



Refugee Health Assessment Outcome Report

(Complete one form per family which did not receive an assessment)

Return this form with the original Health Assessment Packet to: Refugee Health Program, Georgia Dept. of Public Health, 2 Peachtree Street, 12th Floor, Atlanta, Georgia 30303

Local Public Health Agency:	If refugee(s) moves to another State, please forward 1) Overseas Medical Records and 2) Copy of Outcome Report (if applicable) to Refugee Health Program. <input type="checkbox"/> Check box if forwarded to new State.	FAMILY'S FORWARDING ADDRESS/PHONE:
Contact Person:		
Phone:		
Date:		

Name (Last, Middle, First)	Date of Birth	Alien Number	Refugee / Immigrant Class A/B1/B2/B3 TB	Outcome & Screening Status	Outcome and Possible Screening Status Codes
					1 = Screened 2 = Never Screened 3 = Migrated from Georgia before screened 4 = Migrated from Georgia after screened 5 = Screened in another State 6 = Screened by Private MD 7 = Unknown/Unable to Locate 8 = Refused 9 = Located but numerous attempts to schedule failed 10 = Deceased before screening 11 = Secondary Referral: No insurance 12 = Secondary Referral: Completed out of State 13 = Secondary Referral: Notification after time limit
					<i>If Outcome is "1" select for each person, one of the Screening Status Codes below.</i>
					<i>If Outcome is "1" and Status Codes are "B-D" please attach the Name and Contact Information of the Clinic that initiated the Refugee Health Assessment.</i>
					A = Screening not Started. B = Incomplete Screening. Needs medical follow-up. C = Completed Screening. Needs follow-up only. D = Completed Screening. Needs Civil Surgeon Services.

