

Iowa Refugee or Immigrant Health Assessment

Please complete and return this form within 3 weeks to:

Iowa Refugee Health Program
Iowa Department of Public Health
Lucas State Office Building
Des Moines, IA 50319-0075
515 281-8810 FAX 515 281-4570

To order Tuberculosis medications: 515 281-8636
Blood Lead Testing: 1 800 972-2026

Updated
04/02

Due to the prevalence of certain health problems among refugees and immigrants, the U.S. Public Health Service and the Iowa Department of Public Health recommend that the procedures listed below be included in the initial health examination. Congress has also mandated that all individuals seeking Permanent Resident Alien status must have evidence of required immunizations (requirements listed on back).

Patricia Quinlisk, M.D.
State Epidemiologist and Medical Director

This part should be completed by sponsor.

Patient Family Name	Given Name	Middle Name	D.O.B.	Sex	
				M	F
Phone:		Address:			
Alien #:		Country of Birth:			
Local Sponsor: (Name, address, and phone)					

This part should be completed by physician. (PLEASE PRINT)

Physician:	Phone:
Address:	

LABORATORY AND SCREENING	DATE	RESULTS
1. Skin test for Tuberculosis – Mantoux method (5 tu intradermally).		mm of induration
2. P.A. Chest X-ray, if indicated, and to rule out active disease for all 10 mm skin test reactions.		
3. Hemoglobin/Hematocrit		
4. Stool test for Ova and Parasites		
5. Tests for Hepatitis B FEMALES ONLY: If HBsAg+, is patient pregnant? Yes ___ No ___		A. HBsAg B. anti-HBs C. anti-HBc
6. STD (VDRL/RPR)		FTA:
7. Hearing (gross check)		
8. Vision (gross check)		
9. Blood Lead test for children age < 6		___ Micrograms per deciliter Capillary ___ or Venous ___ (check one)

Has patient previously been prescribed and taken at least 6 months of tuberculosis medication? Yes ___ No ___
 If yes, list TB meds: _____ Date started: _____ Date completed: _____
 Is patient currently on tuberculosis medication? Yes ___ No ___
 If yes, list TB meds: _____ Date started: _____
 Was dental exam done? Yes ___ No ___ Are immunizations current? Yes ___ No ___
 List immunizations given to meet Permanent Resident Alien Medical Clearance: _____

Additional Information on Reverse Side

Tuberculosis Testing and Preventive Treatment

Since a positive reaction from BCG cannot be distinguished from natural infection, the skin test should be interpreted without regard to BCG vaccination, unless BCG was administered within the last two years.

If the chest x-ray rules out active disease, the following groups should be considered for preventive therapy:

1. Newly infected persons (recent converter) without disease;
2. HIV positive persons;
3. Positive tuberculin skin test reactors with special situations such as steroid therapy, diabetes, silicosis, gastrectomy;
4. Household members and other close contacts of infectious tuberculosis patients; and/or
5. Persons with fibrotic changes on chest x-ray consistent with old TB.

The Iowa Department of Public Health will provide anti-tuberculosis medication at no charge to the doctor's office or to the local public health agency for delivery to the patient. To obtain this service send or FAX a prescription to the address on front.

Requirements for routine vaccination of Adjustment of Status applicants who are not fully vaccinated (or have no documentation). All vaccines may be given at the same time in different sites of the body.

Vaccine	Age						
	Birth-1 mo	2-11 mo	12 mo-4 yr	5-6 yrs	7-17 yrs	18-64 yrs	65 yrs/older
DTP/DTaP, may include DT*	No	Yes (5 dose series)			No		
Td*	No				Yes (3 dose primary series with booster dose every ten years)		
Hib*	No	Yes (3 dose series or 1 dose after 15 mos)		No			
Polio; IPV*	No	Yes (4 dose series)			No		
Measles or MR or MMR*	No		Yes if born after 1956 (2 doses) (If dose given prior to 12 mos. of age, repeat dose)			No	
Mumps if MMR* not used	No		Yes if born after 1956 (1 dose)			No	
Rubella if MR or MMR* not used	No		Yes if born after 1956 (1 dose)			No	
Hepatitis B	Yes (3 dose series)				No		
Varicella	No		Yes (12 mos – 12 yrs requires one dose; 13 yrs or older two doses)				
Pneumococcal	No					Yes	
Influenza	No					Yes, annually, each fall (flu season)	

* DT = pediatric formulation diphtheria and tetanus toxoids, DTP = diphtheria and tetanus toxoids and pertussis vaccine, DTaP = diphtheria and tetanus toxoids and acellular pertussis vaccine, Td = adult formulation tetanus and diphtheria toxoids, IPV – inactivated polio vaccine, MR = combined measles and rubella vaccine, MMR = combined measles, mumps, rubella vaccine, Hib = Haemophilus influenzae type b conjugate vaccine.

Persons vaccinated to meet the adjustment status applications will meet Iowa's minimum requirement for entry into licensed day care and Iowa's requirement for school entry at kindergarten. You may call the Immunization Program, 1 800 831-6293, at the Department of Public Health to get a copy of childhood immunization schedule.

Immunization records from overseas may be obtained from the Iowa Refugee Health Program if not available from the refugee.

Hepatitis B Testing and Vaccination

Serologic testing for hepatitis may be done on specimens labeled "refugee testing" at no charge by the University Hygienic Laboratory. Please remember to submit patient's Medicaid number to the lab. The Advisory Committee on Immunization Practices (ACIP) of the Public Health Service has identified refugees/immigrants from certain countries as high risk for transmission of the hepatitis B virus. Refugees warranting special consideration for vaccination include newborns of HBsAg positive mothers and household contacts of hepatitis B virus carriers if the contacts are negative for both HBsAg and anti-HBc.

I agree to release the information to state and local public health agencies, the Bureau of Refugee Services, and other local voluntary resettlement agencies.

SIGNATURE _____ DATE: _____