

Core Screening Procedures for Refugees

I. INTRODUCTION

The Federal Refugee Act of 1980 entitles all newly arriving refugees to a comprehensive health screening, to be initiated as soon as possible following arrival. In Ohio, the refugee health screening process is administered by the Ohio Department of Job and Family Services (ODJFS) Refugee State Coordinator's Section. The department has a 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.

Most refugees to Ohio arrive in the five major metropolitan areas centered around Akron, Cincinnati, Cleveland, Columbus and Dayton. Arrival statistics and information about the resettlement agencies who work with refugees are available at: <http://jfs.ohio.gov/refugee>.

II. MEDICAL EXAMINATIONS

Refugees may undergo two to three major medical examinations as part of their process of emigration.

1. Overseas Medical Examination

Refugees resettling in the U.S. receive an overseas medical examination prior to departure for the U.S. The overseas exam is the same for refugees worldwide and the components are specified by federal regulations. This mandatory examination is designed to exclude individuals who have communicable diseases of public health significance, physical or mental disorders that involve harmful behaviors, or problems with drug abuse or addiction. Conditions identified during the overseas exam requiring follow up in the U.S. are designated Class A or Class B.

Class A Conditions

Conditions that preclude a refugee from entering the U.S. They include communicable diseases of public health significance, mental illnesses associated with violent behavior, and drug addiction. Class A conditions require approved waivers for U.S. entry and immediate follow-up upon arrival.

- Chancroid, gonorrhea, granuloma inguinale, lymphogranuloma venereum, syphilis
- Tuberculosis, active, infectious
- HIV infection
- Hansen's disease, infectious (leprosy)
- Drug addiction
- Mental illness with violent behavior

Class B Conditions

Significant health problems: physical or mental abnormalities, diseases, or disabilities serious in degree or permanent in nature amounting to a substantial departure from normal well-being. Class B conditions requires follow-up soon after arrival in the United States.

- Tuberculosis: active, not infectious; extrapulmonary; old or healed TB; contact to an infectious case-patient; positive TST
- Hansen's disease, not infectious
- Other significant physical disease, defect, or disability

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2. Domestic Health Screening

The purpose of refugee health screening is to eliminate health-related barriers to successful resettlement while protecting the health of the United States population by:

- Ensuring follow-up of refugees with conditions identified during the overseas medical exam.
- Evaluating current health status and identifying health problems not found during, or developed subsequent to, the overseas exam.
- Ensuring refugees are referred for follow-up to specialty and primary care.
- Initiating appropriate immunizations to facilitate school enrollment and adjustment of status from refugee to lawful permanent resident.
- Providing orientation to the U.S. health care system.

All newly arriving refugees are eligible for a health screening exam federally funded by Refugee Medical Assistance (RMA). In accordance with federal guidelines, refugee health screening must be initiated within 90 days of entry into the U.S. in order for the provider to be reimbursed by RMA funds through the ODJFS 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. Some exceptions exist and should be confirmed with ODJFS.

Qualified county and city health departments or other non-for-profit health care providers are contracted to provide refugee health screening for a unit rate of up to \$700.00 per completed health screening.

The contracted screening vendor must be a licensed physician, hospital, community health center, county health department or clinic. When a refugee does not speak English, all services must be provided using trained multilingual and multicultural medical interpreters.

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

3. Adjustment of Status Examination

Refugees and asylees are eligible to apply for adjustment of status to permanent residence and obtain a green card one year following: (a) admission as a refugee, or (2) grant of asylum status.

Most refugees (those arriving with no Class A or B conditions) will **only** need to submit *Part 2, Section 5., Vaccinations*, of the I-693 form with their adjustment of status application. View the form and instructions at: <http://www.uscis.gov/portal/site/uscis> . The Ohio Refugee Health Screening Program matches its vaccination requirements to those on the I-693 required by the U.S. Citizenship and Immigration Services (USCIS) to facilitate refugees' adjustment of status.

The form must be signed by a Civil Surgeon following the Technical Instructions: <http://www.cdc.gov/ncidod/dq/civil.htm> . Refugees should be referred to their closest Civil Surgeon: https://egov.uscis.gov/crisgwi/go?action=offices.type&OfficeLocator.office_type=CIV .

To learn about becoming certified as a Civil Surgeon see: http://www.cdc.gov/ncidod/dq/refugee/faq/faq_alien.htm#_Toc98743969 .

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III. TERMS AND CONDITIONS OF REFUGEE HEALTH SCREENING

Eligibility

To be eligible for a refugee health screening, proof is required in the form of documentation issued to an individual by USCIS. The documentation, usually, but not always, an I-94 card, must establish one of the following statuses:

- Admitted as a refugee under section 207 of the Immigration and Nationality Act (INA).
- Granted asylum under section 208 of the INA.
- Paroled as a refugee or asylee under section 212 (d) (5) of the INA.
- Special Immigrant Visa Holder from Iraq or Afghanistan under section 101(a)(27) of the INA.
- Victims of Severe Forms of Trafficking as certified by the Office of Refugee Resettlement.
- Cuban and Haitian entrants in accordance with section 501 (a), Public Law 96-42294 Stat. 1810 (U.S.C. 1522 note) executive order 123
- Certain Amerasians from Vietnam.

The provider must obtain a copy of the documentation that determines each individual's eligibility for the services and maintain it in the patient file.

Treatment Priorities

Priority should be given to persons with Class A and B medical conditions identified during the overseas medical examination. These patients should receive health screening as soon as possible and providers should ensure coordination with/referral to local public health.

Reimbursement

To receive reimbursement from the ODJFS Refugee Health Program providers must ensure:

- The health screening is initiated within 90 days of:
 - Refugee / SIV date of entry into the U.S.
 - Asylee / SIV / Cuban-Haitian entrant date status is granted (when obtained in the U.S.).
 - Trafficking victim's date of certification.
- Patient is an RMA recipient if the screening is initiated beyond the 90th day.
- The first dose of all age/condition appropriate vaccines are provided and documented on USCIS Form I-693 with a copy of the form provided to the refugee.
- All age/condition appropriate components of the health screening are provided for each refugee.
- That no other reimbursement is sought. By accepting reimbursement from the ODJFS Refugee Health Program the provider agrees that this covers ALL costs associated with refugee health screening. Providers billing Ohio Medicaid, Medicare or private insurance for costs associated with refugee health screening are committing fraud.

Responsibilities of Refugee Health Screening Providers

Refugee Health Screening Program providers must:

1. Demonstrate clinical capacity as well as adequate staffing and systems for fiscal accounting and program billing.
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.**

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3. Coordinate refugee health screening programs with reception and placement services provided by RSAs.
4. Comply with the Ohio Refugee Health Screening Instructions (Attachment A).
5. Prescribe or supply appropriate medications for infectious diseases and other conditions identified during the health screening.
6. 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). Refer all refugees for completion of the series of immunizations (a USCIS-designated Civil Surgeon must certify the record of immunizations) required for them to adjust status to become permanent residents, and eventually U.S. citizens. Refugees must start the immunizations within 90 days of their arrival to the U.S.
7. Adhere to Title VI requirements for providing interpreters for non-English speakers by using linguistically and culturally competent medical interpreters to assist with exams, interviews, and health education, and to facilitate the referral process.
 - 7.1. *Interpretation services must be appropriate:* It is not appropriate to use children or other family members as interpreters.
 - 7.2. *Interpretation services must be appropriate:* While face-to-face interpreting is preferred, telephonic or video interpreting should be used if appropriate in-person services are not available-- as is often the case in new communities. For example, an 11 year old female patient should be provided with telephonic or video interpretation services if the only available in-person interpreter is an adult male who is friends with the patient's father.
 - 7.3. *Interpretation services must be appropriate:* It is not appropriate to delay or reschedule an appointment due to a lack of in-person interpretation services. Providers should prioritize completion of the health screening and obtain telephonic or video interpreter services if in-person service is not available. If a provider contracts with a resettlement agency for interpreter services they must recognize *potential* conflicts of interest as the resettlement agency balances the best interests of the refugee with the agency's interests as a service vendor.
8. Maintain linkage 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.
9. Assure continuity of care, and that 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 referral health care providers must be informed of the results of the initial health screening. Follow-up care may be provided by the provider performing the initial health screening.
10. Maintain patient records in accordance with 45 CFR 400.28.

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11. Submit completed health screening forms, summary sheets and invoices to ODJFS on a monthly basis. An electronic submission process is under development and expected for July 1, 2009. In lieu of electronic submission documents are to be addressed to:

Ohio Department of Job and Family Services
Office of Family Stability
Refugee Services Program
P.O. Box 182709, Suite 400
Columbus, OH 43218-2709

13. Participate in refugee health meetings and site visits conducted by ODJFS. During site visits providers must assure prompt access to all program sites, records and reports relating to the program. To do so, the health care provider must provide a disclosure form to its patients to have ODJFS 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 ODJFS.

Responsibilities of the ODJFS Refugee Health Program

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

ODJFS agrees to:

1. Provide direction, training, forms and other materials as needed.
2. Provide on-site and/or telephone technical assistance as needed.
3. Oversee health screening providers performance. Conduct site visits to ensure compliance with the terms of the agreement.
4. Provide pertinent information, such as trends in morbidity that may be specific to ethnicity or country of origin, to providers, RSAs and other stakeholders as applicable.
5. Use surveillance findings as the basis for recommendations for revisions to the health screening payments and instructions (Attachment A).
6. Coordinate collaboration between providers and RSAs to ensure new arrivals' access to screening.
7. Pay the contracted health screening providers a unit rate of up to \$700.00 per completed health screening.
8. Notify the health screening providers immediately when a problem arises regarding the performance of duties as specified in the agreement.

IV. HEALTH SCREENING REQUIRED ELEMENTS

The purpose of the refugee health screening is to eliminate health-related barriers to successful resettlement while protecting the health of the United States population.

Although the Refugee Health Program is a screening and not primary care, clinicians should be cognizant that it may be a refugee's first comprehensive physical assessment. Therefore, providers are asked to perform a complete, detailed history and physical examination. This may include migration history, general history and history of trauma.

Providers should 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.

Providers 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.

The patient must be a valid class of refugee as noted on Page 3 of the Refugee Core Screening Procedures.

Payment will be made only when the screen is initiated within ninety (90) days of the refugee's arrival into the United States (45 CFR 400.107). Any extension of this time period beyond the ninety (90) days requires approval from the federal Office of Refugee Resettlement and would be communicated in writing from the State Coordinator for Refugee Services.

***Providers may NOT bill
Medicaid and the Refugee Health Program
for the same services.***

**Paper screening forms are to be submitted only when access
to the Web-based Refugee Health Screening Report System
is unavailable.**

Print/Type all information clearly.

Section I: Refugee Personal and Demographic Information

- **Name:** Family name first, followed by given name and middle name.
- **Refugee's current address:** Including street, city, state, and zip code
- **County** of residency
- **Phone** number
- **Gender:** Male or female
- **Agency sponsor/RSA:** Record name of refugee's resettlement agency (RSA)
- **Alien number:** The "A" number is *usually* located at the back of the USCIS form I-94, Record of Changes section. At times the "A" number may be found on the front page of the I-94 under the Departure Number. The "A" number may be hand-written or typed.
- **I-94 Status:** Frequently found on the USCIS I-94 front page next to the Departure Number (stamped ADMITTED AS A...). Providers are required to verify a client's eligibility for refugee health screening program.

A copy of the I-94 form must be retained in the refugee's file.

Note: Asylee status is not always indicated on the I-94 form; it can be found on a letter from USCIS indicating asylum granted status and the date the asylum granted.

A copy of any verification documents must be retained in the refugee's file.

- **Country of Origin:** Record the country where the refugee was born or citizenship indicated in their passport. Do not use religion to replace country of origin/nationality for this sub-part.
- **Primary Language:** Record the language the refugee identifies as their native language(s). Please conduct session in this language, unless refugee is *proficient* in English.
- **Interpreter Needed:** An interpreter is needed unless the refugee is *proficient* in English.

Items shaded in grey should be pre-filled by RSA.

- **Language Used:** Refers to language used during interpretation.
- **Interpreter Name:** First and last name of interpreter
- **Interpreter Agency:** Name of agency supplying interpreter

Section II: Dates and Locations

- **Arrival / Status Granted Date:** Month/Day/Year taken from I-94 or letter of status.
- **Date of Birth:** Month/ Day/Year taken from front page lower right hand corner of the I-94. Note: some records from overseas may be in a *Day/Month/Year* format.

Items shaded in grey should be pre-filled by RSA.

- **Health Screening Start Date:** Date the refugee started the domestic health screening in U.S., can include any medical or dental encounter.
- **Health Screening Start Location/Site:** Location the health screening was started, including if it was not provided by your facility, e.g. TB testing or blood work/evaluation.

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- **Health Screening Assessment Date:** Date of refugee's final health screening evaluation by the provider physician or practitioner. This is the date/month used for invoicing purposes.
- **Health Screening Assessment Location/Site:** Location where refugee health screening was completed.

Section III: Screening Provider Information (Provider Use Only)

- **Provider:** The provider's agency name must be the same as it appears on the ODJFS grant agreement and the purchase order.
- **Phone:** Provider telephone number.
- **Contact Name:** Clinical screening contract (not the legal/agreement contact).
- **Fax:** Provider facsimile number.

Section IV: Overseas Medical Document Review

If available, review all overseas medical forms, including but not limited to:

- Pre-Departure TB Classification Cover Sheet
- DS-2053 (formerly OF-157) Medical Examination for Immigrant or Refugee Applicant
- DS-3026 Medical History and Physical Examination Worksheet
- DS-3024 Chest X-Ray and Classification Worksheet
- DS-3025 Vaccination Documentation Worksheet
- List the Class A & B findings from the overseas health assessment. Evaluate the diagnoses.
- Check Yes or No depending on whether your diagnosis concurs with the overseas diagnosis for each Class A or B condition. If further evaluation is needed to confirm any diagnosis, refer the refugee for evaluation as appropriate.
- Enter brief comments related to diagnosis or documentation that may be useful to other service providers (in case we forward the health screening form to another state for refugees who move after their initial resettlement in Ohio).

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. Request that the refugee provide the records at the next visit emphasizing their responsibility to maintain their medical documents. In this case, proceed with the health screening. 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. Records may be lost or were inappropriately confiscated by immigration control personnel. Call the ODJFS Refugee Health Program at 614-644-1142 with the A# and request to have the record looked up electronically.

Section V: Health Education: 50 Minute Orientation to the U.S. Health Care System

The purpose of the federally mandated refugee health orientation is to provide introductory information about key health-related topics relevant to newly arriving refugees. This component of the refugee health screening may be provided at the time of the screening, or at another time coordinated with the RSA's acculturation program.

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The ODJFS Refugee Health Program distributes the “Safe, Smart and Healthy: Keys to Success in Your New Home” DVD to all contracted providers. ODJFS recommends using this product to meet the required Health Education component of the refugee health screening. The DVD can be played while patients are waiting for their appointments and/or during educational sessions coordinated by the RSAs. Ensuring that all refugee patients have the opportunity to view all six modules of the DVD meets the Health Education requirement of the refugee health screening.

Viewing the DVD will likely prompt questions from your refugee patients. Please ensure to allow enough office visit time to answer questions brought about by viewing the DVD.

ODJFS supplies copies of the DVD for providers to hand out to patients so they may view the information again.

Screening Form Page 2

NOTE: Include last, first, middle name and alien number at the top of the page.

Section VI: Medical History

Summarize and record data on significant past or current medical conditions or disability as well as preventive care such as immunizations and dental work. Document any relevant family history as completely as possible. A copy of the history must be retained in the refugee's file.

Include history of:

- Personal and family medical history, medications, allergies
- Recent fever, cough, weight loss, night sweats, hemoptysis, diarrhea
- Other recent illness in self or family
- History of drug use, including alcohol and tobacco
- Social history including immigration, refugee camp experiences, etc.
- General physical examination including review of systems, including heart, lungs, abdomen, ear-nose-throat (ENT), neurological, and skin evaluation
- If the history cannot be completed, please explain briefly.
- Other, document/specify any other screening you may have provided that is not on the form at present

CDC Recommendation:

- Nutritional evaluation of all refugee children upon arrival.

Perform a general physical examination including review of systems, including heart, lungs, abdomen, ear-nose-throat, neurological, and skin evaluation.

For children under the age of 16

- Head circumference: centimeters
- Blood lead level: please record level, not merely high or low
- Test Date (Blood Lead level): Mandatory for reimbursement.

For all ages record:

- Height: inches
- Weight: pounds
- (Height and weight are used to compute BMI-Body Mass Index used for nutritional status screening in adults and growth in children)
- Temperature: degrees Fahrenheit
- Pulse: beats per minute
- BP Systolic: mg mercury
- BP Diastolic: mg mercury

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- Visual acuity (normal or refer)
- Hearing (normal or refer)
- Complete blood count including:
 - White blood cells
 - Mean corpuscular volume
 - Hemoglobin
- Urinalysis
 - Specific Gravity
- Notes
- Oral Exam (normal or refer)
- Speech (normal or refer)
 - Hematocrit
 - Differential Eosinophils
 - Serum Glucose
 - pH

Record diagnoses (as opposed to the symptoms which led to the diagnosis) other than those listed elsewhere in the health screening form. In this section record medications that are prescribed or dispensed such as for the treatment of parasitic infections and other conditions.

Section VII: Immunization Status

Providers are required to provide the first dose of all age/condition appropriate vaccines listed on the USCIS I-693 and JFS 01460 (Rev.03/2009) to prepare the refugee to change status to legal permanent resident.

Refugees must start immunizations within 90 days of their arrival to U.S.

It is not expected that contracted providers administer complete vaccine series for refugees. Providers should refer refugees to primary care and emphasize the need to complete the vaccine series.

- Evaluate immunization history and review all available related overseas documentations
- Document immunity based on exam, history or serologic testing
- Record Mo/Day/Year of each immunization.
- Give each refugee a childhood or adult vaccination booklet, with completed documentation of all known vaccinations.
- Instruct refugees to bring the documentation to all medical visits including the Civil Surgeon evaluation required for change of status applications.

Section VIII: Parasite Screening

Stool:

- Conduct stool examinations for ova and parasites. If parasites are identified, one stool specimen should be submitted 2-3 weeks after completion of therapy to determine response to treatment.
- If parasites are not identified in a single specimen AND the eosinophil count is high, please consider repeat stool specimens. **High eosinophil counts may be an indication that there is an undiagnosed parasitic infection.**

Blood:

Screen for malaria only if symptomatic or if from an endemic area and person has a history suspicious of infection. If not screened explain reason.

NOTE: Include last, first, middle name and alien number at the top of the page.

Section IX: Tuberculosis Screening

TB Test: Perform and document the date and results of TB skin test or blood assay mycobacterium test for all refugees (regardless of BCG history), unless medically contraindicated. The skin test should be read by qualified personnel between 48 – 72 hours.

If TB skin test or blood assay mycobacterium test are positive.

Chest x-ray: Chest x-ray should be performed for all individuals with a positive TB skin test or blood assay mycobacterium test. A chest x-ray should also be performed for those individuals classified as TB Class A or TB Class B during the overseas exam and for those who have symptoms compatible with TB disease, regardless of TB skin test results.

Section X: Hepatitis B Screening

For all refugees administer a Hepatitis B screening panel including:

- Hepatitis B surface antigen (HBsAg)
- Hepatitis B surface antibody (anti-HBs)
- Hepatitis B core antibody (anti-HBc)

Screen all household contacts of carriers and immunize susceptible. Refer all carriers for additional medical evaluation.

Section XI: Sexual History and Sexually Transmitted Infections

These tests should be completed only if indicated on overseas report, and/ or if symptomatic, or if from an endemic area and person has a history suspicious of infection.

Test for: Syphilis by administering VDRL or RPR. Confirm positive VDRL or RPR by FTA-ABS/MHATP or other confirmatory test. Repeat VDRL/FTA in 2 weeks if lesions typical of primary syphilis are noted and person is sero-negative on initial screening.

Use your clinical judgment to screen for:

- Gonorrhea and Chlamydia using urine testing if possible.
- HIV and Other STDs screen if indicated on overseas report and if symptomatic or if from an endemic area and person has a history suspicious of infection.

For Women Only

- Female Circumcision present or not
- Pregnancy if indicated by history or exam (urine test)

NOTE: Include last, first, middle name and alien number at the top of the page.

Section XII: 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.

Required Referrals

▫ Referral 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.

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

▫ Referral to USCIS–designated Civil Surgeon

Providers must supply all refugees with the contact information for their nearest USCIS Civil Surgeon to facilitate completion of the I-693 form. See page 2 of the Core Screening Procedures for details on the requirements for change of status for refugees. Civil Surgeons can be located using: :

https://egov.uscis.gov/crisgwi/go?action=offices.type&OfficeLocator.office_type=CIV or by calling the National Customer Service Center at 1 (800) 375-5283.

Section VI: Authorization for Release or Use of Protected Health Information

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

Providers must supply an authorization for the release and use of protected health information form to refugees for their signature and dating, authorizing ODJFS 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 ODJFS.

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.

When submitting refugee health screening electronically, the Authorization for Release or Use of Protected Health Information MUST be kept in the patient's file and be available for inspection and or monitoring purposes.