

ANNEX: The revised vulnerability template

MEDICAL AND PSYCHOSOCIAL ASSESSMENT FORM VULNERABILITY
ASSESSMENT
GREECE

- Only medical doctors and clinical psychologists licensed to practice in any part of Greece may certify the form
- The medical professional must conduct an in-person medical examination of the applicant to certify the form
- Staff associated with the medical professional may assist in completing the form BUT the medical professional alone is responsible for verifying the accuracy of the content and for certifying the form ⇒ The doctor must verify that the information about the medical condition is correct
- Responses should utilize common terminology without abbreviations
- All questions and items requested on Form must be answered fully. An incomplete Form will cause a delay, and may entail consequences on the rights of the individual during the asylum procedure; the document might not be accepted by RIS and/or AS and/or HP.
- The vulnerability assessment can take place at any stage of the ongoing asylum procedure. For each new assessment, a new template is filled out with the newest date and uploaded to POL ONLINE.

Please consider the information you have recorded regarding this applicant, taking into account the Instructions and provide a grading on their vulnerability status

PERSONAL DETAILS OF THE PATIENT	
DIKA nr	
First Name	
Family Name	
Gender	
Birth Date	
Country of Origin	
Representative (if applicable)	
Identity Documents	
ID	
Passport	
Other	
Child	
Unaccompanied	Yes/No
Child accompanied by parent/s	
Child accompanied by family member/s	
Child accompanied by temporary guardian	

VULNERABILITY RATING

A. Vulnerable	Vulnerability according to Greek law is evident. Follow up assessment and development of a care plan is recommended. Reference should be made to the immediate need of support. <i>(Please tick all vulnerability forms assessed on page 2)</i>
B. Non-Vulnerable with special reception needs	Non vulnerability is evident. However vulnerability could develop without preventative support measures. Frequent monitoring of special reception needs is recommended. <i>(Please do not tick any vulnerability form on page 2)</i>
C. Non-Vulnerable with no special reception needs	Non vulnerability is evident. No follow up assessment and development of a care plan is recommended. <i>(Please do not tick any vulnerability form on page 2)</i>

Comments on vulnerability rating: provide the relevant medical code as accepted by the MoH. This includes the international classification of Diseases (ICD-10) or the diagnostic and of the statistical Manual of Mental Disorders (DSM).

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IDENTIFIED FORMS OF VULNERABILITY (according to Greek law 4375/2016)		
1	UAM/separated child	
2	Person with incurable disease Person with serious disease Person with disabilities	
3	Elderly person	
4	Pregnant woman / woman who recently gave birth	
5	One parent family with underage children	
6	Victim of torture Victim of sexual exploitation SGBV victim Persons with PTSD Wreck survivors Relatives of wreck victims THB victim	

VULNERABILITY TEMPLATE

1. MEDICAL HISTORY	
1A. HEALTH CONDITION	
Physical health	
Mental health	
Risk of suicide & self harm and harm to others (<i>see suicide risks in annex II</i>)	
Disability (<i>see disability categories in annex III</i>)	
Substance addiction	
Other Findings	
1B. MEDICAL DOCUMENTS PRESENTED BY THE PATIENT	
(include details of the medical documents, brief summary of the content, relevancy, previous diagnosis)	

2. TREATMENT
(include details of the patient's previous, current and need for further treatment, whether continuous treatment is required, need for special diet, availability of treatment locally etc)

3. TRAVEL RESTRICTIONS OF THE PATIENT
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(include details if the patient has any restrictions to travel due to the medical condition)
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4. ADDITIONAL OBSERVATIONS AND/OR FINDINGS

(include any additional details that may be relevant, such as effect of the vulnerability in daily activities, whether support from another person required, non availability of drugs etc)

DEFINE IMPAIRMENT

Circle appropriately

A. Impairment associated with physical and developmental conditions (see ANNEX I)

1. Mobility
2. Cognitive impairment
3. Sensory impairment

B. Impairment associated with psychological and psychiatric conditions(see ANNEX I)

1. Impaired attention and concentration
2. Impaired form and content of thought
3. Impaired memory

The patient was properly informed in a language he/she understands and consented to the sharing of his/her health personal data by the police/first reception/asylum services/social assistance/protection services and EU agencies working for these services for the purposes

EXAMINING PHYSICIAN'S DECLARATION

This declaration must be signed and dated by the examining physician responsible for this evaluation. This declaration must be signed after the examining physician has sighted and considered all medical data. Please read carefully before signing. Please write name and other details below:

I certify that this person has been examined by me or staff under my supervision and their identification in terms of papers has been confirmed.

I certify that the statements my staff and I have made are true, correct and complete to the best of my knowledge.

Date:

DDMMYYYY

Full name:

Member number of the medical association:

Place of issue:

Postal address:

Daytime telephone number

Email address:

Signature of examining physician:

ANNEX I

A. Impairment associated with physical and developmental conditions

A1. Mobility/other health problems

Limitations to physical mobility –needing a wheelchair, walking frame

Incontinence

Needing oxygen support

Difficulty in sitting or walking

Risk of allergic reactions

Infections (acute severe or chronic)

A2. Cognitive impairment

Cognitive impairment can be caused by intellectual disability, developmental disorders, acquired brain injury and physical conditions affecting brain functioning. Stroke or neurological damage resulting in severe impairment need expert physician assistance

A3. Sensory impairment

Hearing/visual loss

B. Impairment associated with psychological and psychiatric conditions

B1. Impaired attention and concentration

Concentration is required in order to direct attention to something or someone. A large number of psychological conditions and disorders go together with a reduced capacity to concentrate e.g. –PTSD-depression

B2 Impaired form and content of thought

Impairments in the form and content of thought involve disruption to the flow of thought (flight of ideas/loosening of associations; over-inclusive or tangential thinking). The individual cannot confine their thoughts to the topic discussed

When severe they are usually associated with psychiatric conditions:

- bipolar disorder,
- mood disorder with psychotic features
- schizophrenic disorders

or can result from physical conditions:

- infection
- intoxication
- brain damage

B3 Impaired memory

- Memory impairment caused by:
- Psychological conditions,
- Physical and developmental conditions
- A current mental disorder
- PTSD
- Normal age related memory loss

ANNEX II

The following is a list of factors associated with the risk of suicide:

- Current suicidal thoughts: specificity of plan, means, time and place
- History of suicide attempts
- Family/peer history of suicide
- History of violence (including witnessing violence)
- Intensity of current depressive symptoms
- Recent life stressors
- History of mental health and substance dependency problems
- Current living situation and access to means of self-harm
- Recent change in behaviour and mood
- Isolation versus access to company/family/friends

Keep in mind the options of referral to specialist services and/or emergency services.

ANNEX III

Disability criteria – definitions

• Non- exhaustive list of incurable diseases

According to the Greek Ministerial decree 11321 (official government gazette 2906/18-11-2013) the following diseases can be considered incurable:

Diseases related to blood

- Thalassemia
- Sickle cell anaemia

Diseases of respiratory system

- Pulmonary fibrosis
- Pulmonary hypertension
- Sarcoidosis with disability
- Total pneumonectomy

Diseases of circulatory system

- Heart failure
- Heart transplantation

Diseases of peptic system

- Liver transplantation

Diseases related to metabolism

- Gaucher's disease
- Dermatological diseases
 - Xeroderma Pigmentosum-XP
 - Epidermolysis bullosa

Mental diseases

- Dementia (Alzheimer, Pick etc.)
- Intellectual disability
- Genetic syndrome of chromosomes
- Pervasive development disorder (like autism, Rett syndrome, Asperger syndrome)

Diseases of nervous system

- Progressive level of Parkinson
- Huntington disease

- Spinal cord/ Cerebellar diseases
- Amyotrophic Lateral Sclerosis
- Hemiplegia/ hemiparesis two years after its appearance and with no signs of improvement
- Tetraplegia, paraplegia, diplegia two years after its appearance and with no signs of improvement
- Cranial nerves paralysis
- Muscular Dystrophy
- Orthopedic diseases
 - Amputation and phocomelia of arms
 - Paralysis/ cross-section of nerves of arms after two years of their establishment
 - Amputation and phocomelia of legs
 - Paralysis/ cross-section of nerves of legs after two years of their establishment
 - Arthrogyrosis

Ear, throat and nose diseases

- Mutism because of deafness
- Irreversible resection
- Tongue resection
- Slowness of tongue because of permanent nerve damage
- Paralysis of tongue – throat nerve
- Throat resection, permanent tracheotomy

Surgical diseases

- Permanent jejunostomy, ileostomy, colostomy

Surgical diseases of urinary system

- (part or total penis resection)

Eye diseases

- Reduce of visual acuity without possible improvement
- Daltonism / achromatopia/ dyschromatopsia

Diseases of kidney

- Lasting kidney failure under dialysis
- Kidney transplantation
- Cystic fibrosis level 2

Oncological diseases

- Malignant neoplasm at the last stage

- **Serious diseases**

Generally, 'serious' may be understood to refer to illnesses that are life-limiting or which lead to the person being incapacitated for a period of time due to the illness. Mental disorders may sometimes also be qualified as serious illnesses.

Chronic conditions, such as diabetes, asthma, inflammatory bowel disease, epilepsy, narcolepsy, fibromyalgia, or some sleep disorders, for example (non-exhaustive list), would generally also be considered serious diseases.

It is important to note that indicators of serious illness can be found on a physical, as well as on a psychosocial level (mostly related to coping with the impact of the serious illness).

- **Mental illness (disorder)**

A mental disorder (also called a psychiatric disorder) can be defined as a mental or behavioural pattern or anomaly that causes either suffering and/or an impaired ability to function in ordinary life, and which is not developmentally or socially normative.

Examples are schizophrenia, depression, psychotic disorders, anxiety disorders, disorders due to drug abuse, etc.

The causes of mental disorders are varied and complex, and in some cases unclear. Some mental disorders may be triggered by traumatic experiences. Applicants for international protection may encounter significant additional stressors that could affect their capacity to cope, such as social isolation, inability to communicate effectively and discrimination.

In mental health, the term mental disorder is used as a way of acknowledging the complex interaction of biological, psychological (which entails thoughts, emotions, and behaviours), and social (socio-economical, socio-environmental and cultural) factors, which all play a significant role in human functioning in the context of mental disorders.