



ናይ መጀመርታ ምርመራ ዕለት (ወ/ዕ/ዓ/ዓ/ዓ) Initial Screening Date (mm/dd/yyyy): _____
ናይ መጨረሻታ ምርመራ ዕለት (ወ/ዕ/ዓ/ዓ/ዓ) Final Screening Date (mm/dd/yyyy): _____

ናይ ስደተኛታት ናይ ምርመራ ጥዕና ጽግታ ሓሳብ
REFUGEE HEALTH ASSESSMENT SUMMARY- TIGRINYA

ጸብጻብ ህዝባዊ ሓበሬታ/ DEMOGRAPHICS

Table with 5 columns: Name (Last, Middle, First), Gender, Alien #, DOB, Address, Sponsor Name & Phone #, Case Manager Name & Phone #, Health Screening Agency, Resettlement Agency, Date of Arrival in US, Country of Birth, Screening Physician/Nurse.

ውጽኢታት ምርመራ/ ASSESSMENT FINDINGS

Diagnosis section with checkboxes for: Refugee Assessment Completed, Abnormal exam or history, Pregnancy, Stool/Serology tested positive for ova or parasites, Latent Tuberculosis Treatment, Tuberculosis, Other, Labs Ordered (Stool for O&P, Sputum, Chest X-ray, Immunization titers, Complete Blood Count, Blood Lead Level, Liver Function Test LFT, HIV Test, Hepatitis B Antigen, Syphilis, Gonorrhea/Chyamydia), Lab Results (Health Assessment Form Attached, Yes/No), Immunizations administered (MMR, Varicella, Hepatitis B, DTaP/Tdap/Td, influenza, Twinrix, Other).

ናብ ካልእ ኣካል ምትሕልፋፍ/ REFERRALS

Referrals section with checkboxes for: Dentist, WIC/Nutritionist, Optometrist, Primary Care Provider for further medical care, OB/GYM, LHD TB Program for further evaluation/start medication, LHD/other referral center, Specialist for, Other, None.

መድሃኒት/ MEDICATIONS

Medications section with checkboxes for: Medications prescribed? (Yes/No), Medications checked against MCO formulary? (Yes/No).

ቀጻሊ ስጉምቲ/ NEXT STEPS

Next Steps section with checkboxes for: Call number on insurance card to schedule appointment, Your next appointment is on (date/time) for (purpose), Call if you have any questions or concerns about your refugee health assessment, Take medication as directed, Recommend stool parasite follow-up per CDC guidelines, Give a copy of this form to your doctor or nurse.

መልእኽታት/ NOTES

Blank space for notes.