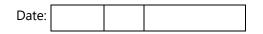
Appendix.

Malmö city

MEDICAL ASSESSMENT OF NEWLY ARRIVED CHILDREN FROM ABROAD



Name	0		
Surname	0		
ID	0		
Address:	0		
Postal code	0	Phone	
Country of	0	Mother tounge	
birth			
Date of arrival in Sweden			
Place of arriv	al in Sweden		

If yes on any of these question-immediate referral to Refugee health clinic

Affected general condition	Yes	No
Jaundice(eyes and/or skin)	Yes	No
Diarrhea	Yes	No
Longstanding cough	Yes	No
Longstanding fever	Yes	No
Acute contagious skin disorder (scabies etc)	Yes	No
Mouth and throat infection	Yes	No
Abnormal fatigue	Yes	No

Anemia, marked pallor	Yes	No
Previous hospital admission with blood transfusion	Yes	No
Night sweat	Yes	No
Family relation has ongoing infection	Yes	No

If yes on any of these questions, communicate result to school nurse/physician in the school the student will attend

History of poor growth	Yes	No
History of poor eyesight	Yes	No
History of impaired hearing	Yes	No
History or sign of disability	Yes	No
History of severe psychological trauma	Yes	No
History of other psychological problem	Yes	No
Caretaker has concern about the child's health	Yes	No

Information to school health nurse at the receiving school

Does the care	caretaker think the child is in good health? Yes No									
Comment	-									
Any ongoing	medicati	on?				Yes	No			
Comment										
History of allergies? Yes No										
Comment										
Weight (kg):										
Height (cm):										
Back:			Grade:							
Vision:	Right:									

Hearing:	Right:		Left:					
Teeth:								
Sleep:								
Food:								
BCG-SCAR	Yes.	No.						
Testicles:	Yes, according to caretaker No, according to caretaker. Unknown							
Age of mena	rche:	Year:						
Previous vac	cinations	:						
Other:								

Referrals

Student referred to:
Comment
Communication with attending school nurse/physician
Comment
Screening made by:

Student can attend classes

Date:	
Signature:	