



This form should only be completed for Ukrainian Humanitarian Parolees admitted in the U.S. through the Uniting for Ukraine program. If a comprehensive refugee health examination was completed, please contact the Minnesota Department of Health Refugee Health Program for additional instructions.

Patient name (Last, First) _____

Date of birth _____ Patient phone number _____

Patient address _____

Date of U.S. Arrival: _____

Clinician name (Last, First) _____ Clinic Phone number _____

Clinic Name _____ Clinic Address _____

Please send completed form to:

Minnesota Department of Health Refugee Health Program

Fax: 1-800-311-9194

Email: refugeehealth@state.mn.us (encrypted emails only)

Table with 4 columns: IGRA Testing, Chest x-ray, Diagnosis, Treatment. Rows include test results (Positive/Negative), chest x-ray findings (Normal/Abnormal), and diagnosis/treatment options (No TB, Latent TB, Active TB, etc.).



NOTICE FOR HEALTHCARE PROVIDERS REGARDING RELEASE OF INFORMATION

Information on this Refugee Health Assessment Form is collected for the Minnesota Department of Health (MDH), by authority of 8 U.S. Code Chapter 12, Subchapter IV, Section 412(c)(3)* of the Immigration and Nationality Act. The information you or your clinic provide is used to obtain a health evaluation and/or treatment for the patient. It can also facilitate the individual's enrollment into a school, childcare, or early childhood programs as required by Minnesota Statutes §121A.15. MDH may release this information on the form to health care providers or agencies which are involved in the care of the individual. These health care providers and agencies usually include medical, mental and dental care providers, public health agencies, hospitals, schools, childcare centers and early childhood programs. All public health agencies, health institutions, or providers to whom the refugee has appeared for treatment or services will be entitled to the information included on this form.

Although some of the information collected includes legally reportable diseases (MN Rules Chapter 4605), there is no obligation to provide supplemental information and the client will receive health care services even if your entity does not provide the supplemental information. However, if the information is not provided, it may result in delay of services or denial of enrollment into a Minnesota school, childcare center or early childhood program because information may not be shared with agencies.

MDH protects private data in accordance with the Government Data Practices statutes, Minnesota Statutes, Chapter 13.

Why is MDH asking for the information?

- To help the patient get medical services to ensure they receive appropriate health care
- To make reports, do research, conduct audits, evaluate refugee programs, and develop interventions and educational/outreach activities to ensure refugees received appropriate health care.

With whom may this information be shared?

- Healthcare providers, public health agencies, and hospitals involved in the care of the refugee
- Local, state, or federal public health agencies conducting program evaluations to ensure refugees receive appropriate care.

For more information, contact:

Minnesota Department of Health Refugee Health Program

625 Robert Street N

P. O. Box 64975

St Paul, MN 55164-0975

(651) 201-5414 (metro)

1-877-676-5414 (toll-free)

refugeehealth@state.mn.us

www.health.state.mn.us/refugee