

***UW-MILWAUKEE COLLEGE OF NURSING INSTITUTE FOR URBAN HEALTH PARTNERSHIPS
TEACHING TODAY'S STUDENTS FOR TOMORROW'S AMERICA (TTSTA)
REFUGEE PRE-ARRIVAL RECORD REVIEW FORM***

DATE OF REVIEW: _____

REFUGEE NAME (last, first): _____

D.O.B: _____ Age: _____ Sex: _____

Birthplace: _____ Country of Departure: _____

Language: _____ Date of overseas medical exam: _____

Religious Affiliation: _____

Class A conditions: _____

Class B conditions: _____

Immunization Documentation

US Vaccination requirements complete:

Requesting Blanket Waiver _____

US Vaccination requirements NOT complete:

Requesting Individual Waiver based on religious or moral convictions _____

Requesting Adoptee Exemption _____

Application refuses vaccination _____

Priority Health Concerns recommended by Health Care Provider:

1) Health Screening #1: _____

Health Screening

#2: _____

Primary Health

Care: _____

7) Medication List: _____

2) Vaccinations: _____

3) TB follow-up: _____

4) Other Health Concerns: _____

5) Allergies: _____

6) PG/FP: _____

Name and Title of Reviewing Health Care Provider (please print): _____

Signature of Reviewing Health Care Provider: _____

Provider's Health Care Agency Name & Address: _____ Phone: _____

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