an earlier revision.

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Annexes

Annex 1: Acknowledgments

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UNITED KINGDOM PRE ENTRY Health Assessment for Refugees

Name

Date of birth

Clinic location

Applicant's Declaration

I understand that:

- I am giving my consent to undergo a health assessment, which involves an interview, a physical examination, a chest X-Ray and blood and urine tests.
- The interview will involve questions about my physical and mental health, healthcare use, medication and psychosocial development.
- Physical examination will be guided by the physician's discretion, and may include the measurement of blood pressure, body temperature, height and weight, among other assessments. Physical examination will include the assessment of mobility and ability to perform daily tasks independently.
- The blood test will be guided by the physician's clinical judgement, and might include HIV, Hepatitis B, Hepatitis C and blood cell count, among other tests.
- The urine test will include the assessment of haemoglobin, proteins and sugar in the urine.
- The chest X-Ray is part of the tuberculosis assessment, which has a separate consent form.
- Depending on the results of this assessment, I might be required to undergo further medical examinations, possibly by other doctors (e.g., a psychiatrist), to undergo treatment and/or receive vaccination prior to my entry in the UK.
- If needed, I will receive individual counselling and an explanation of further testing procedures.
- I have the right to refuse to undergo the health assessment procedure, treatment and vaccination.
- I have the right to withdraw from the health assessment at any time, without having to give any reason.
- The results of this health assessment, including personal information, health records and test results, will be shared with necessary UK authorities and agencies.

Female applicants

- I will be asked about my last menstrual period / to undergo a pregnancy test to ascertain whether I am pregnant.
- If I am pregnant, I acknowledge that a chest X-Ray, certain treatments and vaccines can carry a risk for an unborn child. I am therefore advised to consult the panel physician and may wish to consult my gynaecologist to understand the risks before I undergo any of these procedures. If I decide to undergo these procedures, this shall be at my own risk.
- If I am pregnant, I will be offered alternatives to the procedures that carry a risk for me and/or for the unborn child.

I hereby:

- Consent to undergo the health assessment;
- Authorise you and your designated laboratory to store all relevant personal information collected during the assessment process;
- Authorise you and your designated clinics to share my personal details and assessment results with the necessary UK authorities.
- Authorise you to share my assessment results with the health authorities of the country in which the assessment is taking place, if this is required by the country's laws, such as for notifiable diseases.
- Release and hold harmless the UK Government and you from any liability for loss, injury suffered or other harm during, or as a result of, the health assessment procedures.

I have read this consent form, or had translated for me. I was invited to ask questions to clarify what was not clear to me. I understand the content of this declaration.

Applicant’s signature / Date / Please print your name

For children, or adults without the mental capacity to give consent, I confirm that I am the parent or legal guardian of the applicant and confirm that I give my consent
For adults who are not able to physically sign the form, I confirm that I am an independent witness and the applicant has given their consent orally or by other non-verbal means

Signature / Date / Please print your name / Relationship to applicant

Statement of interpreter (if required); I have translated the content of this document for the applicant to the best of my ability and in a way in which I believe s/he can understand.

Signed / Date / Please print your name

For female applicants who might be pregnant; I confirm that I have had the risks of having a chest X-ray, certain treatments and vaccinations in pregnancy explained to me and I wish to carry on with these.

Signed / Date / Please print your name


While I agree with the health assessment in general, I wish to opt-out of the following procedure(s):
.....

Signed / Date / Please print your name

Statement of Physician (if required); I have explained the content of this document to the applicant and confirm that the applicant has declined to go ahead with the assessment.

Signed / Date / Please print your name

Annex 3: Medical form currently used by IOM as the existing pre-arrival service provider

 Migration Health Assessment WORKSHEET <i>Form 04MH_A</i>	1. Assessment Date:	
	2. Program: UNITED KINGDOM	
	3. Ref. ID No:	
4. Name : _____		
<small>(Last) (First) (Middle)</small>		
5. Gender: F <input type="checkbox"/> M <input type="checkbox"/>	6. DOB:	7. Principal Applicant: No <input type="checkbox"/> Yes <input type="checkbox"/>
8. Case No.	9. Country:	10. Nationality:
11. Exam Place:	12. Exam Country: Jordan	13. Doctor:
14. Health Assessment completed on:		
15. Medical Conditions Identified		
<input type="checkbox"/> None	<input type="checkbox"/> Syphilis	<input type="checkbox"/> Physical impairment/disability
<input type="checkbox"/> TB, active, infectious	<input type="checkbox"/> Other sexually transmitted diseases	<input type="checkbox"/> Significant Mental health condition
<input type="checkbox"/> TB, active, non-infectious	<input type="checkbox"/> Human immunodeficiency virus	<input type="checkbox"/> Addiction(abuse) of specific substances
<input type="checkbox"/> TB, inactive		<input type="checkbox"/> Other significant condition, specify:
16. Description of significant condition / Treatment / Recommendation		ICD Code(s)
		<input type="button" value="Update"/>
17. TREATMENT Administered: No <input type="checkbox"/> Yes <input type="checkbox"/> <i>(pls. provide details in Remarks above, or attach the "IOM treatment form")</i>		
<input type="checkbox"/> Syphilis	<input type="checkbox"/> Anti-malaria	<input type="checkbox"/> De-worming
Dates:	Drugs/Dosage:	Dates:
1.	1.	1.
2.	2.	2.
3.	3.	3.
18. VACCINES Administered: No <input type="checkbox"/> Yes <input type="checkbox"/>		
Dates:	Vaccine:	Dates:
1.	4.	7.
2.	5.	8.
3.	6.	9.
19. Travel Recommendations		20. Pregnancy
Fit to travel: Yes <input type="checkbox"/> Conditionally <input type="checkbox"/> No <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
Special attention on pre-flight assessment: No <input type="checkbox"/> Yes <input type="checkbox"/>		a) To travel Before:
Hospitalization required: Pre-depart. <input type="checkbox"/> Post-arrival <input type="checkbox"/>		b) Not to travel before:
21. Equipment / Medication		22. Escorts
<input type="checkbox"/> Ambulance	<input type="checkbox"/> Stretcher	<input type="checkbox"/> Med. Escort-POE
<input type="checkbox"/> WCHR	<input type="checkbox"/> 3 seats	<input type="checkbox"/> Med. Escort-FD
<input type="checkbox"/> WCHS	<input type="checkbox"/> Oxygen	<input type="checkbox"/> Family escort
<input type="checkbox"/> WCHC	<input type="checkbox"/> Interflight Th admin.	<input type="checkbox"/> Operational Escort
	<input type="checkbox"/> Bowel Prep.	<input type="checkbox"/> Other, specify:
	<input type="checkbox"/> Diapers	Medical Escort By:
	<input type="checkbox"/> Urinary catheter	<input type="checkbox"/> Doctor <input type="checkbox"/> Nurse
	<input type="checkbox"/> Other	
23. Post-travel recommendations		24.A Follow-up needed :
Special schooling/employment needs <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>
Consequences on daily living activities (Assistance Required) <input type="checkbox"/>		By whom:
Special housing requirements <input type="checkbox"/>		<input type="checkbox"/> by GP
Excessive demands for the health service <input type="checkbox"/>		<input type="checkbox"/> by Specialist, specify:
Remarks/Details:		Within:
		<input type="checkbox"/> one week
		<input type="checkbox"/> one month
		<input type="checkbox"/> 6 months
Date:	Examining physician's name address and telephone number (stamp may be used):	
Signature:		

Form 04MH B
MEDICAL HISTORY & PHYSICAL EXAM

1. Assessment Date:
2. Program: United Kingdom

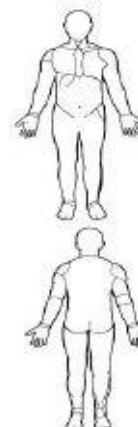
3. Name:	4. Case No:	5. Date of Birth:
----------	-------------	-------------------


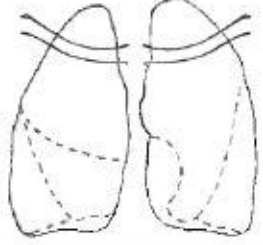
Yes	No	1. Medical History	
<input type="checkbox"/>	<input type="checkbox"/>	Illness or injury requiring hospitalization	<input type="checkbox"/> <input type="checkbox"/> Recurrent fever (last 6 months)
<input type="checkbox"/>	<input type="checkbox"/>	Surgical interventions	<input type="checkbox"/> <input type="checkbox"/> Coughing
<input type="checkbox"/>	<input type="checkbox"/>	Heart disease or high blood pressure	<input type="checkbox"/> <input type="checkbox"/> Loss of weight (last 6 months)
<input type="checkbox"/>	<input type="checkbox"/>	Neurologic disease, incl. stroke or seizures	<input type="checkbox"/> <input type="checkbox"/> Sexually transmitted diseases
<input type="checkbox"/>	<input type="checkbox"/>	Mental illness/problems	<input type="checkbox"/> <input type="checkbox"/> Skin problems (rash, etc...)
<input type="checkbox"/>	<input type="checkbox"/>	Stomach or bowel disease (incl. recent diarrhea)	<input type="checkbox"/> <input type="checkbox"/> Tattoos, body piercing
<input type="checkbox"/>	<input type="checkbox"/>	Liver or kidney disease	<input type="checkbox"/> <input type="checkbox"/> History of blood transfusions
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes or other endocrine disorder	<input type="checkbox"/> <input type="checkbox"/> History of torture/violence
<input type="checkbox"/>	<input type="checkbox"/>	Urogenital problems / conditions	<input type="checkbox"/> <input type="checkbox"/> Displaced from home, number of months:
<input type="checkbox"/>	<input type="checkbox"/>	Hematologic disease	<input type="checkbox"/> <input type="checkbox"/> Are you taking medications, specify below
<input type="checkbox"/>	<input type="checkbox"/>	Muscle, bone and joint problems	<input type="checkbox"/> <input type="checkbox"/> Do you have any drug allergies?
<input type="checkbox"/>	<input type="checkbox"/>	Problems with eyes or ears	<input type="checkbox"/> <input type="checkbox"/> Smoking habits: Years: No/day:
<input type="checkbox"/>	<input type="checkbox"/>	Cancer or tumors	<input type="checkbox"/> <input type="checkbox"/> Alcohol habits: Years: Units/week:
<input type="checkbox"/>	<input type="checkbox"/>	TB, pneumonia, or other lung disease	<input type="checkbox"/> <input type="checkbox"/> Illicit drug use? Specify past or present, name of the
<input type="checkbox"/>	<input type="checkbox"/>	Household member with significant inf. disease (or TB contact in general)	<input type="checkbox"/> <input type="checkbox"/> drug(s), quantity, period, when stopped (if in the past), any treatment

2. Reproductive history <i>Number</i>			
Pregnancies:		LM Period :	
Deliveries:		Are you pregnant?	<input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> Yes
Babies born alive:		Gestation (what week?):	

3. Physical Examination:				(repeat if abnormal)			
Height		<i>cm</i>		Vital sign	<i>Initial</i>	<i>Repeated</i>	<i>Units</i>
Weight		<i>Kg</i>		BP			<i>mmHg</i>
BMI		<i>Kg/m²</i>		Pulse			<i>/min</i>
Head circumference (< 18months)		<i>cm</i>		Resp. rate			<i>/min</i>
<i>Visual Acuity</i>		<i>Uncorrected</i>		<i>Corrected</i>		<i>Correction (if available)</i>	
Left/ Right		/		/		/	
	<i>N</i> <i>Abn</i> <i>ND</i>		<i>N</i> <i>Abn</i> <i>ND</i>		<i>N</i> <i>Abn</i> <i>ND</i>		<i>N</i> <i>Abn</i> <i>ND</i>
General appearance	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Endocrine	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Extremities	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Visible disabilities	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Respiratory	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Skin (incl. scars)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Mental state	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Abdominal/GIT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Neurologic	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
EENT (incl. hearing)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Musculo-skeletal	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lymph nodes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Teeth	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Genito-urinary	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Breasts	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Cardiovascular	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hemial sites	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Pregnant: Yes <input type="checkbox"/> No <input type="checkbox"/>	Fundal height (cm):		

Remarks/Notes:



	 IOM • OIM	Migration Health Assessment CXR & TB LAB WORKSHEET Form 04MH_CXR	1. Assessment Date:									
			2. Program: UNITED KINGDOM									
			3. Ref. ID No									
4. Name:												
	<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>									
5. Case NO:		6. Date of Birth:										
7. Chest X-Ray	<input type="checkbox"/> Done on <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal F/U needed <input type="checkbox"/> Abnormal no F/U <input type="checkbox"/> Not Done due to: <input type="checkbox"/> Age <input type="checkbox"/> Pregnancy <input type="checkbox"/> Other, Specify											
8. From the Medical file:	<input type="checkbox"/> TB signs or symptoms <input type="checkbox"/> Contact with TB patient <input type="checkbox"/> History of TB											
9. Chest X-ray Interpretation by the Radiologist												
<input type="checkbox"/> Can suggest Active TB (need smears)	<input type="checkbox"/> Can suggest INACTIVE TB (need smears if symptomatic)		<input type="checkbox"/> Other X-ray findings									
<input type="checkbox"/> Infiltrate or consolidation	<input type="checkbox"/> Discrete fibrotic scar or linear opacity		<input type="checkbox"/> Musculoskeletal									
<input type="checkbox"/> Any cavitary lesion	<input type="checkbox"/> Discrete nodule(s) without calcification		<input type="checkbox"/> Cardiac or major vessels									
<input type="checkbox"/> Nodule with poorly-defined margins (such as tuberculoma)	<input type="checkbox"/> Discrete fibrotic scar with volume loss or retraction		<input type="checkbox"/> Pulmonary									
<input type="checkbox"/> Linear, interstitial markings (children only)	<input type="checkbox"/> Discrete nodule(s) with volume loss or retraction		<input type="checkbox"/> Other									
<input type="checkbox"/> Pleural effusion	<input type="checkbox"/> Upper lobe retraction or volume loss											
<input type="checkbox"/> Hilar/Mediastinal adenopathy	<input type="checkbox"/> Other (such as bronchiectasis)											
<input type="checkbox"/> Other (such as miliary findings)												
												
Date:	Radiologist's Name:		Radiologist's Signature:									
10. IOM Physician's Comments on CXR												
11. TB Smears and Cultures												
Date:	Smears <input type="checkbox"/> Done <input type="checkbox"/> Not Done						Cultures <input type="checkbox"/> Done <input type="checkbox"/> Not Done				DST <input type="checkbox"/> Done <input type="checkbox"/> Not Done	
	Neg	Scanty	AFB count	1+ (1-9/10F)	2+ (1-10/F)	3+ (>10/F)	Neg	Pos	Cont	Non Diagn.		
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12. TST <input type="checkbox"/> Done <input type="checkbox"/> Not Done												
Date taken	Date read:	Result, mm:	History of BCG									
			No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/>									

Form 04MH LAB LAB WORKSHEET				1. Assessment Date:			
				2. Program:			
3. Name			4. Case No		5. Date of Birth:		
6. HIV Test <input type="checkbox"/> Done <input type="checkbox"/> Not Done							
Type:	Date:	Test kit:	Test Results:		Test Notes:		
Screening			<input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Indt.				
Screening			<input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Indt.				
Screening			<input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Indt.				
Confirmatory			<input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Indt.				
7. Syphilis Test <input type="checkbox"/> Done <input type="checkbox"/> Not Done							
Type:	Date:	Test kit:	Test Results:	Titer:	Test Notes:		
Screening			<input type="checkbox"/> Neg <input type="checkbox"/> Pos				
Confirmatory			<input type="checkbox"/> Neg <input type="checkbox"/> Pos				
8. Urinalysis <input type="checkbox"/> Done <input type="checkbox"/> Not Done					Microscopy:		
Date:	Blood	<input type="checkbox"/> Neg <input type="checkbox"/> Pos	Repeat Date:	Blood	<input type="checkbox"/> Neg <input type="checkbox"/> Pos		
	Albumin	<input type="checkbox"/> Neg <input type="checkbox"/> Pos		Albumin	<input type="checkbox"/> Neg <input type="checkbox"/> Pos		
	Sugar	<input type="checkbox"/> Neg <input type="checkbox"/> Pos		Sugar	<input type="checkbox"/> Neg <input type="checkbox"/> Pos		
9. CBC <input type="checkbox"/> Done on <input type="checkbox"/> Not Done							
Name:	Result:	Unit	Ref. range:	Name:	Result:	Unit	Ref. range:
WBC		$\times 10^3/\text{mm}^3$	5.0-10.0	Eosinophils, %		Percent	0-4
RBC		$\times 10^6/\text{mm}^3$	4.1-5.3	Basophils, %		Percent	0-2
Hemoglobin		g/dL	12.0-18.0	Neutrophils, abs		$\times 10^3/\text{mm}^3$	1.8-7.8
Hematocrit		Percent	37.0-52.0	Lymphocytes, abs		$\times 10^3/\text{mm}^3$	0.7-4.5
Platelets		$\times 10^3/\text{mm}^3$	140-390	Monocytes, abs		$\times 10^3/\text{mm}^3$	0.1-1.0
Neutrophils, %		Percent	45-76	Eosinophils, abs		$\times 10^3/\text{mm}^3$	0.0-0.4
Lymphocytes, %		Percent	17-44	Basophils, abs		$\times 10^3/\text{mm}^3$	0.0-0.2
Monocytes, %		Percent	3-10				
10A. HBsAg <input type="checkbox"/> Done <input type="checkbox"/> Not Done			10B. Hep C Antibody <input type="checkbox"/> Done <input type="checkbox"/> Not Done				
Date:	Test Kit:	Result:	Date:	Test Kit:	Result:		
		<input type="checkbox"/> Pos <input type="checkbox"/> Neg			<input type="checkbox"/> Pos <input type="checkbox"/> Neg		
10C. Other tests with Neg Positive Results							
Date:	Test name:	Test kit:	Test Results:		Test Notes:		
			<input type="checkbox"/> Neg <input type="checkbox"/> Pos				
			<input type="checkbox"/> Neg <input type="checkbox"/> Pos				
			<input type="checkbox"/> Neg <input type="checkbox"/> Pos				
			<input type="checkbox"/> Neg <input type="checkbox"/> Pos				
			<input type="checkbox"/> Neg <input type="checkbox"/> Pos				
			<input type="checkbox"/> Neg <input type="checkbox"/> Pos				
Lab Remarks:							

Annex 4: Significant Medical Conditions form

NOTE: This form is to be used only for Significant Medical Conditions. If there is no apparent disease, serious medical condition, or need for follow-up care, please do not complete this form.

Significant Medical Conditions Form

Date:	Case No:	Name:
Location (transit station):	Language(s):	Recommend expedite process on medical ground: <input type="checkbox"/> No <input type="checkbox"/> Yes
Alien No:	Gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Date of birth:

Significant Medical Conditions:

1. Hearing:	<input type="checkbox"/> Normal	<input type="checkbox"/> Impaired (needs hearing aid)	<input type="checkbox"/> Deaf
2. Vision:	<input type="checkbox"/> Normal	<input type="checkbox"/> Impaired (best corrected < 20/100)	<input type="checkbox"/> Blind
3. Learning/Development:	<input type="checkbox"/> Normal	<input type="checkbox"/> Needs special attention	<input type="checkbox"/> Not able/Dependent
4. Communicating:	<input type="checkbox"/> Normal	<input type="checkbox"/> Can be understood with difficulties	<input type="checkbox"/> Not able/Dependent
5. Mobility:	<input type="checkbox"/> Normal	<input type="checkbox"/> Can move with difficulties	<input type="checkbox"/> Not able/Dependent
6. Trauma/Injury:	<input type="checkbox"/> Normal	<input type="checkbox"/> Assistance required	<input type="checkbox"/> Not able/Dependent
7. Mental Health Condition:	<input type="checkbox"/> Normal	<input type="checkbox"/> Assistance required	<input type="checkbox"/> Not able/Dependent
8.		<input type="checkbox"/> Assistance required	<input type="checkbox"/> Not able/Dependent
9.		<input type="checkbox"/> Assistance required	<input type="checkbox"/> Not able/Dependent

Assistance Required for Personal Care and Housing Requirements:

<input type="checkbox"/> Fully independent, no assistance required	<input type="checkbox"/> Mobility problems, accommodation without stairs
<input type="checkbox"/> Minimal supervision for self-care required	<input type="checkbox"/> Wheelchair access needed
<input type="checkbox"/> Mobile Assistance of 1 person required <input type="checkbox"/> Part-time <input type="checkbox"/> Full time	Schooling/employment needs:
<input type="checkbox"/> Immobile/Assistance of 2 or more persons required	<input type="checkbox"/> Can attend school/hold a job
<input type="checkbox"/> Other adaptation/employment/educational needs, specify:	<input type="checkbox"/> Needs special schooling/job arrangements
	<input type="checkbox"/> Unlikely to be able to attend school/hold a job

Medical Follow up After Arrival: NO YES

Urgency: <input type="checkbox"/> Immediately	<input type="checkbox"/> In one week	<input type="checkbox"/> In one month	<input type="checkbox"/> In six months
Care Provider: <input type="checkbox"/> Family physician	<input type="checkbox"/> Counseling/Psychotherapy	<input type="checkbox"/> Specialist, specify:	
Duration: <input type="checkbox"/> Initial only	<input type="checkbox"/> Ongoing (specify if necessary):		

Medication Needs: NO YES, non injectables Yes, Medication Alert (injectables)

Current Medications: <i>please indicate both brand and generic names:</i>	Dose	Recommended supply upon arrival: Should not finish before the flap medical appointment
1.		<input type="checkbox"/> 2 wks <input type="checkbox"/> 4 wks <input type="checkbox"/> 8 wks <input type="checkbox"/> 12 wks
2.		<input type="checkbox"/> 2 wks <input type="checkbox"/> 4 wks <input type="checkbox"/> 8 wks <input type="checkbox"/> 12 wks
3.		<input type="checkbox"/> 2 wks <input type="checkbox"/> 4 wks <input type="checkbox"/> 8 wks <input type="checkbox"/> 12 wks
4.		<input type="checkbox"/> 2 wks <input type="checkbox"/> 4 wks <input type="checkbox"/> 8 wks <input type="checkbox"/> 12 wks
5.		<input type="checkbox"/> 2 wks <input type="checkbox"/> 4 wks <input type="checkbox"/> 8 wks <input type="checkbox"/> 12 wks
6.		<input type="checkbox"/> 2 wks <input type="checkbox"/> 4 wks <input type="checkbox"/> 8 wks <input type="checkbox"/> 12 wks
7.		<input type="checkbox"/> 2 wks <input type="checkbox"/> 4 wks <input type="checkbox"/> 8 wks <input type="checkbox"/> 12 wks
8.		<input type="checkbox"/> 2 wks <input type="checkbox"/> 4 wks <input type="checkbox"/> 8 wks <input type="checkbox"/> 12 wks
9.		<input type="checkbox"/> 2 wks <input type="checkbox"/> 4 wks <input type="checkbox"/> 8 wks <input type="checkbox"/> 12 wks
10.		<input type="checkbox"/> 2 wks <input type="checkbox"/> 4 wks <input type="checkbox"/> 8 wks <input type="checkbox"/> 12 wks

Comments:

NOTE: This form is to be used only for Significant Medical Conditions. If there is no apparent disease, serious medical condition, or need for follow-up care, please do not complete this form.

Medical Requirements upon arrival to Final Destination: **NO** **YES**

Ambulance (at the airport) Hospitalization Immediate Planned Surgery Extensive Non-extensive

Other, Specify:

Comments:

Travel Requirements: **Travel By Date:** **Reason:**

Pre-departure: Treatment Check Pregnant, EDD Hospitalization
 Escort Type: Individual (FD) Group (POE) Doctor Nurse Specialist: _____ Non-medical
 Wheelchair: WCHR (Can Walk Up Stairs) WCHS (Not Able To Walk Up Stairs) WCHC (Carry-on Passenger)
 In Flight: Extra Seat 3 Seats Stretcher IV Rx Air-lift Oxygen, at LPM to FD POE
 Disability code: BLND (blind) DEAF MED (medical case)
 Other, specify:

Signature (Physician filling out form): _____

Additional comments:

Instructions:

The Significant Medical Condition (SMC) form is designed to provide a tool for collecting and transmitting advance information on refugees' post-arrival resettlement needs to receiving agencies in the country of destination. This form is required to be filled for any refugee diagnosed with medical conditions requiring additional assistance from the receiving side, based on, but not limited to the following criteria:

- Pregnancy;
- Requiring medical escort;
- With significant mobility problems requiring wheelchair, stretcher or special accommodation;
- Requiring medical follow up within one week or hospitalization upon arrival;
- Requiring extensive surgery or other extensive treatment (e.g. renal dialysis);
- Requiring external assistance in regular administration of injectable drugs;
- With special schooling, accommodation or employment needs;
- Requiring assistance of one or more persons in daily living activities such as:
 - With physical disability (amputees, paralyzed, cerebral palsies, etc...)
 - Severely impaired vision, communication or hearing;
- With significant mental illnesses and/or developmental delays.

The SMC form should be filled at completion of the initial health assessment and attached to other medical forms sent to the resettlement authorities of the receiving country. It is the policy of IOM to ensure these forms are recalled and properly updated in case of significant health changes revealed prior to a refugee's departure.

N.B. While filling the form, please keep in mind that audience of this form is non-medical staff of the Resettlement Agencies.

Health Protocol

PRE-ENTRY HEALTH ASSESSMENTS FOR UK BOUND REFUGEES

Information Sheet

You are invited to take part in a health assessment. It is important for you to understand why the health assessment is being done, what it will involve and what its implications are. Please take time to read the following information carefully and ask if there is anything that is not clear or if you would like more information.

What is the purpose of the health assessment?

The United Kingdom (UK) government accepts refugees who are identified by the United Nations High Commissioner for Refugees (UNHCR). To travel to the UK, refugees need to undergo a pre-entry health assessment, undertaken by the International Organisation for Migration (IOM), which is carried out in the country where the refugee has sought protection.

The purpose of this health assessment is to identify health conditions for which treatment is required before travel to the UK. For other health conditions, once the refugee arrives in the UK, treatment is provided free of charge as part of National Health Service (NHS) conditions.

Having a disease, being pregnant, or having another health condition does not exclude a refugee from going to the UK. However, in some situations, this resettlement might have to be postponed for health reasons.

The objectives of the health assessment are as follows:

- To identify health conditions for which treatment is required before the individual travels to the UK, primarily for personal benefit, but also:
 - to ensure the individual is settled in a location that has appropriate facilities to meet their health and social needs;
 - for certain health conditions, such as tuberculosis, this might also contribute to the benefit of public health.
- To offer immunization, for the benefit of the individual and of society.
- To assess the refugees' fitness to travel to the UK and to their final destination within the UK.

What does the health assessment involve?

In this health assessment you will be interviewed and examined by health professionals (such as nurses and doctors), who are instructed to do the following:

- Perform a medical interview, in which you will be asked about your past and current physical and mental health, medications you are or have been on and history of your healthcare use (hospitalizations, surgeries, etc.).
- Perform a physical examination, which will be guided by the physician's discretion, and may include the measurement of blood pressure, body temperature, height and weight, among other assessments.
- The examination of external genitalia and female breasts shall be done only when there are clear clinical indications, following strict standards for intimate examinations, in a proper environment and in which privacy is safeguarded.
- Physical examination will include the assessment of mobility and ability to perform daily tasks independently.
- A urine test, which will assess the presence of blood, proteins and sugar in urine.
- If indicated, a chest x-ray, in order to assess the presence of tuberculosis of the lung.
- If necessary, a blood test, which will be guided by the physician's clinical judgement. This blood test is likely to include HIV, Hepatitis B, Hepatitis C and blood cell count, among others.

Depending on the results of this assessment, further medical examinations might be required (e.g., a psychiatrist evaluation). Treatment for specific health conditions and/or vaccination might also be required prior to your entry in the UK.

Do you have to take part?

No, you can refuse to undergo the health assessment procedure, treatment and vaccination. However, because the health assessment is a key part of the resettlement procedure, the UK Home Office has the right to determine what impact the withdrawing of consent may have on the resettlement process.

What are the possible disadvantages and risks of taking part?

This health assessment might detect an illness or a risk factor you are unaware of. In this instance, the physician will facilitate your access to treatment, but is under no obligation to perform it him/herself.

If you are diagnosed with a disease of public health importance, of which the country you are currently in requires to be notified, the physician will need to notify the relevant health authorities about your disease.

You will not be excluded from the UK because of health issues. However, in some circumstances, such as having tuberculosis of the lung, your travel to the UK might need to be postponed.

What if you are pregnant?

It is highly advisable that you tell your doctor that you are, or may be pregnant. This is important because some parts of the health assessment may carry a risk to the unborn baby and/or to pregnant women's health. If your doctor knows that you are pregnant, he/she will assess your health and the health of the unborn baby appropriately and will inform you of any risky procedures.

You may be offered some medication against malaria and/or worms. These medications may pose a risk to an unborn baby, if you are pregnant. Please make sure your doctor knows if you are, or might be, pregnant before you take this medication.

You might be asked to do a chest X-ray to ensure you do not have tuberculosis of the lung. During pregnancy X-rays carry a small risk of radiation to the unborn baby, particularly in the first trimester. It is not recommended to take a chest X-ray during the first trimester. Pregnant women will have alternative options to this. Please make sure your doctor knows if you are, or might be, pregnant before you do a chest X-ray.

Who will have access to the information from this health assessment?

The results of this health assessment, including personal information, health records and test results, will be shared with UK health and social care providers, who will be involved in your resettlement process. This will help them better prepare for your arrival, ensuring that you will receive appropriate health and social support. The examination findings and results will be shared with the UK Home Office Authorities.

Date of Request for this form: _____

Case No.: VPR

Name: _____

IMM. No.: _____

ACTIVITIES OF DAILY LIVING (ADL)

1. Self Care	Intact (1)*	Limited (2)*	Helper (3)*	Unable (4)*
	<i>(Note performance without help)</i>		<i>(Note degree of assistance)</i>	
	With ease, no devices, no prior preparation.	With difficulty, or with device, or prior preparation	Some help	Totally dependent
Preparing a meal				
Feeding/ Drinking				
Managing medication				
Dress Upper Body				
Dress Lower Body				
Don Braces/ Prosthesis				
Grooming				
Wash/ Bathe				
Cleaning perineum (at toilet)				
2. Sphincters Control	Complete	Complete with Urgency	Occasional Accidents	Frequent Accidents
	<i>(Note control without help)</i>		<i>(Note frequency of accidents)</i>	
	Complete, voluntary	Control, but with urgency, or use of catheter, appliance.	Occasionally some help needed.	Frequent or often wet/ soiled.
Bladder Control				
Bowel Control				
3. Mobility/ Locomotion	Intact (1)*	Limited (2)*	Helper (3)*	Unable (4)*
	<i>(Note performance without help)</i>		<i>(Note degree of assistance)</i>	
	With ease, no devices, no prior preparation	With difficulty, or with device, or prior preparation	Some help needed	Totally dependent
Able to stand				
Transfer to bed/ chair/ wheelchair /toilet				
Transfer to bath/ shower				
Transfer to car				
Walk 50 metres – Level				
Stairs, Up/ Down 1 Floor				
Walk 50 metres (indoors or outdoors)				
Cognitive/ mental capacity to go outdoors.				
Wheelchair 50 metres				
4. Communication/ Engaging with other people.	Intact	Limited	Helper	Unable
Expression/ speaking				
Social Cognition				
Social Interaction				
Memory				
Ability to learn/ mental capacity.				
Visual capacity				
Hearing				
To be completed for children aged under 16 only:				
Based on the child's disability or health condition, what additional needs does this child have compared to an average child of the same age?				

Current Residence		
R – Own Home	£ - Relative's Home	£ - Other's (Specify)
£ - Personal Care Home	£ - Hospital	
Current Care Giver		
Name (Firstname Lastname):		
Relationship to Patient:		Assistance to continue post arrival:
Remarks		

Annex 7: The Alcohol Use Disorders Identification Test (AUDIT)

- Interview version (Figure 7a), self-report version (Figure 7b) and drink equivalents (Figure 7c).
- For further guidance on this tool please refer to Babor, T. F., Higgins-Biddle, J. C., Saunders, J. B., & Monteiro, M. G. The Alcohol Use Disorders Identification Test (AUDIT): Guidelines for use in primary care. WHO, 2001. Second edition. Available from:
http://apps.who.int/iris/bitstream/10665/67205/1/WHO_MS_D_MSB_01.6a.pdf.

The Alcohol Use Disorders Identification Test: Interview Version

Read questions as written. Record answers carefully. Begin the AUDIT by saying "Now I am going to ask you some questions about your use of alcoholic beverages during this past year." Explain what is meant by "alcoholic beverages" by using local examples of beer, wine, vodka, etc. Code answers in terms of "standard drinks". Place the correct answer number in the box at the right.

1. How often do you have a drink containing alcohol?
(0) Never [Skip to Qs 9-10]
(1) Monthly or less
(2) 2 to 4 times a month
(3) 2 to 3 times a week
(4) 4 or more times a week

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
(0) Never
(1) Less than monthly
(2) Monthly
(3) Weekly
(4) Daily or almost daily

2. How many drinks containing alcohol do you have on a typical day when you are drinking?
(0) 1 or 2
(1) 3 or 4
(2) 5 or 6
(3) 7, 8, or 9
(4) 10 or more

7. How often during the last year have you had a feeling of guilt or remorse after drinking?
(0) Never
(1) Less than monthly
(2) Monthly
(3) Weekly
(4) Daily or almost daily

3. How often do you have six or more drinks on one occasion?
(0) Never
(1) Less than monthly
(2) Monthly
(3) Weekly
(4) Daily or almost daily
Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
(0) Never
(1) Less than monthly
(2) Monthly
(3) Weekly
(4) Daily or almost daily

4. How often during the last year have you found that you were not able to stop drinking once you had started?
(0) Never
(1) Less than monthly
(2) Monthly
(3) Weekly
(4) Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?
(0) No
(2) Yes, but not in the last year
(4) Yes, during the last year

5. How often during the last year have you failed to do what was normally expected from you because of drinking?
(0) Never
(1) Less than monthly
(2) Monthly
(3) Weekly
(4) Daily or almost daily





10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?
(0) No
(2) Yes, but not in the last year
(4) Yes, during the last year

If total is greater than recommended cut-off, consult User's Manual.

The Alcohol Use Disorders Identification Test: Self-Report Version

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest. Place an X in one box that best describes your answer to each question.

Questions	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
					Total	

STANDARD DRINK EQUIVALENTS	APPROXIMATE NUMBER OF STANDARD DRINKS IN:
BEER or COOLER	
<p>12 oz.</p>  <p>~5% alcohol</p>	<p>12 oz. = 1 16 oz. = 1.3 22 oz. = 2 40 oz. = 3.3</p>
MALT LIQUOR	
<p>8-9 oz.</p>  <p>~7% alcohol</p>	<p>12 oz. = 1.5 16 oz. = 2 22 oz. = 2.5 40 oz. = 4.5</p>
TABLE WINE	
<p>5 oz.</p>  <p>~12% alcohol</p>	<p>a 750 mL (25 oz.) bottle = 5</p>
80-proof SPIRITS (hard liquor)	
<p>1.5 oz.</p>  <p>~40% alcohol</p>	<p>a mixed drink = 1 or more* a pint (16 oz.) = 11 a fifth (25 oz.) = 17 1.75 L (59 oz.) = 39</p> <p>*Note: Depending on factors such as the type of spirits and the recipe, one mixed drink can contain from one to three or more standard drinks.</p>

http://pubs.niaaa.nih.gov/publications/Practitioner/pocketguide/pocket_guide2.htm

Annex 8: The Drug Use Disorders Identification Test (DUDIT)

- Figure 8a: Drug use disorders identification test
- Figure 8b: List of drugs
- Figure 8c: Quick scoring guide for DUDIT
- For further guidance on application and interpretation of the test please refer to: Berman, A. H., Bergman, H., Palmstierna, T., & Schlyter, F. Drug Use Disorders Identification Test Manual. 2003. Available from: <http://www.paihdelinkki.fi/sites/default/files/duditmanual.pdf>.
- For versions of the test in other languages please refer to: Berman, A. H., Bergman, H., Palmstierna, T., & Schlyter, F. Drug Use Disorders Identification Test – DUDIT, 2005. Available from: <http://www.emcdda.europa.eu/best-practice/eib/dudit>.

Id. nr.

DUDIT Drug Use Disorders Identification Test

Here are a few questions about drugs. Please answer as correctly and honestly as possible by indicating which answer is right for you.

<input type="checkbox"/> Man	<input type="checkbox"/> Woman	Age	<input type="text"/>		
1. How often do you use drugs other than alcohol? (See list of drugs on back side.)	Never <input type="checkbox"/>	Once a month or less often <input type="checkbox"/>	2-4 times a month <input type="checkbox"/>	2-3 times a week <input type="checkbox"/>	4 times a week or more often <input type="checkbox"/>
2. Do you use more than one type of drug on the same occasion?	Never <input type="checkbox"/>	Once a month or less often <input type="checkbox"/>	2-4 times a month <input type="checkbox"/>	2-3 times a week <input type="checkbox"/>	4 times a week or more often <input type="checkbox"/>
3. How many times do you take drugs on a typical day when you use drugs?	0 <input type="checkbox"/>	1-2 <input type="checkbox"/>	3-4 <input type="checkbox"/>	5-6 <input type="checkbox"/>	7 or more <input type="checkbox"/>
4. How often are you influenced heavily by drugs?	Never <input type="checkbox"/>	Less often than once a month <input type="checkbox"/>	Every month <input type="checkbox"/>	Every week <input type="checkbox"/>	Daily or almost every day <input type="checkbox"/>
5. Over the past year, have you felt that your longing for drugs was so strong that you could not resist it?	Never <input type="checkbox"/>	Less often than once a month <input type="checkbox"/>	Every month <input type="checkbox"/>	Every week <input type="checkbox"/>	Daily or almost every day <input type="checkbox"/>
6. Has it happened, over the past year, that you have not been able to stop taking drugs once you started?	Never <input type="checkbox"/>	Less often than once a month <input type="checkbox"/>	Every month <input type="checkbox"/>	Every week <input type="checkbox"/>	Daily or almost every day <input type="checkbox"/>
7. How often over the past year have you taken drugs and then neglected to do something you should have done?	Never <input type="checkbox"/>	Less often than once a month <input type="checkbox"/>	Every month <input type="checkbox"/>	Every week <input type="checkbox"/>	Daily or almost every day <input type="checkbox"/>
8. How often over the past year have you needed to take a drug the morning after heavy drug use the day before?	Never <input type="checkbox"/>	Less often than once a month <input type="checkbox"/>	Every month <input type="checkbox"/>	Every week <input type="checkbox"/>	Daily or almost every day <input type="checkbox"/>
9. How often over the past year have you had guilt feelings or a bad conscience because you used drugs?	Never <input type="checkbox"/>	Less often than once a month <input type="checkbox"/>	Every month <input type="checkbox"/>	Every week <input type="checkbox"/>	Daily or almost every day <input type="checkbox"/>
10. Have you or anyone else been hurt (mentally or physically) because you used drugs?	No <input type="checkbox"/>	Yes, but not over the past year <input type="checkbox"/>	Yes, over the past year <input type="checkbox"/>		
11. Has a relative or a friend, a doctor or a nurse, or anyone else, been worried about your drug use or said to you that you should stop using drugs?	No <input type="checkbox"/>	Yes, but not over the past year <input type="checkbox"/>	Yes, over the past year <input type="checkbox"/>		

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Turn the page to see the list of drugs

LIST OF DRUGS

(Note! Not alcohol!)

Cannabis	Amphetamines	Cocaine	Opiates	Hallucinogens	Solvents/inhalants	GHB and others
Marijuana	Methamphetamine	Crack	Smoked heroin	Ecstasy	Thinner	GHB
Hash	Phenmetraline	Freebase	Heroin	LSD (Lisergic acid)	Trichlorethylene	Anabolic steroids
Hash oil	Khat	Coca	Opium	Mescaline	Gasoline/petrol	Laughing gas
	Betel nut	leaves		Peyote	Gas	(Halothane)
	Ritaline			PCP, angel dust	Solution	Amyl nitrate
	(Methylphenidate)			(Phencyclidine)	Glue	(Poppers)
				Psilocybin		Anticholinergic
				DMT		compounds
				(Dimethyltryptamine)		

PILLS – MEDICINES

Pills count as drugs when you take

- more of them or take them more often than the doctor has prescribed for you
- pills because you want to have fun, feel good, get "high", or wonder what sort of effect they have on you
- pills that you have received from a relative or a friend
- pills that you have bought on the "black market" or stolen

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SLEEPING PILLS/SEDATIVES

Alprazolam	Glutethimide	Rohypnol
Amobarbital	Halcion	Secobarbital
Apodorm	Heminevrin	Sobril
Apozepam	Iktorivil	Sonata
Aprobarbital	Imovane	Stesolid
Butabarbital	Mephobarbital	Stilnoct
Butalbital	Meprobamate	Talbutal
Chloral hydrate	Methaqualone	Temesta
Diazepam	Methohexital	Thiamyl
Dormicum	Mogadon	Thiopental
Ethchlorvynol	Nitrazepam	Triazolam
Fenemal	Oxascand	Xanor
Flunitrazepam	Pentobarbital	Zopiklon
Fluscand	Phenobarbital	

PAINKILLERS

Actiq	Durogesic	OxyNorm
Coccilana-Etyfin	Fentanyl	Panocod
Citodon	Ketodur	Panocod forte
Citodon forte	Ketogan	Paraflex comp
Dexodon	Kodein	Somadril
Depolan	Maxidon	Spasmofen
Dexofen	Metadon	Subutex
Dilaudid	Morfin	Temgesic
Distalgesic	Nobligan	Tiparol
Dolcontin	Norflex	Tradolan
Doleron	Norgesic	Tramadul
Dolotard	Opidol	Treo comp
Doloxene	OxyContin	

Pills do NOT count as drugs if they have been prescribed by a doctor and you take them in the prescribed dosage.

Quick scoring guide for the DUDIT

For items 1-9 the responses are coded 0, 1, 2, 3 or 4. Items 10 and 11 are coded 0, 2 or 4. Sum up all the points for the 11 items. The maximum score is 44.

A male client with 6 points or more probably has drug-related problems, i.e., risky or harmful drug habits that might be diagnosed as substance abuse/harmful use or dependence. A female client with 2 points or more probably has drug-related problems. (These numbers are preliminary but can be used as guidelines until more data are available.)

A client with 25 points or more is probably heavily dependent on drugs.



Annex 9: The Rowland Universal Dementia Assessment Scale

- Storey, J. E., Rowland, J. T., Conforti, D. A., & Dickson, H. G. (2004). The Rowland universal dementia assessment scale (RUDAS): a multicultural cognitive assessment scale. *International Psychogeriatrics*, 16(01), 13-31.
- For administration and scoring guidance and other test in other languages please refer to: <https://fightdementia.org.au/about-dementia/resources/culturally-appropriate-dementia-assessment-tools/rudas>

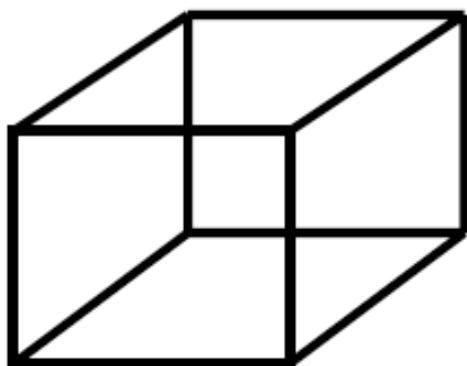
R U D A S

The Rowland Universal Dementia Assessment Scale: A Multicultural Cognitive Assessment Scale.
(Storey, Rowland, Basic, Conforti & Dickson, 2004). *International Psychogeriatrics*, 16 (1), 13-31

Date: ___/___/___ Patient Name: _____

Item		Max Score
<p>Memory</p> <p>1. (Instructions) I want you to imagine that we are going shopping. Here is a list of grocery items. I would like you to remember the following items which we need to get from the shop. When we get to the shop in about 5 mins. time I will ask you what it is that we have to buy. You must remember the list for me. Tea, Cooking Oil, Eggs, Soap Please repeat this list for me (ask person to repeat the list 3 times). (If person did not repeat all four words, repeat the list until the person has learned them and can repeat them, or, up to a maximum of five times.)</p>		
<p>Visuospatial Orientation</p> <p>2. I am going to ask you to identify/show me different parts of the body. (Correct = 1). Once the person correctly answers 5 parts of this question, do not continue as the maximum score is 5.</p> <p>(1) show me your right foot1 (2) show me your left hand1 (3) with your right hand touch your left shoulder1 (4) with your left hand touch your right ear1 (5) which is (indicate/point to) my left knee1 (6) which is (indicate/point to) my right elbow1 (7) with your right hand indicate/point to my left eye1 (8) with your left hand indicate/point to my left foot1</p>5	
<p>Praxis</p> <p>3. I am going to show you an action/exercise with my hands. I want you to watch me and copy what I do. Copy me when I do this ... (One hand in fist, the other palm down on table - alternate simultaneously.) Now do it with me: Now I would like you to keep doing this action at this pace until I tell you to stop - approximately 10 seconds. (Demonstrate at moderate walking pace).</p> <p>Score as: <i>Normal</i> = 2 (very few if any errors; self-corrected, progressively better; good maintenance; only very slight lack of synchrony between hands) <i>Partially Adequate</i> = 1 (noticeable errors with some attempt to self-correct; some attempt at maintenance; poor synchrony) <i>Failed</i> = 0 (cannot do the task; no maintenance; no attempt whatsoever)</p>	2
<p>Visuoconstructional Drawing</p> <p>4. Please draw this picture exactly as it looks to you (Show cube on back of page). (Yes = 1)</p> <p>Score as: (1) Has person drawn a picture based on a square?1 (2) Do all internal lines appear in person's drawing?1</p> <div style="text-align: center;">  </div> <p>(3) Do all external lines appear in person's drawing?1</p> <div style="text-align: center;">  </div>	3
<p>Judgment</p> <p>5. You are standing on the side of a busy street. There is no pedestrian crossing and no traffic lights. Tell me what you would do to get across to the other side of the road safely. (If person gives incomplete response that does not address both parts of answer, use prompt: "Is there anything else you would do?") Record exactly what patient says and circle all parts of response which were prompted.</p> <p>.....</p> <p>.....</p> <p>Score as: Did person indicate that they would look for traffic? (YES = 2; YES PROMPTED = 1; NO = 0)2 Did person make any additional safety proposals? (YES = 2; YES PROMPTED = 1; NO = 0)2</p>	4

<p>Memory Recall 1. (Recall) We have just arrived at the shop. Can you remember the list of groceries we need to buy? (Prompt: If person cannot recall any of the list, say "The first one was 'tea'." (Score 2 points each for any item recalled which was not prompted – use only 'tea' as a prompt.)</p> <p style="text-align: right;">Tea2 Cooking Oil2 Eggs2 Soap2</p> <p>Language 6. I am going to time you for one minute. In that one minute, I would like you to tell me the names of as many different animals as you can. We'll see how many different animals you can name in one minute. (Repeat instructions if necessary). Maximum score for this item is 8. If person names 8 new animals in less than one minute there is no need to continue.</p> <p>1. 5. 2. 6. 3. 7. 4. 8.</p>		
<p>TOTAL SCORE =</p>		<p>...../8 /30</p>



Annex 10: Chart of Early Childhood Development

- Taken from: Canadian Immigration Medical Examination Instructions, IMM 5738, “Developmental milestones, Chart of early childhood development”, September 2012, available from: http://www.cic.gc.ca/english/department/partner/pp/pdf/IMEI_Developmental_milestones_CEC_D.pdf.



CHART OF EARLY CHILDHOOD DEVELOPMENT (CECD)

CLIENT

Family name		Given name(s)	
Date of birth (YYYY-MM-DD)	IME no.	UMI no. (if applicable)	

EXAMINER

Information provided by the client's parents/caregiver indicates that the client has a developmental age of: <input type="text"/> (alpha/numeric data)	Outcome - Examination Indicated client's developmental age is: <input type="text"/> (alpha/numeric data)	
Do you have any additional comments you wish to make?		
Examiner's name	Examiner's signature	Date (YYYY-MM-DD)

1 - 2 MONTHS OF AGE

ACTIVITIES TO BE OBSERVED ON EXAM	ACTIVITIES RELATED BY PARENTS OR CAREGIVER
Holds head erect and lifts head	Recognizes parents
Regards faces and follows objects through visual field	Engages in vocalizations
Becomes alert in response to voice	Smiles spontaneously

3 - 5 MONTHS OF AGE

ACTIVITIES TO BE OBSERVED ON EXAM	ACTIVITIES RELATED BY PARENTS OR CAREGIVER
Grasps cube - first ulnar then later thumb opposition	Laughs
Reaches for and brings objects to mouth	Anticipates food on site
Plays at making sounds	Turns from back to side
Sits with support	

6 - 8 MONTHS OF AGE

ACTIVITIES TO BE OBSERVED ON EXAM	ACTIVITIES RELATED BY PARENTS OR CAREGIVER
Sits alone for a short period	Rolls from back to stomach
Reaches with one hand	Is inhibited by the word "NO"
First scoops up a small object then grasps it using thumb opposition	
Imitates "bye-bye" and babbles	
Passes object from hand to hand in midline	

9 - 11 MONTHS OF AGE

ACTIVITIES TO BE OBSERVED ON EXAM	ACTIVITIES RELATED BY PARENTS OR CAREGIVER
Stands holding on	Walks by supporting self on furniture
Imitates pat-a-cake and peek-a-boo	Follows one-step commands e.g., "Come here" or "Give it to me"
Uses thumb and index finger to pick up small object	

1 YEAR OF AGE

ACTIVITIES TO BE OBSERVED ON EXAM	ACTIVITIES RELATED BY PARENTS OR CAREGIVER
Walks independently	Points to desired object
Says "mama" and "dada" with meaning	Says 1 or 2 words
Can use a neat pincer grasp to pick up a small object	
Releases cube into cup after demonstration	
Gives toy on request	

18 MONTHS OF AGE

ACTIVITIES TO BE OBSERVED ON EXAM	ACTIVITIES RELATED BY PARENTS OR CAREGIVER
Builds tower of 3-4 cubes	Walks up and down stairs
Throws ball	Says 4-20 words
Scribbles spontaneously	Understands a two-step command
Seats self in chair	Carries and hugs doll
Dumps small objects from bottle	Feeds self

24 MONTHS OF AGE

ACTIVITIES TO BE OBSERVED ON EXAM	ACTIVITIES RELATED BY PARENTS OR CAREGIVER
Speaks short phrases, 2 words or more	Verbalizes toilet needs
Builds tower of 6-7 cubes	Turns pages of book singly
Points to named objects or pictures	Plays with domestic mimicry
Stands on either foot alone and jumps off floor with both feet	Pulls on simple garment

30 MONTHS OF AGE

ACTIVITIES TO BE OBSERVED ON EXAM	ACTIVITIES RELATED BY PARENTS OR CAREGIVER
Walks backward and begins to hop on one foot	Helps put things away
Holds crayon in fist - Copies a crude circle	Puts on clothing
Points to objects described by use	Carries on a conversation
Refers to self as " I "	

3 YEARS OF AGE

ACTIVITIES TO BE OBSERVED ON EXAM	ACTIVITIES RELATED BY PARENTS OR CAREGIVER
Holds crayon with fingers, copies circle	Dresses with supervision
Builds tower of 8 cubes and imitates 3-cube bridge	
Gives first and last name	

3 - 4 YEARS OF AGE

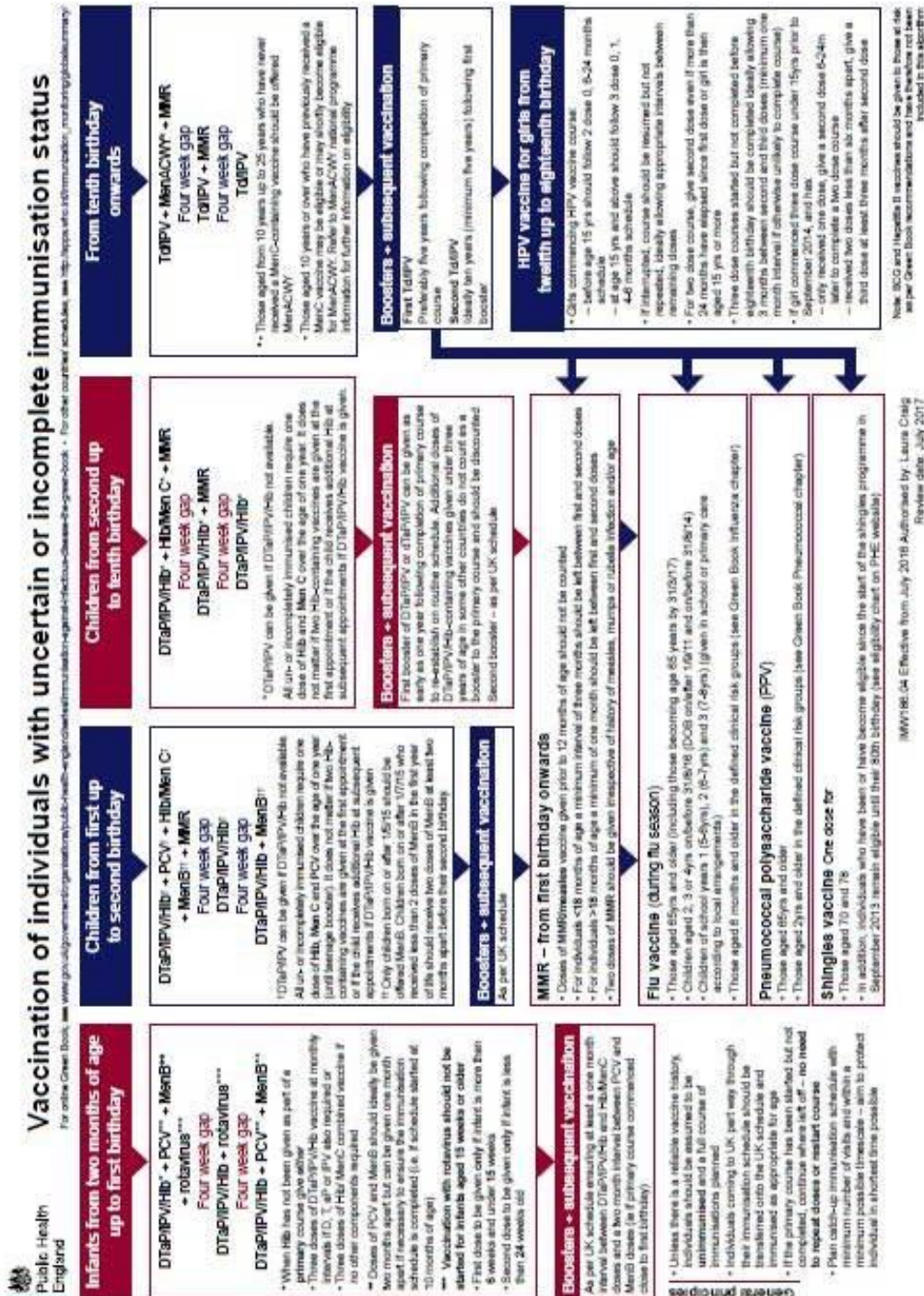
ACTIVITIES TO BE OBSERVED ON EXAM	ACTIVITIES RELATED BY PARENTS OR CAREGIVER
Climbs stairs with alternating feet	Feeds self at mealtime
Begins to button and unbutton	Takes off shoes and jacket
Responds to command to place toy in, on, or under table	
Knows own sex	
Gives full name	

4 - 5 YEARS OF AGE

ACTIVITIES TO BE OBSERVED ON EXAM	ACTIVITIES RELATED BY PARENTS OR CAREGIVER
Runs and turns without losing balance	Self-care at toilet
May stand on one leg for at least 10 seconds	Dresses self except for tying shoes
Buttons clothes	
Knows the days of the week	

Annex 11: Vaccination schedule for individuals with uncertain or incomplete immunisation status

- From <https://www.gov.uk/government/publications/vaccination-of-individuals-with-uncertain-or-incomplete-immunisation-status>
- Effective July 2016; review date July 2017



Sexual health and HIV screening protocol

The following technical instructions for the screening of HIV and syphilis have been maintained from the 2015 protocol and reflect the current operational and policy position of the UK Home Office. Universal HIV and Syphilis testing does not necessarily reflect the recommendations of UK public health experts consulted in the revision of the health assessment protocol. Discussions are ongoing to update these instructions in line with current public health policy.

Syphilis testing [2015 protocol]

- Current Home Office policy is to recommend Syphilis testing for all applicants aged 15 years and older.
- The testing algorithm (figure 2) includes the primary non-specific screening test (Rapid Plasma Reagen [RPR], or Venereal Disease Research Laboratory [VDRL] test).
- When the initial screening test is negative, the test result is reported as negative.
- Positive screening tests should be confirmed with a different treponemal (specific) test, such as the TP Haemagglutination Assay, the Abbott Determine TP test (rapid test) or equivalent.
- When the confirmatory specific test is negative, the test result is reported as negative.
- When the confirmatory specific test is positive, the test result is reported as positive.
- The recommended first line treatment for persons in all stages of syphilis is Penicillin G, administered parenterally. The preparation, dosage and length of treatment are determined according to clinical stage and manifestations of the disease.
- The full recommendations, including dosages, are given in detail in the [BASHH guidelines](#).
- For updates and changes to the treatment regimen, refer to [National Institute for Clinical Excellence \(NICE\) guidance](#). A [relevant guide](#) is published by the Centers for Disease Control and Prevention (CDC) - Atlanta.

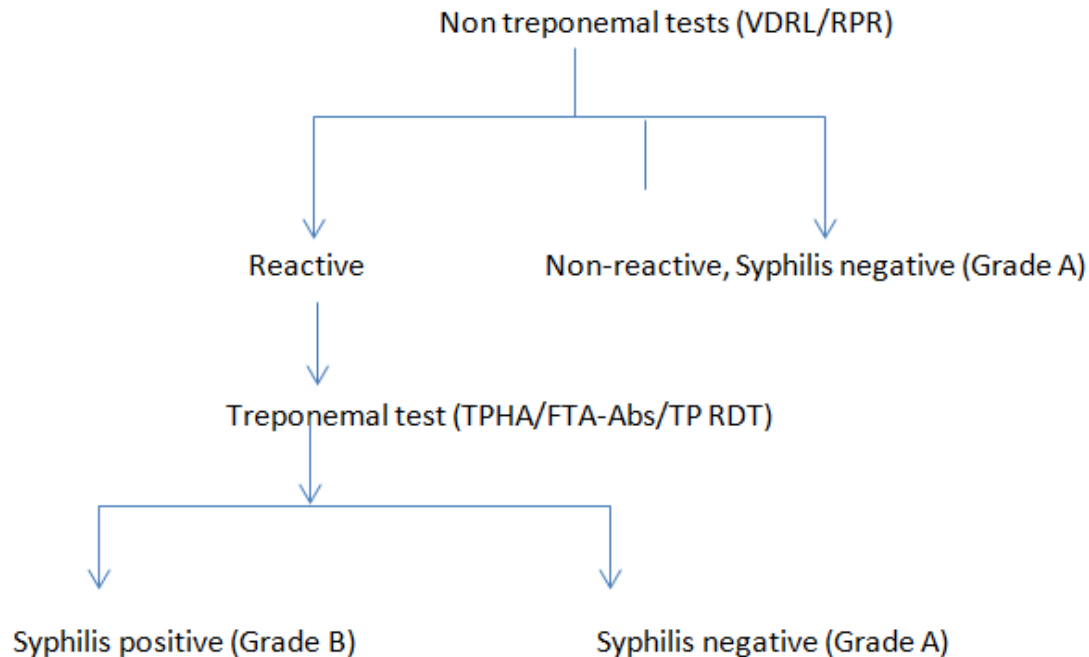
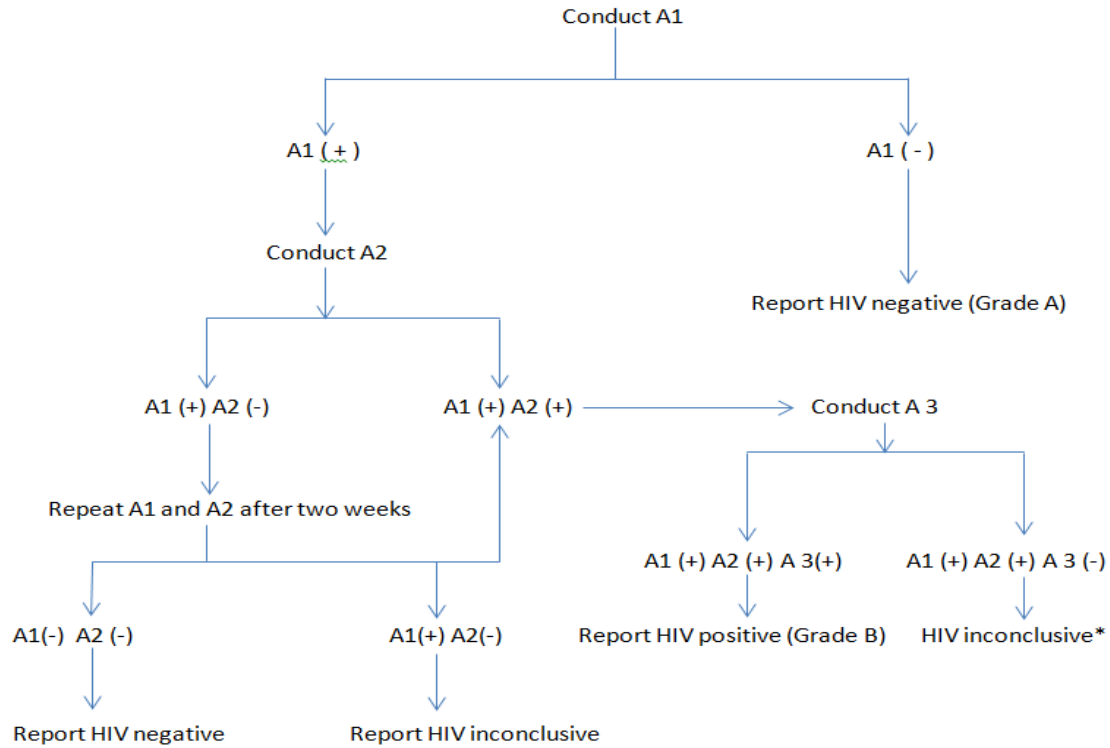


Figure 2 Syphilis testing algorithm

Human Immunodeficiency Virus (HIV) testing

- The current Home Office policy is that HIV testing is recommended for all applicants 15 years and older (and for all minors where indicated, including those who have an HIV positive mother, an HIV positive father while the mother is absent/ her HIV status in unknown, there is a history of blood transfusion considered unsafe, or there are clinical signs and symptoms of AIDS).
- The primary first line assay (A1 in figure 3) to be used is a fourth generation assay, such as the ELISA test or equivalent (EIA), which tests for HIV antibody and p24 antigen simultaneously. If it is negative, no further testing is required and the sample is reported as negative. If positive or indeterminate, a secondary test (A2 in figure 3) and a confirmatory test (A3 in figure 3) should be performed, on the same sample.
- The secondary test to be used is ELISA (different brand/ different manufacturer) or equivalent (EIA).
- The confirmatory test (third test; A3) to be used is Western-blot (WB), where and when available; or another ELISA test of different manufacturer, or a rapid test for HIV 1 and HIV 2 when WB testing is not available.
- In case of non-availability of ELISA and WB, a set of three different WHO approved rapid tests for both HIV 1 and HIV 2 can be used, in accordance with the country of screening regulations and accepted HIV testing protocol.
- Equivocal or indeterminate results are to be re-tested after two weeks.
- Confirmation of an HIV diagnosis should prompt the physician to consider screening for other STIs, such as chlamydia or syphilis.

- Testing recommendations are set out in the [UK National Guidelines for HIV Testing 2008](#), from the British HIV Association (BHIVA), the British Association of Sexual Health and HIV (BASHH) and the British Infection Society (BIS).



* If the result remains inconclusive following the initial and confirmatory tests, it can be repeated 2 weeks later.

Figure 3 HIV testing algorithm (WHO HIV testing strategy in low prevalence setting), where A1 = primary first line assay; A2 = secondary assay; A3 = confirmatory or third assay; - = negative test result; + = positive test result.

Annex 13: Vaccination card – currently used by IOM as the existing pre-service provider



IOM . OIM

Website: <http://www.iom.int>

MIGRATION HEALTH ASSESSMENT CENTER
(MHAC)
VACCINATION CARD

Name:

Date of birth:

Case number: HAP ID:

Gender: AGE:

The above named has received the following (ticked/dated) Vaccinations in our health facility.

Any known allergy: Yes No If yes give details: _____

Vaccines	Date Administered	Batch/Lot Number	Expiry Date	Signature	Date Administered	Batch/Lot Number	Expiry Date	Signature	Date Administered	Batch/Lot Number	Expiry Date	Signature
<input type="checkbox"/> Hepatitis A												
<input checked="" type="checkbox"/> Hepatitis B												
<input type="checkbox"/> HIB												
<input type="checkbox"/> Td-IPV (Dultavax)												
<input type="checkbox"/> Td												
<input type="checkbox"/> Dtap-IPV (Tetraxim)												
<input type="checkbox"/> Dtap-IPV-HIB (Pentaxim)												
<input type="checkbox"/> Pentavalent (DTP-HepB-HIB)												
<input checked="" type="checkbox"/> MMR 1 2												
<input checked="" type="checkbox"/> Varicella 2												
<input type="checkbox"/> Pneumo 23 (PPV)												
<input type="checkbox"/> Prevenar-13 (PCV)												

Annex 14: Accommodation / Mobility summary form


**Migration Health Assessment
UK ACCOMMODATION/MOBILITY
SUMMARY FORM**

International Organization for Migration (IOM)
The UN Migration Agency

Form MH09

Seq.# = HA/PDMS sequence number, i.e HA1=1, HA2=2 etc.

A1	1 st Ref No.:
A2	Linked Cases:
A3	IOM Individual No.:
A4	Passport No.:

Biographic Information			
A5	Name:	(Family Name)	A8 Sex: F <input type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/>
		(First Name) (Middle Name)	A9 Gender: F <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> MT <input type="checkbox"/> FT <input type="checkbox"/> U <input type="checkbox"/>
A6	Nationality:		A10 Date of Birth:
A7	Language(s):		A11 Age:

F = Female, M = Male, I = Indeterminate, N = Non-conforming, MT = Transgender Female, FT = Transgender Male, U = Unknown

Panel Details		Health Assessment (HA) Details	
A12	Physician:	A15	Exam Date:
A13	Panel Site Name:	A16	Functional HA <input type="checkbox"/> Seq # <input type="checkbox"/>
A14	Country		Area: PDMS <input type="checkbox"/>
Complexities <i>Short summary of applicant's complexities (Medical, mobility, psychological, special educational/workplace needs)</i>			
17	Details:		
18	Recommendations:		

Accommodations Requirements		Yes	No	Details
Wheelchair Accessible Property		<input type="checkbox"/>	<input type="checkbox"/>	
19	Does applicant have own wheelchair? If yes, do they intend to take it with them? Please provide dimensions – length, width, depth. Condition of the wheelchair?	<input type="checkbox"/>	<input type="checkbox"/>	
20	Is adapted housing required for indoor use of a wheelchair?	<input type="checkbox"/>	<input type="checkbox"/>	
Accommodations without stairs		<input type="checkbox"/>	<input type="checkbox"/>	
21	How many stairs can be climbed?			
Property adaptations ¹				
• Low level adaptation				
22	Grab rails	<input type="checkbox"/>	<input type="checkbox"/>	
23	Wall to floor rails (outdoor)	<input type="checkbox"/>	<input type="checkbox"/>	
24	Property adaptations due to visual or hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>	
• Low level equipment				
25	Bath lift/bathing equipment	<input type="checkbox"/>	<input type="checkbox"/>	
26	Shower chair	<input type="checkbox"/>	<input type="checkbox"/>	
27	Commode	<input type="checkbox"/>	<input type="checkbox"/>	
28	Portable ramp (outdoor access)	<input type="checkbox"/>	<input type="checkbox"/>	
• Medium adaptation				
29	Stair lift	<input type="checkbox"/>	<input type="checkbox"/>	
30	Level access shower	<input type="checkbox"/>	<input type="checkbox"/>	
31	Ground floor toilet	<input type="checkbox"/>	<input type="checkbox"/>	
• Large adaptation				
32	Ground floor bathing facilities, e.g. bath or shower	<input type="checkbox"/>	<input type="checkbox"/>	
33	Ground floor bedroom	<input type="checkbox"/>	<input type="checkbox"/>	
34	Through floor lift	<input type="checkbox"/>	<input type="checkbox"/>	
35	Step lift (outdoor access)	<input type="checkbox"/>	<input type="checkbox"/>	

1 Property already has adaptations in place or can be adapted.

36	Housing Needs Classification² (Mark one box only and provide pertinent details.)	Details	
<input type="checkbox"/> Universal/Standard property (low level adaptation) <input type="checkbox"/> Targeted/Equipment or Medium adaptation <input type="checkbox"/> Specialist/ Large adaptation			

2 If more than one adaptation required, please tick the one with the most intensive level of adaptation.

Prognosis		Yes	No	Details
37	Can the medical condition/disability improve with treatment?	<input type="checkbox"/>	<input type="checkbox"/>	
38	Is the applicant's condition likely to deteriorate?	<input type="checkbox"/>	<input type="checkbox"/>	

39	Examining Physician's Signature and Date:
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