



International Organization for Migration (IOM)
The UN Migration Agency

Migration Health Assessment UK ACCOMMODATION/MOBILITY SUMMARY FORM

Form MH09

| | |
|----|--------------------------|
| 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 # __ |
| A14 | Country | | Area: PDMS <input type="checkbox"/> |

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

| Complexities | |
|---|------------------|
| Short summary of applicant's complexities (Medical, mobility, psychological, special educational/workplace needs) | |
| 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 Classification ² (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: |
|----|---|