

**Refugees – Syrian Resettlement Programme - Prospective Health and Wellbeing Needs Assessment**

**Halton Borough Council**

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## A) Background

Since 2011, Syria has experienced significant conflict, with large numbers of civilians killed, injured and displaced. The United Nations High Commissioner for Refugees (UNHCR) has documented almost five million Syrian refugees within camps located in Turkey, Egypt, Iraq, Jordan and Lebanon ([UNHCR, 2016](#)).

In autumn 2015, the UK Government announced the intention to resettle up to vulnerable 20,000 refugees from the Syrian region over the next five years.

The UNHCR identifies and assesses people in need of resettlement based on the specific criteria: - women and girls at risk; survivors of violence and/or torture; refugees with legal and/or physical protection needs; refugees with medical needs or disabilities; children and adolescents at risk; persons at risk due to their sexual orientation or gender identity; and refugees with family links in resettlement countries. The UK Home Office reviews the eligibility and medical and security checks are undertaken prior to acceptance. The International Organisation for Migration forward resettlement applications to Local Authorities who will be asked to accept or reject based on needs and local capacity ([Home Office, 2015](#)).

Refugees arriving in the UK under the Syrian Resettlement Programme will be granted humanitarian protection allowing leave to remain for five years with full access to employment, public funds and rights to family reunion. After five years, eligibility to apply for settlement in the UK will be assessed ([Home Office, 2015](#)). Local authorities will receive 12 months of a refugee's resettlement costs through Central Government. Central Government has indicated a further £130 million is available for local authorities to support refugees beyond their first year in the UK. Clinical Commissioning Groups can claim back allocated funding for registration with health professionals and initial primary care costs (at a cost of £600 per person) and some initial secondary care costs (at a cost of £2,000 per person). Additional or exceptional, healthcare costs are to be considered on a case-by-case basis at a national level (Home Office, 2016). Health services commissioned by the Local Authority, for example school nursing, health visiting, sexual health services are not to receive additional funding.

Across the North West, local authorities including Halton Borough Council have committed to supporting the Syrian Refugee Resettlement Programme. Liverpool City Council is co-ordinating the resettlement programme on behalf of other local authorities in Merseyside. It is expected that Halton will host 100 of these refugees. However, it is unknown what the family/individual profiles and needs are.

In April 2016, the Public Health team within Halton Borough Council proposed undertaking a Health and Wellbeing Needs Assessment (HNA) to: -

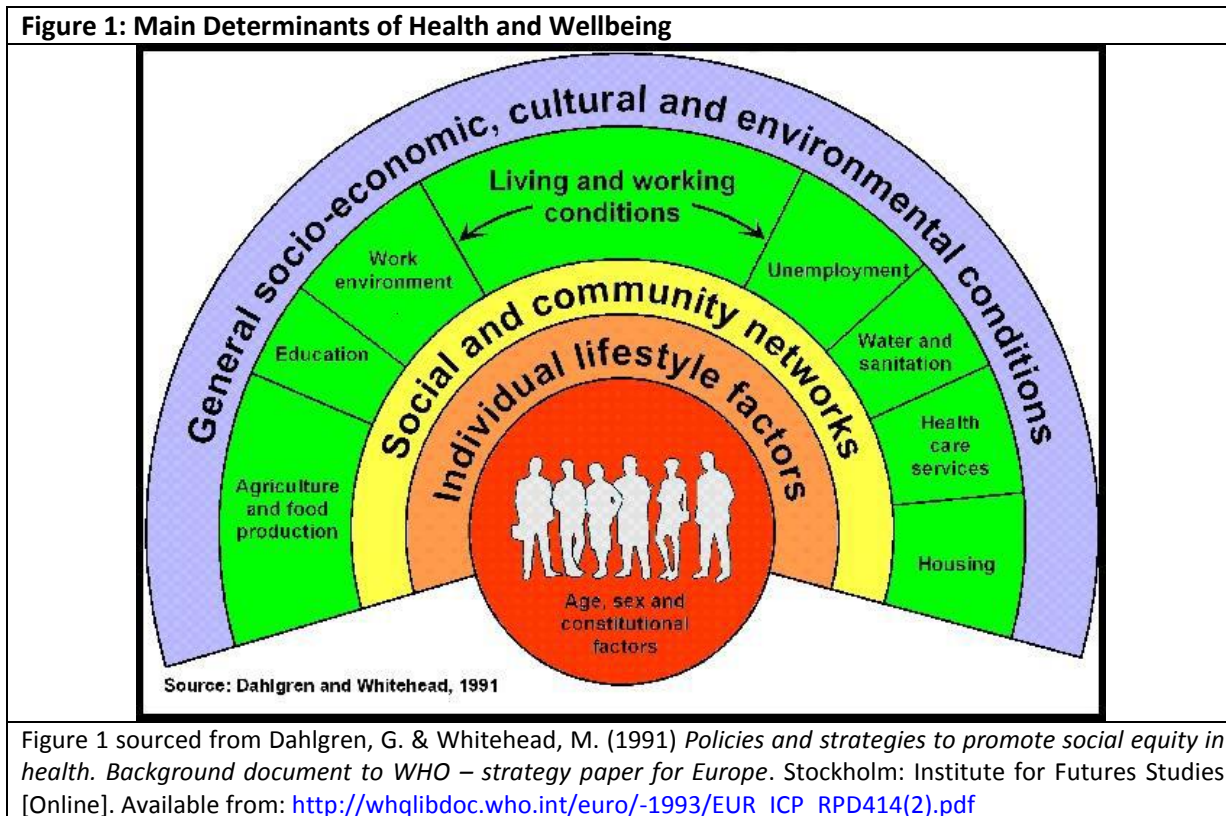
- Identify the potential needs of Refugees within the Syrian Resettlement Programme
- Identify strengths and gaps with local stakeholders
- Inform local multi-agency forum's strategic plan and development of services

Engagement and consultation was undertaken with the Regional Strategic Migration Partnership, Public Health England, Halton CCG and experienced third sector organisations within Liverpool.

## B) Syrian Refugees Health and Wellbeing Needs

Refugees are not a homogenous group; therefore their health and wellbeing needs also vary considerably. The Dahlgren & Whitehead (1991) model considers the main determinants of health encompassing age, sex and constitutional factors, lifestyle, social and community networks, living and working conditions and general socio-economic, cultural and environmental conditions (Figure 1).

Figure 1: Main Determinants of Health and Wellbeing



Refugees' health and wellbeing needs are similar to that of the general population where they settle, influenced by age, gender, ethnicity, and socio-economic circumstances (HPA, 2012, Ingleby, 2009). However, some specific needs may arise depending on ethnicity or country of origin and reasons for migration.

Ager (1999) outlines four discrete phases of the refugee experience which impact on a Refugees' Health and Wellbeing Needs; **Pre-Flight, Flight, Temporary Settlement, Resettlement or Repatriation**. These phases are considered in the context of Syrian resettlement below, repatriation will not be discussed within this paper.

### 1. Pre-Flight

Prior to conflict, Syria's health indicator profile was positively improving leading causes of mortality were related to non-communicable disease and 90% of the population had access to primary health care institutions (WHO, 2009). The WHO (2015) estimates 13.5 million people affected by the Syrian conflict, 6.5 million people displaced within Syria, more than 4.3 million refugees, 1 million people injured and more than 250,000 deaths. Conflict impacts peoples' health and wellbeing through financial hardship, social disruption, oppression, physical and mental trauma. The WHO (WHO, 2016) has highlighted key health issues within Syria including: -

- Loss of health workers
- Access to public hospitals and primary health centres – maternity and long term conditions
- Production and cost of pharmaceuticals
- Lack of basic utilities including electricity, fuel, safe drinking water and sanitation;
- Increased gastrointestinal disease outbreaks
- Increase in vaccine preventable diseases
- Severe mental illness and risk of developing mental health disorders
- Traumatic injury and disability

## 2. Flight

Extreme factors will “push” people to leave their home, internally within Syria or crossing borders. This may involve separation from family, travelling long hazardous journeys and include experiences of physical and mental trauma. All of which will have a potential impact on refugees’ health and wellbeing.

## 3. Temporary Settlement

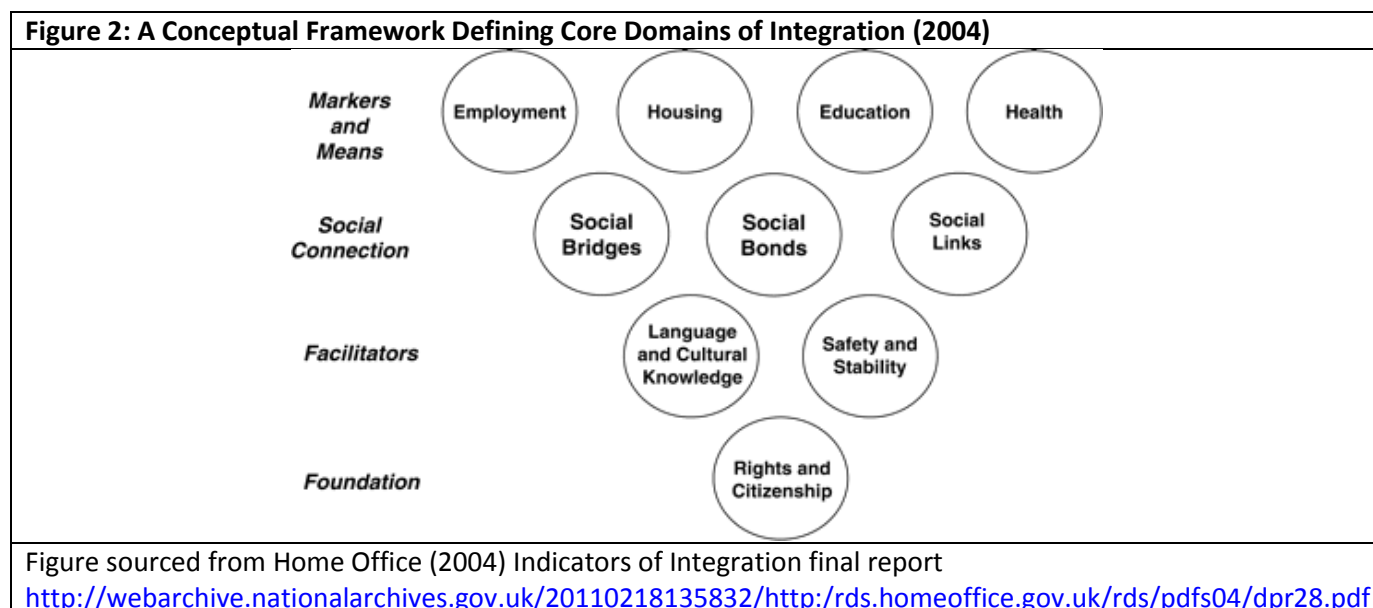
Refugees from Syria are being hosted in refugee camps in Turkey, Egypt, Iraq, Jordan and Lebanon. UNHCR (2016) and other agencies have highlighted key health and wellbeing issues within refugee camps hosting Syrian refugees including: -

- Management of non-communicable disease (Hypertension, Diabetes, Asthma)
- Communicable disease outbreaks (Gastro-intestinal illness, TB, Polio, Leishmaniosis, Measles)
- Vaccination coverage
- Disability
- Nutrition
- Mental health
- Maternal Health
- Gender-based Violence
- Education and Vocational Training

These key issues are likely to influence and impact current and future health and wellbeing needs of refugees.

## 4. Resettlement

The Local Authority will deliver housing provision, initial reception arrangements, casework and orientation support with English for Speakers of Other Languages classes, in line with Central Government’s ‘Statement of Requirements’ (Home Office, 2016). The Home Office (2004) previously commissioned the ‘Indicators of Integration study’ which considered the factors of refugee integration within the UK. Subsequently, an evidence-based conceptual framework (Figure 2) defining 10 core domains of integration was further developed by the researchers Ager and Strang (2008).



Housing, Health, Education and Employment are recognised as major critical factors in the integration ([Home Office, 2004](#)). Integration and access to state and voluntary agencies upon resettlement can be aided or impeded by language, reciprocal cultural knowledge, social connections, safety and stability.

Migration Yorkshire ([2016](#)) recently developed a comprehensive guide and checklists for Syrian Resettlement. Within Bradford, Syrian Refugees have already resettled through a holistic 'best practice model' ([Horton Housing, 2015](#)). This model has been utilised within local authority areas already resettling refugees from Syria.

**Recommendation: - Review Migration Yorkshire Guide for Syrian Resettlement and discuss implementation design and plan within a Halton context**

### **Housing**

Housing impacts security and stability, opportunities for social connection, and access to healthcare, education and employment ([Home Office, 2004](#)). The ICMC Europe & UK North West Gateway Resettlement Partnership ([2014](#)) produced 'A Good Practice Guide for Housing in Refugee Resettlement'.

**Recommendation: - Consider the availability and location of housing for Syrian refugee resettlement within Halton with a focus on safety and stability and access to facilities**

### **Health**

Refugees' health and wellbeing upon resettlement is essentially determined by the availability, accessibility, acceptability and quality of health and public services ([Davies et al., 2010](#), [Arai, 2005](#)). Health and wellbeing may decline following resettlement due to acculturation, wider determinants of health and inequalities common with other Black and Minority Ethnic (BME) groups in the UK ([Jayaweera, 2010](#), [Davies et al., 2006](#), [Kelly et al., 2005](#)).

It is anticipated that resettled Syrian Refugees will be the most vulnerable men, women and children, with complex health and wellbeing needs, based on the UNHCR criteria for assessment. Medical assessments (Appendix A) will be undertaken by the International Organisation for Migration prior to resettlement; however un-identified needs may arise upon arrival in the UK. The International Organisation for Migration is unable to share a synthesis of resettled refugees health needs. As previously highlighted, health and wellbeing of individuals in the context of four phases of the refugee experience will need to be anticipated and assessed upon resettlement. Informal feedback from areas already resettling Syrian Refugees, indicate that mental health and dental health are prominent needs.

**Recommendation: - Consider the availability and location of primary and dental care for Syrian refugees within Halton**

**Recommendation: - Identify 'best practice model' for primary care uptake, registration and assessment (tool) with Clinical Commissioning Group, NHS England and Public Health England**

**Recommendation: - Ascertain interpreting services and capacity, plus ensure translation policy is in place and communicated**

**Recommendation: - Establish training needs of health professionals in migrant health, refugee health needs, culture and working with interpreters**

**Recommendation: - Identify capacity and referral pathways for secondary, maternity, mental health and other specialist services**

**Recommendation: - Discuss potential social care needs, capacity and referral pathways**

## Education

Education creates significant opportunities for employment, for wider social connection and language learning. ([Home Office, 2004](#)).

Education system within Syria has been disrupted due to the conflict and opportunities within the refugee camps limited. Children and young people will need additional support to learn with consideration to language, culture, health and wellbeing needs ([Mitchell, 2015](#)).

**Recommendation: - Consider the availability, capacity and location of early years, primary and secondary education for Syrian refugees within Halton considering 'catch-up' support, ESOL and health and wellbeing support.**

**Recommendation: - Discuss education opportunities for work experience, vocational training or professional registration for Syrian refugees within Halton**

**Recommendation: - Develop communications strategy with education stakeholders to ensure community cohesion within Halton**

## Employment

Resettled Syrian refugees will be eligible to work in the UK. Consideration will need to be given to individuals' skills, health and wellbeing, availability of employment, work experience and further training. Refugees with professional qualifications may need to undertake validation training and work experience in the UK. Employment is valuable in refugees (re)establishing valued social roles, developing language and broader cultural competence and establishing social connections ([Home Office, 2004](#)).

**Recommendation: - Consider the skilled/unskilled employment opportunities within Halton with local/regional stakeholders**

**Recommendation: - Consider the skilled/unskilled work experience opportunities within Halton with local/regional stakeholders**

**Recommendation: - Identify processes for professional registration validation and work experience with local/regional/national stakeholders**

## Language, Culture and Social Connections

Historically, the Halton population has been largely white British, with only a small proportion of the population identified as being from a BME group (2.2% - 2011 census). The majority of the Halton population speak English and report Christianity as their religion.

In comparison to other local authority areas in the North West, Halton has no history of asylum seeker/refugees dispersal but has experienced small numbers of other migrant groups such as overseas students and European migrants. Resettlement of refugees has the potential to increase community tension in the Borough. Nationally, this issue has been used by a number of far right extremist groups to stir up racial hatred and community tensions.

Language is cross-cutting across all domains – Housing, Health, Education and Employment – aiding or impeding access to state and voluntary agencies and integration. Language is foreseen as a potential need for additional interpreting services, resources and education. Arabic is the predominant official language within Syria. However, there are other languages and spoken therefore identifying preferred language will be important prior to requesting interpreting services. English has historically been taught within Syrian education system. However, proficiency of English language when communicating complex information (eg. health information) should not be assumed.

Syria is a multi-faith country. It is anticipated that some resettled Syrian refugees may be Muslim. However, there is no mosque or supplier of halal food products within Halton. Mosques located near Halton are within Liverpool and Warrington, therefore access will require consideration.

Re-settled Syrian refugees integration can be supported by sharing cultural information about Halton and the UK, including customs/expectations, practical information and signposting (e.g. regarding transport, utilities, benefits etc.)

Establishing cross-cultural awareness and opportunities for social connection to support integration and cohesion between the host communities and refugee populations will be important.

**Recommendation: - Ascertain interpreting services and capacity (Housing, Health, Education and Employment) and ensure translation policy communicated**

**Recommendation: - Identify local and regional community/religious/BME organisations to support integration and access to services**

**Recommendation: - Develop communications strategy for local host community to facilitate social connections and support cohesion**

**Recommendation: - Ensure individual integration plans are developed for Syrian Resettlement Refugees to facilitate social connections with host community, groups and services**

### C. Halton Local Authority Area - Syrian Resettlement Programme

In April 2015, a multi-agency forum was established with stakeholders in Halton to assess, plan and implement local delivery for the Syrian Resettlement Programme. Halton Borough Council Lead Officer and Partnership Officer attend the Liverpool City Region Co-ordination Meeting, which is chaired by Halton Borough Council Chief Executive. It will be necessary to ensure close co-ordination between all local authority areas with clear standards of practice and referral pathways.

Members of the multi-agency forum are outlined in the Box 1 below: -

<b>Members of Multi-Agency Forum in Halton</b>
Halton Borough Council <ul style="list-style-type: none"> <li>• Chief Executive</li> <li>• Community Development Manager</li> <li>• Children and Young People</li> <li>• English as an Additional Language</li> <li>• Landlord Accreditation Officer</li> <li>• Lead Officer - Housing</li> <li>• Marketing and Communications</li> <li>• Partnership Officer</li> <li>• Public Health</li> </ul>
British Red Cross
Cheshire Police
Department of Works and Pensions/Job Centre Plus
Halton & St Helens Voluntary & Community Action
Halton Clinical Commissioning Group
Halton Disability Partnership
Halton Housing Trust
Halton Umbrella Group
Private Landlord Representative and Letting Agents
Runcorn Churches Together
SHAP - BME Engagement
Together Liverpool



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## Appendix A - International Organisation for Migration – Health Assessment Forms

		<b>Migration Health Assessment WORKSHEET Form 04MH_A</b>	<b>1. Assessment Date:</b>		
			<b>2. Program:</b>		
			<b>3. Ref. ID No:</b>		
<b>4. Name :</b>					
<i>(Last)</i>		<i>(First)</i>		<i>(Middle)</i>	
<b>5. Gender:</b> F <input type="checkbox"/> M <input type="checkbox"/>		<b>6. DOB:</b>	<b>7. Principal Applicant:</b> No <input type="checkbox"/> Yes <input type="checkbox"/>		
<b>8. Case No.</b>	<b>9. Country:</b>		<b>10. Nationality:</b>		
<b>11. Exam Place:</b>	<b>12. Exam Country:</b>		<b>13. Doctor:</b>		
<b>14. Health Assessment completed on:</b>					
<b>15. Medical Conditions Identified</b>					
<input type="checkbox"/> None	<input type="checkbox"/> Syphilis		<input type="checkbox"/> Physical impairment/disability		
<input type="checkbox"/> TB, active, infectious	<input type="checkbox"/> Other sexually transmitted diseases		<input type="checkbox"/> Significant Mental health condition		
<input type="checkbox"/> TB, active, non-infectious	<input type="checkbox"/> Human immunodeficiency virus		<input type="checkbox"/> Addiction(abuse) of specific substances		
<input type="checkbox"/> TB, inactive			<input type="checkbox"/> Other significant condition, specify:		
<b>16. Description of significant condition / Treatment / Recommendation</b>				<b>ICD Code(s)</b>	
				<b>Update</b>	
<b>17. TREATMENT Administered:</b> No <input type="checkbox"/> Yes <input type="checkbox"/> <i>(pls. provide details in Remarks above, or attach the "IOM treatment form")</i>					
<input type="checkbox"/> Syphilis		<input type="checkbox"/> Anti-malaria		<input type="checkbox"/> De-worming	
<b>Dates:</b>	<b>Drugs/Dosage:</b>	<b>Dates:</b>	<b>Drugs/Dosage:</b>	<b>Dates:</b>	<b>Drugs/Dosage:</b>
1.		1.		1.	
2.		2.		2.	
3.		3.		3.	
<b>18. VACCINES Administered:</b> No <input type="checkbox"/> Yes <input type="checkbox"/>					
<b>Dates:</b>	<b>Vaccine:</b>	<b>Dates:</b>	<b>Vaccine:</b>	<b>Dates:</b>	<b>Vaccine:</b>
1.		4.		7.	
2.		5.		8.	
3.		6.		9.	
<b>19. Travel Recommendations</b>			<b>20. Pregnancy</b>		No <input type="checkbox"/> Yes <input type="checkbox"/>
Fit to travel: Yes <input type="checkbox"/> Conditionally <input type="checkbox"/> No <input type="checkbox"/>			a) To travel Before:		
Special attention on pre-flight assessment: No <input type="checkbox"/> Yes <input type="checkbox"/>			b) Not to travel before:		
Hospitalization required: Pre-depart. <input type="checkbox"/> Post-arrival <input type="checkbox"/>					
<b>21. Equipment / Medication</b>			<b>22. Escorts</b>		No <input type="checkbox"/> Yes <input type="checkbox"/>
<input type="checkbox"/> Ambulance	<input type="checkbox"/> Stretcher	<input type="checkbox"/> Bowel Prep.		<input type="checkbox"/> Med. Escort-POE	<input type="checkbox"/> Family escort
<input type="checkbox"/> WCHR	<input type="checkbox"/> 3 seats	<input type="checkbox"/> Diapers		<input type="checkbox"/> Med. Escort-FD	<input type="checkbox"/> Operational Escort
<input type="checkbox"/> WCHS	<input type="checkbox"/> Oxygen	<input type="checkbox"/> Urinary catheter		<i>Medical Escort By:</i>	
<input type="checkbox"/> WCHC	<input type="checkbox"/> Interflight Th admin.	<input type="checkbox"/> Other		<input type="checkbox"/> Doctor <input type="checkbox"/> Nurse	
<b>23. Post-travel recommendations</b>			<b>23.A Follow-up needed :</b>		No <input type="checkbox"/> Yes <input type="checkbox"/>
Special schooling/employment needs <input type="checkbox"/>			By whom:		Within:
Consequences on daily living activities (Assistance Required) <input type="checkbox"/>			<input type="checkbox"/> by GP		<input type="checkbox"/> one week
Special housing requirements <input type="checkbox"/>			<input type="checkbox"/> by Specialist, specify:		<input type="checkbox"/> one month
Excessive demands for the health service <input type="checkbox"/>					<input type="checkbox"/> 6 months
<i>Remarks/Details:</i>					
<b>Date:</b>		<b>Examining physician's name address and telephone number (stamp may be used):</b>			
<b>Signature:</b>					

**Form 04MH\_B**  
**MEDICAL HISTORY & PHYSICAL EXAM**

1. Assessment Date:
2. Program:

3. Name:	4. Case No:	5. Date of Birth:
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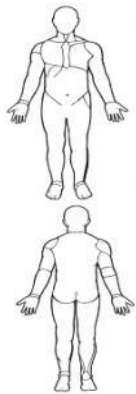
Yes	No	1. Medical History	
<input type="checkbox"/>	<input type="checkbox"/>	Illness or injury requiring hospitalization	<input type="checkbox"/> <input type="checkbox"/> Recurrent fever (last 6 months)
<input type="checkbox"/>	<input type="checkbox"/>	Surgical interventions	<input type="checkbox"/> <input type="checkbox"/> Coughing
<input type="checkbox"/>	<input type="checkbox"/>	Heart disease or high blood pressure	<input type="checkbox"/> <input type="checkbox"/> Loss of weight (last 6 months)
<input type="checkbox"/>	<input type="checkbox"/>	Neurologic disease, incl. stroke or seizures	<input type="checkbox"/> <input type="checkbox"/> Sexually transmitted diseases
<input type="checkbox"/>	<input type="checkbox"/>	Mental illness/problems	<input type="checkbox"/> <input type="checkbox"/> Skin problems (rash, etc...)
<input type="checkbox"/>	<input type="checkbox"/>	Stomach or bowel disease (incl. recent diarrhea)	<input type="checkbox"/> <input type="checkbox"/> Tattoos, body piercing
<input type="checkbox"/>	<input type="checkbox"/>	Liver or kidney disease	<input type="checkbox"/> <input type="checkbox"/> History of blood transfusions
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes or other endocrine disorder	<input type="checkbox"/> <input type="checkbox"/> History of torture/violence
<input type="checkbox"/>	<input type="checkbox"/>	Urogenital problems / conditions	<input type="checkbox"/> <input type="checkbox"/> Displaced from home, number of months:
<input type="checkbox"/>	<input type="checkbox"/>	Hematologic disease	<input type="checkbox"/> <input type="checkbox"/> Are you taking medications, specify below
<input type="checkbox"/>	<input type="checkbox"/>	Muscle, bone and joint problems	<input type="checkbox"/> <input type="checkbox"/> Do you have any drug allergies?
<input type="checkbox"/>	<input type="checkbox"/>	Problems with eyes or ears	<input type="checkbox"/> <input type="checkbox"/> Smoking habits:      Years:      No/day:
<input type="checkbox"/>	<input type="checkbox"/>	Cancer or tumors	<input type="checkbox"/> <input type="checkbox"/> Alcohol habits:      Years:      Units/week:
<input type="checkbox"/>	<input type="checkbox"/>	TB, pneumonia, or other lung disease	<input type="checkbox"/> <input type="checkbox"/> Illicit drug use? Specify past or present, name of the drug(s), quantity, period, when stopped (if in the past), any treatment
<input type="checkbox"/>	<input type="checkbox"/>	Household member with significant. inf. disease (or TB contact in general)	

2. Reproductive history <i>Number</i>			
Pregnancies:		LM Period :	
Deliveries:		Are you pregnant?	<input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> Yes
Babies born alive:		Gestation (what week?):	

3. Physical Examination:				(repeat if abnormal)			
Height		<i>cm</i>		Vital sign	Initial	Repeated	Units
Weight		<i>Kg</i>		BP			<i>mmHg</i>
BMI		<i>Kg/m<sup>2</sup></i>		Pulse			<i>/min</i>
Head circumference (< 18months)		<i>cm</i>		Resp.rate			<i>/min</i>
Visual Acuity		Uncorrected		Corrected		Correction (if available)	
Left/ Right		/		/		/	
<i>N Abn ND</i>		<i>N Abn ND</i>		<i>N Abn ND</i>			

General appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visible disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin (incl. scars)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental state	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdominal/GIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurologic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EENT (incl. hearing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Musculo-skeletal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lymph nodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genito-urinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breasts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hernial sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pregnant: Yes <input type="checkbox"/> No <input type="checkbox"/> Fundal height (cm):			

Remarks/Notes:





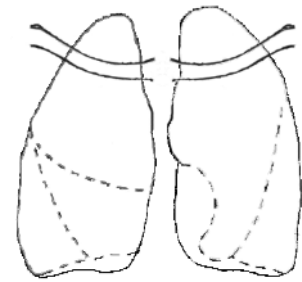
**Migration Health Assessment  
CXR&TB LAB WORKSHEET  
Form 04MH\_CXR**

1. Assessment Date:
2. Program:
3. Ref. ID No:

4. Name:		
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>
5. Case NO:	6. Date of Birth:	

7. Chest X-Ray	<input type="checkbox"/> Done on	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal F/U needed	<input type="checkbox"/> Abnormal no F/U
	<input type="checkbox"/> Not Done due to:	<input type="checkbox"/> Age	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Other, Specify
8. From the Medical file:	<input type="checkbox"/> TB signs or symptoms <input type="checkbox"/> Contact with TB patient <input type="checkbox"/> History of TB			

9. Chest X-ray Interpretation by the Radiologist		
<input type="checkbox"/> Can suggest Active TB (need smears)	<input type="checkbox"/> Can suggest INACTIVE TB (need smears if symptomatic)	<input type="checkbox"/> Other X-ray findings
<input type="checkbox"/> Infiltrate or consolidation	<input type="checkbox"/> Discrete fibrotic scar or linear opacity	<input type="checkbox"/> Musculoskeletal
<input type="checkbox"/> Any cavitary lesion	<input type="checkbox"/> Discrete nodule(s) without calcification	<input type="checkbox"/> Cardiac or major vessels
<input type="checkbox"/> Nodule with poorly-defined margins ( <i>such as tuberculoma</i> )	<input type="checkbox"/> Discrete fibrotic scar with volume loss or retraction	<input type="checkbox"/> Pulmonary
<input type="checkbox"/> Linear, interstitial markings ( <i>children only</i> )	<input type="checkbox"/> Discrete nodule(s) with volume loss or retraction	<input type="checkbox"/> Other
<input type="checkbox"/> Pleural effusion	<input type="checkbox"/> Upper lobe retraction or volume loss	
<input type="checkbox"/> Hilar/Mediastinal adenopathy	<input type="checkbox"/> Other (such as bronchiectasis)	
<input type="checkbox"/> Other ( <i>such as miliary findings</i> )		



Date:	Radiologist's Name:	Radiologist's Signature:

10. IOM Physician's Comments on CXR

11. TB Smears and Cultures											
Date:	Smears <input type="checkbox"/> Done <input type="checkbox"/> Not Done						Cultures <input type="checkbox"/> Done <input type="checkbox"/> Not Done				DST <input type="checkbox"/> Done <input type="checkbox"/> Not Done
	Neg	Scanty	AFB <small>count</small>	1+ <small>(1-9/10F)</small>	2+ <small>(1-10,F)</small>	3+ <small>(&gt;10F)</small>	Neg	Pos	Cont	Non Diagn.	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

12. TST <input type="checkbox"/> Done <input type="checkbox"/> Not Done			
Date taken	Date read:	Result, mm:	History of BCG
			No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/>

**Form 04MH\_LAB  
LAB WORKSHEET**

<b>1. Assessment Date:</b>
<b>2. Program:</b>

<b>3. Name</b>	<b>4. Case No</b>	<b>5. Date of Birth:</b>
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<b>6. HIV Test</b> <input type="checkbox"/> Done <input type="checkbox"/> Not Done				
<b>Type:</b>	<b>Date:</b>	<b>Test kit:</b>	<b>Test Results:</b>	<b>Test Notes:</b>
Screening			<input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Indt.	
Screening			<input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Indt.	
Screening			<input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Indt.	
Confirmatory			<input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Indt.	

<b>7. Syphilis Test</b> <input type="checkbox"/> Done <input type="checkbox"/> Not Done					
<b>Type:</b>	<b>Date:</b>	<b>Test kit:</b>	<b>Test Results:</b>	<b>Titer:</b>	<b>Test Notes:</b>
Screening			<input type="checkbox"/> Neg <input type="checkbox"/> Pos		
Confirmatory			<input type="checkbox"/> Neg <input type="checkbox"/> Pos		

<b>8. Urinalysis</b> <input type="checkbox"/> Done <input type="checkbox"/> Not Done						<b>Microscopy:</b>
<b>Date:</b> 12-Dec-2007	<b>Blood</b>	<input type="checkbox"/> Neg <input type="checkbox"/> Pos	<b>Repeat Date:</b> 04-Dec-2007	<b>Blood</b>	<input type="checkbox"/> Neg <input type="checkbox"/> Pos	
	<b>Albumin</b>	<input type="checkbox"/> Neg <input type="checkbox"/> Pos		<b>Albumin</b>	<input type="checkbox"/> Neg <input type="checkbox"/> Pos	
	<b>Sugar</b>	<input type="checkbox"/> Neg <input type="checkbox"/> Pos		<b>Sugar</b>	<input type="checkbox"/> Neg <input type="checkbox"/> Pos	

<b>9. CBC</b> <input type="checkbox"/> Done on <input type="checkbox"/> Not Done							
<b>Name:</b>	<b>Result:</b>	<b>Unit</b>	<b>Ref. range:</b>	<b>Name:</b>	<b>Result:</b>	<b>Unit</b>	<b>Ref. range:</b>
WBC		x 10 <sup>3</sup> /mm <sup>3</sup>	5.0-10.0	Eosinophils, %		Percent	0-4
RBC		x 10 <sup>6</sup> /mm <sup>3</sup>	4.1-5.3	Basophils, %		Percent	0-2
Hemoglobin		g/dL	12.0-18.0	Neutrophils, abs		x 10 <sup>3</sup> /mm <sup>3</sup>	1.8-7.8
Hematocrit		Percent	37.0-52.0	Lymphocytes, abs		x 10 <sup>3</sup> /mm <sup>3</sup>	0.7-4.5
Platelets		x 10 <sup>3</sup> /mm <sup>3</sup>	140-390	Monocytes, abs		x 10 <sup>3</sup> /mm <sup>3</sup>	0.1-1.0
Neutrophils, %		Percent	45-76	Eosinophils, abs		x 10 <sup>3</sup> /mm <sup>3</sup>	0.0-0.4
Lymphocytes, %		Percent	17-44	Basophils, abs		x 10 <sup>3</sup> /mm <sup>3</sup>	0.0-0.2
Monocytes, %		Percent	3-10				

<b>10. Other tests with Numeric Results</b>					
<b>Date:</b>	<b>Test name:</b>	<b>Result:</b>	<b>Unit:</b>	<b>Ref. Range:</b>	<b>Test Notes:</b>
	Select the test				
	Select the test				
	Select the test				
	Select the test				
	Select the test				
	Select the test				
	Select the test				
	Select the test				
	Select the test				

<b>11. Other tests with Neg/Positive Results</b>				
<b>Date:</b>	<b>Test name:</b>	<b>Test kit:</b>	<b>Test Results:</b>	<b>Test Notes:</b>
	Hep B		<input type="checkbox"/> Neg <input type="checkbox"/> Pos	
	Select the test		<input type="checkbox"/> Neg <input type="checkbox"/> Pos	
	Select the test		<input type="checkbox"/> Neg <input type="checkbox"/> Pos	
	Select the test		<input type="checkbox"/> Neg <input type="checkbox"/> Pos	
	Select the test		<input type="checkbox"/> Neg <input type="checkbox"/> Pos	
	Select the test		<input type="checkbox"/> Neg <input type="checkbox"/> Pos	
	Select the test		<input type="checkbox"/> Neg <input type="checkbox"/> Pos	

**Lab Remarks:**

