International Organization for Migration (IOM)
The UN Migration Agency

Migration Health Assessment
UK ACCOMMODATION/MOBILITY SUMMARY FORM

Form MH09

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

Biographic Information			
A5	Name: *(Family Name)* *(First Name)* *(Middle Name)*	A8	Sex: F ☐ M ☐ I ☐
		A9	Gender: F ☐ M ☐ N ☐ MT ☐ FT ☐ U ☐
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 Area: HA ☐ PDMS ☐ Seq # ___
A14	Country		

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		☐	☐	
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?*	☐	☐	
20	*Is adapted housing required for indoor use of a wheelchair?*	☐	☐	
Accommodations without stairs		☐	☐	
21	*How many stairs can be climbed?*			
Property adaptations [1]				
• *Low level adaptation*				
22	*Grab rails*	☐	☐	
23	*Wall to floor rails (outdoor)*	☐	☐	
24	*Property adaptations due to visual or hearing impairment*	☐	☐	
• *Low level equipment*				
25	*Bath lift/bathing equipment*	☐	☐	
26	*Shower chair*	☐	☐	
27	*Commode*	☐	☐	
28	*Portable ramp (outdoor access)*	☐	☐	
• *Medium adaptation*				
29	*Stair lift*	☐	☐	
30	*Level access shower*	☐	☐	
31	*Ground floor toilet*	☐	☐	
• *Large adaptation*				
32	*Ground floor bathing facilities, e.g. bath or shower*	☐	☐	
33	*Ground floor bedroom*	☐	☐	
34	*Through floor lift*	☐	☐	
35	*Step lift (outdoor access)*	☐	☐	

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
	☐ Universal/Standard property (low level adaptation) ☐ Targeted/Equipment or Medium adaptation ☐ 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?	☐	☐	
38	Is the applicant's condition likely to deteriorate?	☐	☐	

39	Examining Physician's Signature and Date: