

**Table of Contents**  
**Nebraska Refugee Health Screening Program Core Screening**  
**Procedures for Refugees**

- I. Introduction ..... 1**
  - 1. Overseas Medical Examination ..... 2
  - 2. Domestic Health Exam ..... 2
  - 3. Nebraska Refugee Health Screening Process..... 4
- II. Eligibility of Refugees for Health Screening Program ..... 4**
  - 1. Treatment Priorities ..... 5
  - 2. Reimbursement Time Frame ..... 5
- III. Responsibilities for Refugee Screening Providers ..... 6**
- IV. Responsibilities of the State..... 9**
- V. Nebraska Refugee Health Assessment Guidelines..... 10**
  - Overseas Medical Document Review ..... 10
  - Instructions for Health Screening Form..... 11
  - Extended Lab Services..... 14
  - Core Health Screening ..... 15
  - Immunization Status ..... 16
  - Referrals..... 16
- VI. Attachments**
  - Attachment A- Nebraska Refugee Screening Billing Form  
(for arrivals within first 90 days) ..... 18
  - Attachment B-Quarterly Refugee Health Screening Site Quality  
Assurance ..... 19
  - Attachment C-Release of Information Form..... 21
  - Attachment D -Nebraska Refugee Health Assessment  
Screening Form ..... 23

# Nebraska Refugee Health Program

## NEBRASKA REFUGEE HEALTH SCREENING PROGRAM CORE SCREENING GUIDELINES FOR REFUGEES, ENTRANTS, VICTIMS OF TRAFFICKING AND ASYLEES

### I. INTRODUCTION

Under the Refugee Act, Section 412 (b)(5), the Office of Refugee Resettlement (ORR) is responsible for the provision of medical screening and initial medical treatment to all arriving refugees. In Nebraska, the refugee health screening process is administered by the Nebraska Department of Health and Human Services (Nebraska DHHS), Division of Children and Families and the Division of Public Health.

Nebraska DHHS has the authority to plan, develop programs, and make rules and regulations pertaining to refugee resettlement programs. The department has the responsibility to ensure that refugee medical screening will be made available to refugees in accordance with the regulations established by the federal Office of Refugee Resettlement (ORR), and the requirements detailed in ORR State Letter # 04-10 and 45 Code of Federal Regulation (CFR) Part 400.107. The Nebraska DHHS Division of Families and Children participate in a memorandum of understanding (MOU) with the Nebraska DHHS Division of Public Health, to enter, manage and evaluate the data from refugee health screening.

Health screening is the refugee's introduction to the U.S. health care system. It also represents an opportunity for referral to appropriate continuing care. Health education and patient information about local community health resources are made available in the native languages of refugees.

The refugee health screening program is designed to:

- Ensure follow-up of refugees with conditions identified during the overseas medical exam.
- Evaluate current health status and identify health problems not identified during, or developed subsequent to, the overseas exam (which may have been performed up to one year prior to departure for the U.S.)
- Ensure refugees are referred for follow-up to specialty and primary care, as indicated.
- Identify conditions with a potential to adversely impact effective resettlement.
- Initiate appropriate immunizations which includes childhood immunizations and immunizations required for all refugees to adjust status to become lawful permanent residents of the U.S.
- Provide orientation to the U.S. health care system, including education about the availability and appropriate utilization of health services.

Components to the U.S. Refugee Health Screening protocol include:

## **1. Overseas Visa Medical Examination**

Refugees resettling in the U.S. must receive an overseas visa medical examination prior to departure for the U.S. The overseas exam is the same for refugees worldwide. The components are specified by federal regulations. The purpose of the overseas exam is to identify refugees with medical conditions or psychological disorders that may be a danger to themselves or the general population, which, by law, would exclude them from entry into the U.S. Conditions identified during the overseas exam requiring follow up in the U.S. are designated Class A or Class B.

- A refugee with an excludable condition (Class A) must apply for a waiver to enter the U.S. A condition of the waiver generally includes assurance that necessary medical services will be provided following entry into the U.S.
- Class B conditions do not require a waiver, but do require follow-up medical care on arrival in the U.S.

The overseas exam only provides baseline medical information. It does not allow for supplemental testing for refugees arriving from areas of the world where certain diseases may be endemic or epidemic. Many refugees come from areas where disease control, diagnosis and treatment have been lacking and/or the health care system and public health infrastructure have been interrupted for several years. Because the overseas exam may be completed up to one year before departure, the refugee may develop a communicable disease or other health condition after examination, but before arriving in the U.S.

## **2. Domestic Health Screening**

The domestic refugee health screening differs significantly from the overseas exam. While the overseas examination is intended to identify medical conditions that will exclude an applicant from entering the U.S., the domestic health screening is designed to eliminate health-related barriers which may affect successful resettlement. Such screenings are also protective of the health of the U.S. population. The following are key points of information regarding this screening program:

- All newly arriving refugees are eligible for a federally funded Refugee Medical Assistance (RMA) health screening examination.
- The contractor needs to make the utmost effort to initiate the refugee health assessment within 90 days of entry into the U.S. in order for the refugee to access these no cost services and for the provider to be reimbursed by RMA funds through the Nebraska DHHS Refugee Health Program.
- Asylees and victims of human trafficking are also eligible for the refugee health screening when initiated within 90 days of their certification.

The health provider must be a licensed physician, hospital, community health center, county health department or clinic. The Nebraska DHHS Refugee Health Screening Program contracts with qualified local county and city health departments or other health care providers to provide refugees with health screening. There is a package rate of \$539 per completed health screening for the initial refugee health screening performed within 90 days of arrival.

#### *Vaccines*

- Vaccinations may be purchased in the first 90 days and utilized until the end of the vaccination series or within a year of the refugee's first arrival date in the U.S.

#### *Language Barriers*

- If the refugee does not speak English, all the services should be provided using qualified multilingual and multicultural medical interpreters.
- Since Nebraska does not license interpreters, the clinical site will make the judgment if an interpreter is qualified

Health screening services must be coordinated with reception and placement services provided by voluntary resettlement agencies (VOLAGs). VOLAGs are responsible for providing refugees with resettlement assistance upon their entry into the U.S. The assistance includes referral services, e.g., health, employment, and education. VOLAGs assist refugees in obtaining the initial health screening.

Providers involved in the initial screening of refugees should have an understanding of, and be sensitive to, the psychological trauma refugees may have experienced in the migration process. It is essential providers understand that refugees may have been subjected to multiple stressors before migrating, while in flight, and, in many cases, during a temporary resettlement period prior to their arrival in the U.S. Although these stressors may have a long-term negative impact on effective resettlement for some individuals, the treatment of mental health needs of refugees should not be the focus of the initial screening encounter. The initial screening process can, however, serve as an opportunity for providers to discuss with refugees the potential psychosocial difficulties they may experience during resettlement, and to refer refugees with identified mental health concerns to trained experts for evaluation and treatment.

**PLEASE NOTE:** Continuing long-term health care is not a part of the screening service.

## **Nebraska Refugee Health Process**

1. Refugees enter the U.S. through the Quarantine Station/Centers for Disease Control (CDC) and Prevention.  
↓
2. CDC notifies the Nebraska Department of Health and Human Services through the Electronic Disease Notification (EDN).  
↓
3. The Nebraska Refugee Health Program and Nebraska Tuberculosis (TB) Program receives notification electronically.  
↓
4. The Nebraska Refugee Health Program reviews and sends out the refugee health record to the health care provider.  
↓
5. If the refugee is classified with a TB Class B condition, the local health department is notified. If the refugee is classified with a Class A HIV status, the HIV surveillance program manager is notified.  
↓
6. Nebraska Department of Health and Human Services notifies the clinic working with the refugee resettlement agency to where the refugee is assigned.  
↓
7. Primary health care providers or local county health department clinic perform initial Nebraska Initial Refugee Health Assessment.  
↓
8. The primary health care clinic or local county health department submits completed assessment and reporting forms to Nebraska Department of Health and Human Services.  
↓
9. Nebraska Department of Health and Human Services reviews data on forms for quality assurance.  
↓
10. Nebraska Department of Health and Human Services submits TB follow up information to CDC via EDN.

## **II. ELIGIBILITY OF REFUGEES FOR HEALTH SCREENING PROGRAM**

The provider, in partnership with the referring VOLAG, will determine each individual's eligibility for services. To be eligible for a refugee health screening, proof is required in the form of documentation issued to an individual by the U.S. Citizenship and Immigration Services (USCIS). The documentation must establish one of the following statuses:

- a) Paroled as a refugee or asylee under section 212 (d) (5) of the Immigration and Nationality Act (INA).
- b) Admitted as a refugee under section 207 of the INA.
- c) Granted political asylum under section 208 of the INA.

- d) Granted parole status as a Cuban/Haitian Entrant, in accordance with the requirements in 45CFR Section 401.2.
- e) Certain Amerasians from Vietnam.

## **Treatment Priorities**

Priority is given to those persons with medical conditions identified during the overseas medical examination (Class A and B arrivals). These patients should receive health assessments as soon as possible, ideally within 30 days of entry. Providers should coordinate care of Class A and B conditions with local health departments.

The refugee health coordinator will notify the HIV Surveillance Program Manager or the TB Program Manager regarding refugees with incoming Class A or B conditions. *All reportable disease found during the initial refugee health assessment must be reported to the local health authority per Nebraska state statute.*

## **Reimbursement Time Frame**

- A. Providers will receive a package rate of \$539 for refugees screened within 90 days of entry into the U.S.
  - 1. The domestic health assessment should be initiated within 90 days of the refugee's entry into the U.S. (An asylee's entry date is the date the asylee is granted asylum in the U.S.)
  - 2. Send the completed assessment<sup>1</sup> (Attachment D) and billing form (Attachment A) to Nebraska DHHS on a monthly basis no later than 30 days following the month services were performed. Billing will occur monthly.
  - 3. The \$539 rate will be billed at 85% (\$458.15) once the physical exam has been completed within 90 days. This fee is contingent upon refugees being seen for the exam within 90 days of arrival to the U.S. The screening exam must be complete.
  - 4. To encourage the provider to follow through on immunizations, the remaining 15% (\$80.85) will be billed at a time of up to 6 months when immunizations are completed.
  - 5. If a patient is unable to be located, or reached to complete the series, please document this information in NESIIS. The options in NESIIS include "inactive," "moved out of state," and permanently inactive-deceased." If none of these selections are noted, payment will not be made for the remaining 15% (\$80.85).
  - 6. Utilize "The Vaccines for Children Program" for vaccinations for all children.

**\*\*\*Providers may not bill both Medicaid and the Refugee Health Program for the same services.\*\*\***

---

<sup>1</sup> Once the Assessment form is on NESIIS, the provider will send a list of refugees served in place of the assessment form.

The completed billing form (Attachment A) and health assessment screening form (Attachment D) are to be addressed to:

Nebraska Department of Health and Human Services  
Division of Public Health  
Refugee Services Program-Attn: Refugee Medical Coordinator  
301 Centennial Mall South  
P. O. Box 95026  
Lincoln, NE 68509-5026

### **III. RESPONSIBILITIES FOR REFUGEE HEALTH SCREENING PROVIDERS**

Refugee Health Screening Program providers ***must***:

1. Demonstrate clinical and staffing capacity as well as experience in providing health screenings, in accordance with established protocols.
2. Be a licensed health care provider, such as a physician, hospital, community health center, county health department or clinic. A nurse practitioner, physician assistant, public health or extended role nurse may conduct the exam, with maximal use of trained assistants. e.g., for blood pressure measurements, hearing or vision screening.
3. Coordinate health screening programs with reception and placement services provided by voluntary resettlement agencies (VOLAGs).
4. Comply with the Nebraska Refugee Health Assessment Guidelines.
5. Prescribe, refer, or supply appropriate medications for infectious diseases and other conditions identified during the health screening; provide immunizations indicated at the time of the health screening visit, per current recommendations of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC); and provide or refer for continuation of the required immunization series (series to include DPT/Td, IPV, HBV, MMR, Varicella, Influenza, and Pneumococcal immunizations). Varicella and Human Papilloma Quadrivalent vaccines will not be reimbursed for adult refugees at this time.

## *Infectious Diseases*

### Tuberculosis

- The Nebraska Refugee Program encourages clinics to utilize the Nebraska TB Program's Medication for Latent Tuberculosis Infection (LTBI). Isoniazid (INH) is available at no charge to patients.
- The provider must complete two forms, "LTBI Case Management Form" and the "LTBI Checklist."
- See <http://www.dhhs.ne.gov/puh/cod/Tuberculosis/forms.htm> for the forms that need to be sent in.
- The medication is sent to providers to distribute. Any clinic in Nebraska may utilize the program. INH is sent to the provider to distribute to patients.
- Please see specific details at <http://www.dhhs.ne.gov/puh/cod/Tuberculosis/Medication-Policy.doc>.
- Please contact the Nebraska TB Program Manager, for questions. The phone is (402) 471-6441.

### Sexually Transmitted Diseases

- Sexually transmitted disease (STD) testing will be provided by the Nebraska Infertility Prevention Project (IPP).
  - Contact the coordinator of the IPP Program with questions.
  - Urine STD testing is available through the IPP/Semi-STD project.
  - Treatment (Azithromycin for Chlamydia and Ceftriaxone for Gonorrhea) is available at no charge.
  - For clinics that are not enrolled, please contact the coordinator to set up an appointment. Lab specimens will be picked up by Nebraska Public Health Lab and there is an electronic form to complete for lab management.
6. Use qualified medical interpreters to assist with client interviews, health education and orientation to the U.S. health care system, and to facilitate the referral process. *Please note Nebraska does not license medical interpreters, it will be up to the clinic to decide if an interpreter is qualified.*
  7. Maintain linkages to appropriate primary care providers or specialists for necessary follow-up services not available on site, including public health and inpatient facilities, psychological counselors, drug and alcohol treatment services and other community providers. Please see Attachment C for the release of information that must be completed for each refugee who needs referrals.
  8. Assure continuity of care, and referrals (referral means setting up a specified appointment with a designated provider) are timely, and when possible, in proximity to the refugee's residence.
    - Refugees should be referred to participating Medicaid specialty and primary health care services for treatment and follow-up of acute and chronic conditions identified during the overseas and domestic health screening.
    - When refugees are referred for specialty or primary care, the referring health care providers must be informed of the results of the initial health screening (See Attachment D). It will be up to the provider to utilize their own release of information form to transfer health records between other health care providers.



- Follow-up care may be provided by the provider performing the initial health screening but must be billed to Medicaid.
9. Refugees will be encouraged to complete their vaccinations at the site where the initial health exam occurred.
10. The clinic will have a civil surgeon on staff to sign USCIS Form I-693 for verification of vaccinations (for adjustment of status at 1 year). This is included in the package rate. Health departments may utilize a blanket waiver as long as the physician on staff meets the civil surgeon requirements. For refugees who arrived in the U.S. **without** a Class A condition, **only immunizations\*** need to be reviewed and updated. This service is included as part of the refugee health assessment screening.
- The USCIS Form I-693 (updated as of November 1, 2011) is used to record immunizations and must be signed by the civil surgeon **or** by a physician affiliated with the local public health agency (blanket waiver) completing the review. The following sections of USCIS Form I-693 need to be completed:
    - a. Part 1: Information about you
    - b. Part 2: Section 5. Vaccinations
    - c. Part 5: Civil surgeon's certification
    - OR**
    - d. Part 6: Health department's identifying information
  - For refugees who arrived in the U.S. **with** a Class A condition, the **entire** medical exam is required, including any necessary vaccinations. This is not covered within the refugee health assessment screening.
  - Refugees must meet vaccination requirements according to age-appropriate recommendations by the *Advisory Committee for Immunization Practices (ACIP)*. Because completion of a vaccine series often requires several months, applicants are required to complete at least one dose of each vaccine by the time of assessment for the I-693, and are encouraged to follow up with a primary health care provider to complete the series.
  - The clinic can provide civil surgeon signatures on vaccines up to 13 months after their original arrival date. After that time frame, the refugee is responsible for payment of a civil surgeon signature

Question and Answers about Civil Surgeons

<http://www.health.state.mn.us/divs/idepc/refugee/guide/civilsurqfaq.pdf>

11. Maintain patient records in accordance with 45 CFR 400.28.
12. Participate in refugee health meetings and site visits conducted by Nebraska DHHS Refugee Services Program staff.
  - During the site visits providers must assure prompt access to all program sites and all records and reports relating to the program. To do so, the health care provider must provide a disclosure form to its patients to have Nebraska DHHS staff access their records for its monitoring purpose.
  - Records are the property of the provider agency. However, information pertaining to Refugee Health Screening Program surveillance requirements must be accessible to Nebraska DHHS.
  - Please submit the quarterly Quality Assurance form (Attachment B) once a quarter (due March 30, June 30<sup>th</sup>, September 30<sup>th</sup>, and December 31<sup>st</sup>). Please send via mail, fax, or secure email.
13. Maintain adequate staffing and systems for fiscal accounting and program billing.

#### **IV. RESPONSIBILITY OF THE STATE -- Nebraska DHHS Refugee Health Program**

The Nebraska DHHS Refugee Health Program will support the efforts of the designated health screening providers by furnishing technical assistance to enhance the effectiveness of the Program including, but not be limited to, the following:

1. Provide direction, training, health screening forms and other materials as needed to health screening providers regarding the Refugee Health Screening Program.
2. Oversee the health screening provider's performance and conduct on-site visits to the contracted sites to ensure compliance with the terms of the agreement. The Program will also provide telephone and/or on-site technical assistance to providers as required.
3. Provide pertinent information, such as trends in morbidity that may be specific to ethnicity or country of origin, to be shared with health screening providers and, as applicable, VOLAGs and other governmental and non-governmental groups.
4. Use surveillance findings as the basis for recommendations for revisions to the health screening, payments and instructions (Attachment A and B).
5. Assist in the establishment of linkages between VOLAGs and refugee health screening providers to ensure new arrivals' access to medical care.
6. Pay the health screening providers a package rate of \$539 for a completed health assessment screening when completed within the 90 days of arrival.
7. Notify the health screening providers immediately when a problem arises regarding the performance of duties as specified in the agreement.

## V. NEBRASKA REFUGEE HEALTH ASSESSMENT GUIDELINES AND INSTRUCTIONS

The patient must be a valid class of refugee (holding I-94, letter of asylum, certification as trafficking victim, etc). Complete payment for health screens will be paid only if the screen is initiated within ninety (90) days of the refugee's arrival into the United States (45 CFR 400.107).

### Overseas Medical Document Review

The purpose of this section is to review the findings from:

- the overseas visa medical examination form as reported on the DS-2053 (OF-157)
- the overseas Medical Examination of Applicants for U.S. Visas
- other related documents and follow up on identified conditions.

If available, review:

- The overseas medical exam DS – 2053 (OF-157), IOM bag. (The International Organization for Migration [IOM] manages health issues associated with processing of migrants in sending, transit, and receiving countries. IOM's health services work include medical screening for travel and resettlement.)
- documentation of Class A or B conditions
- any other overseas medical documents

Confirm or reject overseas diagnoses. If further evaluation is needed to confirm any diagnosis, refer the refugee for evaluation as appropriate.

### **What if overseas records are not available?**

Missing overseas records may be due to one of the following situations:

- **Records are available but the refugee forgot to bring them.** In this situation, ask the refugee if he/she can bring the records to the next visit. Make it very clear to the refugee that it is very important for the purpose of the health assessment to review these records. In this case, proceed with the health screening assessment. Providers may want to defer immunizations to the next visit.
- **Only some records are available.** Proceed with the health screening assessment.
- **No records are available.** On occasion, the refugee misplaces their medical. Call the Nebraska Refugee Health Program at 402-471-1372 with the A# and request to have the record looked up electronically.

## **Instructions For the Refugee Health Assessment Screening Form**

***Print/Type all information clearly.***

### **SECTION I: Refugee Personal and Demographic Information (Nebraska Refugee Health Assessment Screening Form, Attachment D, page 1-2)**

The purpose of this section is to ensure that demographic data and health assessment data is collected, recorded and tracked for further evaluation and for program monitoring purposes.

**Name:** Family name first, followed by given name and middle name. **(REQUIRED)**

**Date of Birth:** Include month, day, and year. **(REQUIRED)**

**Arrival Status:** Mark if patient is refugee, asylee, victim or trafficking. **(REQUIRED)**

**Note:** Asylees' status is not always indicated on their I-94 form; instead their I-94 status is noted on a letter from USCIS indicating their asylum granted status and the date the asylum granted. A copy of any verification documents must be retained in the refugee's file.

**Alien number:** The "A" number is usually located at the back of the USCIS form I-94 departure. **(REQUIRED)**

**Arrival in U.S. OR Status Granted Date:** Month/Day/Year. The date of arrival is located on the front page of the I-94 under the refugee status stamp. The date may be stamped, typed written or hand-written. **(REQUIRED)**

**Secondary Migrant:** Please mark if refugee initially was resettled outside of Nebraska and has since relocated to Nebraska. **(REQUIRED)**

**Social Security:** Please document first three digits of the refugee's social security number **(REQUIRED)**

**TB Class A or B:** Please note if a refugee is Class A (HIV, mental illness) or has a Class TB status. **(REQUIRED if Class A or Class B)**

**Site:** Please mark which site the initial refugee health screening took place. **(REQUIRED)**

**Oversees Medical Document Review:** Please note if the overseas medical document was available for review. **(REQUIRED)**

**Allergies:** Please note any allergies the patient has. If none, please mark no known medical allergies. **(REQUIRED)**

**Interpreter Used:** Please mark if an interpreter was used for any part of the refugee initial health screening.

**Language Spoken:** Record the language that the refugee identifies as their native language(s).

**Blood Pressure:** Perform blood pressure on all refugees. **(REQUIRED)**

**Height:** Record height or length in inches for all refugees. **(REQUIRED)**

**Weight:** Record in pounds. **(REQUIRED)**

**Nutritional evaluation** of all refugee children 18 and under upon arrival with Body Mass Index. (REQUIRED IF UNDER AGE 18)

**Temperature:** Record in Celsius.

**Head Circumference:** For all children 2 years of age and under (REQUIRED IF UNDER 2 YEARS OF AGE)

**Visual Acuity:** Record in the format of 20/20. Use Snellen Eye Chart. Mark referral if patient wears glasses or has poor vision.

**Hearing-Whisper Test:** Whisper in the patient's ear. **If there is no difficulty, mark Within Normal Limits.** If patient has difficulty with hearing or wears hearing aids please mark referral.

### **Screening Tests**

#### **TB Skin Test: Tuberculosis (TB)**

- Perform a tuberculin skin test (TST) for all individuals regardless of BCG history, unless documented previous test. Pregnancy is not a medical contraindication for TST testing or for treatment of active or latent TB. TST administered prior to 6 months of age may yield false negative results.
- A chest x-ray should be performed for all individuals with a positive TST result
- A chest x-ray should also be performed regardless of TST results for:
  1. those with a TB Class A or B designation from overseas exam, and/or
  2. those who have symptoms compatible with TB disease.
- Quantiferon is not part of the Nebraska Refugee Health Screening, but is noted on the screening form in case it is done (Medicaid does reimburse in certain instances).
- Complete the Treatment start date if Isoniazid is stated. **(Required)**

The "TB Follow-Up Worksheet" will be completed and returned to the local health department TB nurse when the initial health assessment is completed for all Class B TB arrivals. This worksheet data is submitted to CDC. ***It is both important and required to complete the form.***

For Omaha, please return to:  
Douglas County Health Department:  
Phone: 402-444-4049  
Fax: 402-444-3287

For Lincoln, please return to:  
Lincoln Lancaster County Health Department  
Phone: 402-441-6214  
Fax: 402-441-6205

#### **STDs: Sexually Transmitted Diseases:**

- Screen for syphilis for ages 12 and above using RPR. **(REQUIRED)**
- If you suspect syphilis in a patient younger than 12, providers may run a RPR based upon their health history, risk factors or abnormal exam.
- If the RPR is positive, please refer to Douglas County STD Clinic or Lincoln/Lancaster County STD Clinic for evaluation and treatment.
- Please use Nebraska Infertility Prevention Project Semi-STD testing account for Chlamydia and Gonorrhea urine testing. Please contact the Nebraska Infertility Prevention Project Coordinator, (402-471-3724) for questions on IPP on how to set up an account.

- HIV/AIDS: Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
  - Test all patients ages 13 to 64 years of age. **(REQUIRED)**
  - Test other patients that fall outside of this range based upon history, risk factors, or abnormal exam.

**Pregnancy:**

- Complete a urine pregnancy test for all females of childbearing age. **(REQUIRED)**

**Hepatitis Screening: A, B, and C**

- Determine Hepatitis A, B and C infection status for all refugees –adults and children– with the following five serologic tests:
  1. Hepatitis A IgM antibodies
  2. HBsAg (hepatitis B surface antigen)
  3. HBsHBcAb-IgM (Hepatitis B IgM core antibody)
  4. HBsAb (Hepatitis, B surface antibody)
  5. and (HC Ab)Hepatitis C Antibodies. Please do all screening tests for all refugees (children and adults) **(REQUIRED)**

**Intestinal Parasite Screening:**

- Do screening based upon CDC recommendations.
- Instruct all refugees to submit two stool specimens obtained more than 24 hours apart.
- Provide detailed instruction about specimen collection and give kits to patients.
- Draw a CBC with differential to evaluate for eosinophilia. The existence of a tissue invasive parasite must be considered in patients with eosinophilia. **(REQUIRED)**

The most commonly found pathogenic parasites are *Trichuris* (whipworm), *Giardia*, *Entamoeba histolytica*, *Schistosoma*, hookworm, and *Ascaris*. Parasites may obstruct the intestine, bile ducts, lymph channels, and capillaries of the brain and other organs, with serious medical consequences.

Lice and scabies mites are two common arthropod parasites often found in refugee populations.

**CBC with Differential: Complete Blood Count**

- Evaluate for eosinophilia by obtaining a CBC with differential.
- Please note hemoglobin and hematocrit.
- Screen all refugees. **(REQUIRED)**

**Malaria:**

- Clinicians should have a high index of suspicion for malaria, particularly for refugees from tropical and subtropical areas who have fever of unknown origin or other characteristic symptoms.
- Sub-Saharan Africans frequently originate in highly endemic areas where asymptomatic infection is common and should undergo either presumptive treatment on arrival (preferred) if there is no documentation of pre-departure therapy, or have laboratory screening.
- For all other refugees, asymptomatic infection is rare and testing should be performed only in individuals with signs or symptoms suggestive of disease.
- If malaria is suspected, a smear of peripheral blood should be examined for parasites. Accurate diagnosis depends on the quality of the blood film and the technique of laboratory personnel. When PCR is available it is the preferred method of diagnosis in asymptomatic refugees.
- Because treatment varies by species of *Plasmodium*, diagnosis should be confirmed by experienced personnel.

- A single blood film examination may be falsely negative for malaria parasites. Repeated blood films over 48 hours (e.g., every 12 hours x 3) may be required to exclude the possibility of malaria.
- To confirm diagnosis of questionable cases or to obtain appropriate treatment recommendations, contact the Nebraska Department of Health and Human Services.

### **Extended Lab Services**

#### **Lead Screening:**

- Refugee children age 6 months-16 years should have a venous blood lead screening level. **(REQUIRED)**
- No repeat levels will be covered under Refugee Medical Assistance Program.
- Please note specific level.

#### **Urinalysis:** Dipstick

- Ages 4 and up.
- Perform if patient is old enough to void a urine specimen.
- Do not perform if patient is unable to provide a clean catch sample.
- Please mark if the sample is within normal limits, has blood, protein, glucose, ketones or leukocytes. **(REQUIRED FOR PATIENTS WHO CAN VOID A CLEAN CATCH URINE SPECIMEN)**

#### **Complete Metabolic Profile: (CMP)**

- Screen based upon signs, symptoms or comorbidities based upon the provider's discretion.

#### **Lipid Panel:** Suggested recommendations (includes total cholesterol, lipoprotein, direct measurement, high density cholesterol and triglycerides)

- Screen men age 35 and older and women age 45 years and older.
- Screen men ages 20 to 35 years and women 20 to 45 years of age if they have increased risk for coronary heart disease (diabetes, tobacco use, hypertension, family history of cardiovascular disease in male relative or age 60 in female relatives).
- Providers may screen upon their discretion.

#### **Occult Blood Stool:**

- All refugees age 50 and older may be offered this screening test at the provider's discretion.

#### **Sickle Cell Disease:**

- Screen with the lab test hemoglobin electrophoresis.
- Screen patients that are from certain parts of Africa (west and central), India, Middle East, and the Mediterranean Basin.
- Providers may screen upon their discretion.

#### **Referrals:**

- **Please note any referrals made.**

## **SECTION II: Core Health Screening (Nebraska Refugee Health Assessment Screening Form page 3-4)**

**NOTE: Be sure to fill out the last, first, middle name and alien number at the top of the page. This is especially useful when/if forms need to be faxed.**

The purpose of this **required** section is to perform a complete, detailed history and physical examination for all refugees to ensure diagnosis and treatment of conditions not previously detected as well as to identify conditions with a potential to adversely impact effective resettlement of a refugee. While the Refugee Health Program is a screening program, clinicians should be cognizant that their assessment may be the first full medical evaluation the refugee patient has had. Therefore, providers are asked to perform a general history and physical exam. This may include migration history and history of trauma.

Providers should also recognize that the refugee health screening encounter may be a new cultural experience for many refugees and will provide a profound first impression about health care in U.S. Therefore, sensitivity toward the refugee's gender, culture, and other issues is very important.

### **MEDICAL HISTORY (Attachment D-page 3) (REQUIRED)**

Mark "0" if within normal limits. Mark with a check "✓" mark if abnormal or if problems are present. Comments may be noted at the bottom of page 3 and top of page 4).

### **PHYSICAL EXAM (Attachment D – page 3) (REQUIRED)**

Summarize and record data on significant past or current medical conditions or disabilities as well as preventive care such as immunizations and dental work. Document any relevant family history as completely as possible. A copy of the refugee health assessment must remain in the refugee's medical record at the clinical site.

Mark "0" if within normal limits, Mark with a check "✓" mark if abnormal or if problems are present.

Female and male reproductive health exams will not be covered under RMA. Please contact Every Woman Matters Program at (402) 471- 0929 for more information on well woman exams.

### **Other**

#### **Dental Exam:**

- Please look inside patient's mouth and note any dental complaints. Please mark appropriate box. The teeth diagram is optional for the provider to mark for any problem areas. **(REQUIRED)**



## **IMMUNIZATION STATUS** (REQUIRED)

NESIIS: Nebraska State Information Immunization Information System

The purpose of this **required** section is to ensure that every child and adult refugee is appropriately immunized against vaccine-preventable diseases. It is preferred that refugees start immunizations within 90 days of their arrival to U.S. At a minimum, providers are required to initiate appropriate vaccination, refer refugees to primary care, and educate refugee about USCIS and school requirements, and follow-up timing.

### **Required Steps for Immunizations**

Providers must do the following:

- Evaluate immunization history and review all available related overseas documentations
- Document immunity based on exam, history or serologic testing (Per Nebraska Refugee Health Assessment Guidelines)
- Use the Nebraska State Information Immunization Information System (NESIIS) to document immunizations for all refugees.
- Initiate all necessary age-appropriate vaccines per the Advisory Committee on Immunization Practices (ACIP) adult and children vaccine schedules. Varicella and Human Papilloma Quadrivalent vaccines will not be covered for refugee adults.
- Give all refugees a childhood and/or adult vaccination booklet, with completed documentation of past and the Refugee Health Screening vaccinations.
- Instruct refugees to bring the documentation to all medical visits including the Civil Surgeon evaluation required for change of status applications.
- Utilize the “Vaccines for Children” program for children 18 and under for all vaccinations.
- The clinic will document in NESIIS if the refugee is unable to complete the series.

The refugee is not expected to provide a donation or administrative fee that sometimes is suggested for the Vaccines for Children Program. Administrative fees have been accounted for.

## **REFERRALS**

The purpose of this section is to facilitate linkages to appropriate specialty and primary care providers for necessary follow-up services not available on site, including public health and inpatient facilities, psychosocial counselors, drug and alcohol treatment services and other community providers. Please check all referrals made.

### **Required Referrals to Primary Care**

To ensure continuity of health care, all refugees must be referred to a primary care provider. Providers must refer refugees to a primary care provider either at the provider's site or elsewhere.

Most refugees lack transportation, therefore, it is advisable that appointments be made in proximity to the refugee's residence.

The name of the primary care provider (and/or clinic site), address, phone number and fax number of the provider; and appointment date, and the time must be noted on the health screening form.

## **Other Referrals**

Providers should also make referrals as appropriate, for other medical, dental and support services.

## **Authorization For The Release And Use Of Information**

The purpose of this section is to facilitate HIPAA compliance. This enables providers to allow Nebraska DHHS staff access to all refugee records, assuring prompt access to all program sites and reports relating to the Refugee Health Screening program.

Providers must provide an authorization for the release and use of protected health information form (PHI) to refugees for their signature and dating, which authorizes Nebraska DHHS staff access to their records for invoicing and monitoring purposes. Records are the property of the provider agency. However, information pertaining to Refugee Medical Screening Program invoices, reports and surveillance requirements must be accessible to Nebraska DHHS.

**NOTE:** Health providers or their affiliates may not sign the witness section. This section must be signed by a third party (non affiliate of the health provider), e.g., resettlement agency representative, another patient or refugee, or a relative of a refugee.

## Attachment A

### Nebraska Refugee Health Screening Billing Form (for arrivals within first 90 days)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date initial health screen started \_\_\_\_\_ Date completed \_\_\_\_\_

Clinical Site (circle one)

Creighton Florence Clinic

Lincoln-Lancaster County Health Department

**\*\*\*Providers may not bill both Medicaid and the Refugee Health Screening Program for the same services.\*\*\***

Health Screening completed \_\_\_\_\_  
(date)

Immunizations initiated \_\_\_\_\_  
(date)

If these two boxes are checked – bill \$458

Immunizations completed \_\_\_\_\_  
(date)

If this box is checked within time limits -  
bill remainder of \$81

\_\_\_\_\_  
(Signature & Title)

## Attachment B

### Quarterly Refugee Health Screening Site Quality Assurance

Clinical Site (Circle One)

Creighton Florence Clinic

Lincoln-Lancaster County Health Department

1. What has been working in the clinic for the last quarter in regards to the refugee health screening?
  
2. What problems have you encountered within the last quarter in regards to the refugee health screening?
  
3. How many refugees lost contact with you and you were unable to complete follow-up within the last quarter and what were the reasons you were unable to complete the health screening (outmigrated, patient refused)?

	Male	Female
<b>Number of Refugees referred to</b>		
<b>Primary Care</b>		
<b>Mental Health Services</b>		
<b>Dental Care</b>		
<b>Vision Care</b>		
<b>Disability Services</b>		
<b>High Public Concern (infectious disease, HIV, suicide)</b>		
	Male	Female
<b>Number of Children Referred to Primary Care</b>		

5. List the top five health issues for all referrals (children and adults)?

1.

2.

3.

4.

5.

---

(Signature & Title)

---

(Date Submitted)



**Authorization for the Disclosure of Protected Health Information**

It has been explained that failure to sign this form will not affect treatment, or payment, **however** it may affect enrollment, or eligibility for certain benefits, provided per Health and Human Services. I understand the advantages and disadvantages and freely and voluntarily give permission to release specific information about me.

Client Name (Last, First, M.I.)		Date of Birth
Social Security Number	Case/ Chart Number	Period Covered Admission of:
Information will be disclosed to: (Name, Address, City, State, Zip)		Reason for Disclosure: <input type="checkbox"/> Eligibility Determination <input type="checkbox"/> Request of Subject Individual <input type="checkbox"/> Insurance Claim <input type="checkbox"/> Legal Purposes <input type="checkbox"/> Consultation and/or Treatment Planning <input type="checkbox"/> Other (Please Specify) _____ _____
The information to be released pursuant to this authorization is limited to records/information from or in the possession of the following:		

**Specific Information to be disclosed:**

- |  |  |
|--|--|
| <input type="checkbox"/> Medications<br><input type="checkbox"/> Progress Notes<br><input type="checkbox"/> Diagnosis<br><input type="checkbox"/> Psychiatric History & Treatment<br><input type="checkbox"/> Psychological Evaluation & Treatment<br><input type="checkbox"/> Social History<br><input type="checkbox"/> Drug/Alcohol Information | <input type="checkbox"/> History & Physical Examination<br><input type="checkbox"/> Laboratory<br><input type="checkbox"/> Discharge Summary<br><input type="checkbox"/> Aftercare Referral Form<br><input type="checkbox"/> HIV Information<br><input type="checkbox"/> Other (be specific) _____ |
|--|--|

---

This Authorization (unless revoked earlier in writing) shall terminate on (must have date or event filled in) \_\_\_\_\_. By Signing this authorization, I acknowledge that the information to be released MAY INCLUDE material that is protected by Federal law and that is applicable to EITHER Drug/Alcohol or HIV related information or BOTH. My signature authorizes release of all such information. I also understand this authorization may be revoked at any time by submitting a written request in accordance with the Notice of Privacy Practices the Nebraska Department of Health and Human Services, published April 14, 2003 and it will be honored with the exception of information that has already been released. I also understand that if the person(s)/organizations authorized to receive my PHI is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations.

---

---

Client's Signature

Date

---

Personal Representative ( Parent,  Guardian,  Power of Attorney)

Date

---

Witness's Signature

Date

**NOTICE TO RECIPIENT**

This information has been disclosed to you from records whose confidentiality is protected by state and federal laws (to include Federal Regulations, 42 CFR Part 2 of 1983) which prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

REV: 07-01-07

# Attachment D -- Nebraska Refugee Health Assessment Screening Form

## Nebraska Refugee Health Assessment Screening Form

### I. Refugee Personal and Demographic Information

Name (Last, First, Middle): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Arrival Status: \_\_\_\_\_ Alien Number: \_\_\_\_\_

U.S. Arrival Date (Month, Day, Year): \_\_\_\_\_ Secondary Migrant:  Yes  No

Social Security (first 3 digits) \_\_\_\_\_

TB class A or B status \_\_\_\_\_

Site:  Creighton –Florence Clinic

Lincoln-Lancaster Health Dept.

Overseas Medical Document Review:  Yes  Not available

Allergies: \_\_\_\_\_

Interpreter used: \_\_\_\_\_ Language Spoken: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ Temperature: \_\_\_\_\_ °C Pulse: \_\_\_\_\_

Height: \_\_\_\_\_ inch Weight: \_\_\_\_\_ lbs Body Mass Index: \_\_\_\_\_

Head Circumference: \_\_\_\_\_ (cm)

Visual Snellen: L \_\_\_\_\_ R \_\_\_\_\_ Both \_\_\_\_\_ Hearing/Whisper Test:  Within Normal Limits  Referral

Tuberculosis Screening-If Class B please complete "TB Follow-Up Worksheet"

#### Tuberculin Skin Test:

\_\_\_\_ mm induration

Past history of positive TST

Given, Not Read

Declined Test

Not Done

#### Chest X-Ray:

Normal

Abnormal, stable, old or healed TB

Abnormal, Cavitory

Abnormal, Non-Cavitory,  
Consistent with active TB

Abnormal, not consistent  
with Active TB

Pending

#### Diagnosis:

No TB infection or disease

Latent TB infection (LTBI)

Old, healed, no prev. Tx TB

Old healed, prev Tx TB

Active TB disease  
(suspected or confirmed)

Pending

Incomplete eval., lost to F/U

#### Quantiferon:

Positive

Negative

Indeterminate

Not done

**Treatment:** Start Date: \_\_\_\_\_  Completed Treatment overseas  Declined Treatment

Medically Contraindicated  Moved out of NE  Lost to F/U  Further Eval Pending

Other: \_\_\_\_\_

#### Sexually Transmitted Diseases:

1. Syphilis (RPR)  Non-Reactive  Reactive  Referred to STD Clinic  Results Pending

2. Gonorrhea  Negative  Positive  Treatment Date: \_\_\_\_\_  Results Pending

3. Chlamydia  Negative  Positive  Treatment Date: \_\_\_\_\_  Results Pending

4. HIV/AIDS  Negative  Positive, referred to specialist?  Yes  No

**Pregnant:**  Yes  No

#### Hepatitis Screening:

1. Anti-HAV  Negative  Positive  Indeterminate  Results Pending

2. HBsAg  Negative  Positive  Indeterminate  Results Pending

3. anti-HBc  Negative  Positive  Indeterminate  Results Pending

4. anti-HBs  Negative  Positive  Indeterminate  Results Pending



5. anti-HCV  Negative  Positive  Indeterminate  Results Pending

**Intestinal Parasite Screening:**

1. Was screening for parasites done (check one)

- Not Screened for Parasites
- Screened, Results Pending
- Screened, No Parasites found

**Please Check Parasite Identified:**

- Ascariasis  Clonorchis  Entamoeba histolytica  Giardia  Hookworm  Paragonimus
- Schistosoma  Strongyloides Trichuris **Other:** \_\_\_\_\_

**CBC with Differential done?**  Yes  No

**If yes, was eosinophilia present**  Yes  No  Results Pending

**Hemoglobin** \_\_\_\_\_ **Hematocrit** \_\_\_\_\_

**Malaria Screening:**

- Not Screened for Malaria (No symptoms, history no suspicious of malaria, not from SubSahara Africa)
- Screened, Results Pending
- Screened, no malaria found in blood smears
- Screened, malaria species found (please specify): \_\_\_\_\_  
If malaria species found:  Treated  Not Treated  
Referred for Malaria Treatment  Yes  No  
If referred for Malaria Treatment, specify physician/clinic \_\_\_\_\_

**Extended Services - Lab**

**Lead Screening:** (children 6 months-16 years) Serum Lead Level: \_\_\_\_\_

**Urinanalysis:** (Over age 4  )

- Within Normal Limits  Incomplete
- Blood \_\_\_\_\_ Glucose \_\_\_\_\_
- Protein \_\_\_\_\_ Ketones \_\_\_\_\_ Leukocytes \_\_\_\_\_

**Fasting Blood Glucose:** \_\_\_\_\_

**Complete Metabolic Profile:**

Completed  Abnormal \_\_\_\_\_  Not applicable

**Lipid Panel:**

Completed  Abnormal \_\_\_\_\_  Not applicable

**Occult Blood Stool:**

Positive  Negative  Not applicable

**Sickle Cell Testing:**  Completed  Abnormal \_\_\_\_\_  Not applicable

**Referrals:**

- Primary Care Provider  Dental  Vision
- Mental Health  Hearing  Family Planning
- WIC  Dermatology  Public Health Nurse
- GI  OB/GYN  Pediatrics
- General Medicine  Endocrinology  Urology
- Ear, Nose, & Throat (ENT)  Family Practice  Neurology
- Hematology  Other Referral \_\_\_\_\_

**II. Core Health Screening** Name (Last, First, Middle): \_\_\_\_\_ Alien Number: \_\_\_\_\_

**Medical History**

<b>HEAD/ EYES</b>	HEADACHES/INJURIES SURGERY // VISUAL LOSS DIPLOPIA DRAINAGE INFLAMATION PHOTOPHOBIA GLASSES TRAUMA
<b>ENT</b>	PAIN DRAINAGE DEAFNESS TINITUS VERTIGO // DISCHARGE OBSTRUCTION EPISTAXIS/ SORE THROAT HORSENESS VOICE CHANGES
<b>RESP</b>	DYSPNEA COUGH SPUTUM WHEEZING PNEUMONIA CONGESTION PAIN
<b>CV</b>	CP PALPITATIONS DOE PND ORTHOPNEA EDEMA MURMURS HTN CLAUDICATION CYNANOSIS
<b>GI</b>	WT CHANGES APPETITE CHANGES DYSPHAGIA N/V DIARRHEA CONSTIPATION HEMATEMESIS HEMATOCHEZIA MELENA BOWEL CHANGES PAIN
<b>GU/ GYN</b>	DYSURIA FREQUENCY URGENCY HEMATURIA NOCTURIA STONES INFXNS PROSTATE DISEASE BLEEDING ABNORMALITIES DYSMENORRHEA STD's BREAST DISEASE - DISCHARGE /LMP
<b>MS</b>	ARTHRITIS FRACTURES PAIN WEAKNESS STIFFNESS ATROPHY
<b>NEURO/ PSYCH</b>	SYNOCOPE SEIZURES WEAKNESS TREMORS NUMBNESS PAIN MEMORY LOSS INCOORDINATION PARASTHESIAS LABILE MOOD DEPRESSION ANXIETY HALLUCIANTIONS DELUSIONS SLEEP DISTURBANCE
<b>SKIN/ ENDO</b>	RASHES PRURITUS, BRUISING, LESIONS COLOR CHANGES, DECUBITUS ULCER, GROWTH & DEVELOPMENT PROB. TEMP. SENSITIVITY APPETITE & WT. CHANGES POLYURIA POLYDIPSIA POLYPHAGIA LOCATION: _____

**PHYSICAL EXAM:** O = WNL ✓ = ABNORMAL/PROBLEM (see comments)

<b>GEN</b>	ALERT ORIENTED TO TIME PLACE & PERSON NO DISTRESS DEVELOPMENTALLY STABLE WELL GROOMED
<b>HEAD/ EYES</b>	NORMOCEPH ATRAUMATIC // PERRLA EOMI LIDS/CONJ NL OPTIC DISC SIZE RATIO & APPEAR NL POST SEG RETINA & VESSEL
<b>ENT</b>	TM'S NL CANALS CLEAR NASAL MUCOS / SEPTUM / TURBES NL MASSES NEG SINUS NEG HARD/SORFT PALATE & TONGUE NL TONSILS & POST PHARYNX NL
<b>NECK</b>	ADEOPATHY NEG THYROID NEG JVD NEG BRUITS NEG RIGIDITY NEG SYMMETRIC TRACHEA MIDLINE
<b>CARDIO VASC</b>	REG WITHOUT MURMURS GALLOPS OR RUBS CAROTID/ABD/FEM/PEDAL PULSES-ADEO EXT'S WITHOUT EDEMA/VARICOSITIES/CYANO
<b>CHEST/ BREAST</b>	LUNGS CTAB DULL/FLAT/HYPERRIES NEG RETRACTION NEG//SYMMETRIC NIPPLE DISCHARGE/INVERSION NEG MASSES NEG TENDER NEG
<b>ABD/ RECTAL</b>	BS POS IN 4 QUADS MASSES NEG TENDER/REBOUND/GUARD NEG HEP/SPENOMEG NEG HERNIA NEG NEG//MASSES/LESIONS NEG GUAIAIC NEG TONE NL
<b>GU</b>	M – PROS / TESTES– MASSES / LESIONS – NODULES / NEG SYMMETRIC PENIS / SCROTUM – LESIONS / RASHES / DC NEG F – VAG / EXT GENT – LESIONS / CYST / RECTOCELE NEG BLAD / URETH – MASS / TENDER NEG CX / UT / ADNEXA – LESIONS / PC / TENDER NEG SEIZE / POSITION / SUPP CONSISTENCY NL
<b>MS</b>	GAIT & STATION / MOTION / STRENGTH / STABILITY / TONE – ADEQ SWELLING / NUMBNESS / ATROPHY / WEAKNESS / ASYMMETRY / EFFUS / TENDER / RED – NEG IN EXTREMITIES
<b>NEURO/ PSYCH</b>	CN 2-2 INTACT DTR'S NL CEREBELLAR INTACT BABINSKI/ RHOMBERG NEG RECENT & REMOTE MEMORY INTACT GRASP / SUCK REFLEX NL JUDGEMENT & INSIGHT STABLE ORIENTED X 3 RECENT & REMOTE STABLE MOODS AFFECT STABLE ATTENTION SPAN / CONC / D KNOWLEDGE NL DEVELOPMENTALLY APPROPRIATE
<b>SKIN/ LYMPH</b>	HEAD / NECK / TRUCNK / EXT-RASHES / LESIONS / ULCERS NEG JAUNDICE NEG CYANOSIS NEG // NECK / AXILLAE / GROIN – ADENOPATHY NEG

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMMENTS CONTINUED:**

---



---



---

**Dental History**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Regular Dental Care | <input type="checkbox"/> Gums bleed when brushing | <input type="checkbox"/> Wears bridge  |
| <input type="checkbox"/> X-Rays              | <input type="checkbox"/> Gums bleed when flossing | <input type="checkbox"/> Wears partial |
| <input type="checkbox"/> Missing Teeth       | <input type="checkbox"/> Sensitive to hot/cold    | <input type="checkbox"/> Dentures      |
| <input type="checkbox"/> Under Doctor's Care | <input type="checkbox"/> Never been to Dentist    |  |

Comments: \_\_\_\_\_

---



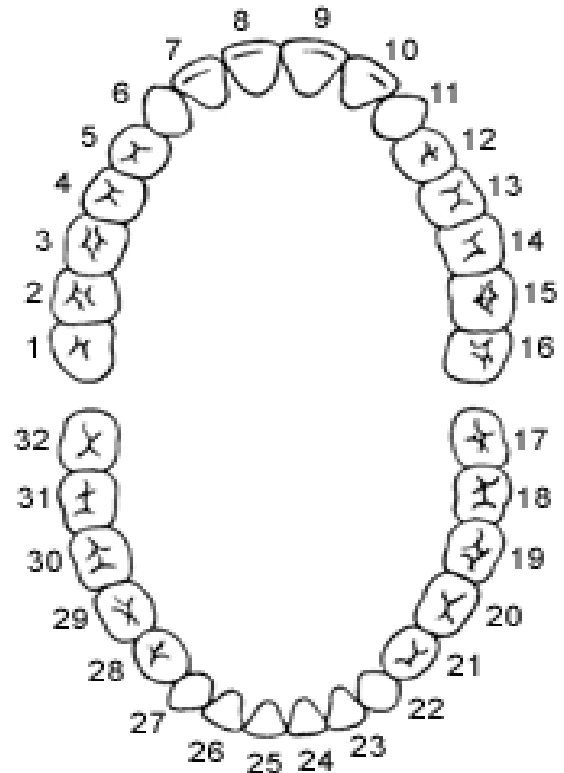
---

**(Optional)**

**Mounting Chart**

1. 3rd Molar (wisdom tooth)
2. 2nd Molar (12-yr molar)
3. 1st Molar (6-yr molar)
4. 2nd Bicuspid (2nd premolar)
5. 1st Bicuspid (1st premolar)
6. Cuspid (canine/eye tooth)
7. Lateral incisor
8. Central incisor
9. Central incisor
10. Lateral incisor
11. Cuspid (canine/eye tooth)
12. 1st Bicuspid (1st premolar)
13. 2nd Bicuspid (2nd premolar)
14. 1st Molar (6-yr molar)
15. 2nd Molar (12-yr molar)
16. 3rd Molar (wisdom tooth)
17. 3rd Molar (wisdom tooth)
18. 2nd Molar (12-yr molar)
19. 1st Molar (6-yr molar)
20. 2nd Bicuspid (2nd premolar)
21. 1st Bicuspid (1st premolar)
22. Cuspid (canine/eye tooth)
23. Lateral incisor
24. Central incisor
25. Central incisor
26. Lateral incisor
27. Cuspid (canine/eye tooth)
28. 1st Bicuspid (1st premolar)
29. 2nd Bicuspid (2nd premolar)
30. 1st Molar (6-yr molar)
31. 2nd Molar (12-yr molar)
32. 3rd Molar (wisdom tooth)

**Permanent Teeth Chart**



\*\*\* Please enter immunizations on NESIIS Immunization Database System\*\*\*\*