

DEPARTMENT OF HOMELAND SECURITY U.S. Customs and Border Protection

ALIEN INITIAL HEALTH INTERVIEW QUESTIONNAIRE

ALIEN INFORMATION						
Alien's Nan	ne (Last, First, MI)				A-Number (if any)	
Age	Date of Birth	Gender	Country	of Citizenship		
Agent/Offic		<u>'</u>		Event Number		
Agent/Offic	er: Are you able to communica	te with the Alien	?		Date Completed	
ALIEN HEALTH BACKGROUND						
ALIEN RESPONSE AGENT/OFFICER OBSERVATION						
		Yes	No	Additional	nal detail as appropriate	
1. Do you have a history of or current medical or mental health issues?						
2. Are you taking any prescription medications? If yes, do you have it with you?		ns?				
Do you have any allergies? (e.g. food, medicine)						
4. Are you	a drug user?					
FEMALES ONLY						
5. Are you months?	oregnant? If yes, how many					
6. Are you	nursing?					
ALIEN HEALTH INTERVIEW						
If answered or observed "Yes" to any of the health interview questions below, then refer for a medical assessment.			SPONSE	AGENT/OFFICER OBSERVATION		
		Yes	No	Additional	al detail as appropriate	
	currently ill or injured or do yo gnificant pain?	u 🗆				
8. Do you	have a skin rash?					
9. Do you have a contagious disease?						
10. Are you thinking about hurting yourself or others?		f or \Box				
11. Do you feel feverish or do you feel that you have a fever?		t 🗆				
12. Do you breathir	have a cough or difficulty ng?					
13. Do you l	have nausea, vomiting, or diarrh	ea?				
ADDITIONAL AGENT/OFFICER OBSERVATIONS						
Are there any other observations or concerns? Examples are: disorientation, bruising/bleeding, yellow eyes/skin, environment-						
related illness (heat stroke, hypothermia, severe dehydration)						
		MEDICAL AS	SESSMEN	IT REFERRAL		
Was the alien referred for a Medical Assessment? Yes No						

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