International adoptees pose unique medical, behavioral, and developmental challenges. However, there is no consolidated, evidence-based guidelines to help direct physicians to choose necessary health screenings and appropriately evaluate the health and disease status of these children. This review consolidates the scientific evidence presented on disease prevalence in internationally adopted children with a focus on environmental, nutritional, genetic, and infectious disease risks. Electronic databases (n=11) were searched based on the concepts of “international”, “child adoption”, and “health screenings” with each concept involving multiple subject headings and textwords. Non-English articles were excluded, but no year limits were applied. Two independent reviewers followed PRISMA guidelines to determine 75 eligible pieces of literature, which were read with each article’s results being documented. The most common infections assessed in descending order were stool studies, tuberculosis (TB), hepatitis B, hepatitis C, syphilis, HIV, hepatitis A, and malaria. Results highlight the importance of obtaining immunization titers regardless of prior vaccination records and repeating vaccinations as necessary. Parasitic prevalence has also been noted to be high, so stool testing and subsequent appropriate treatment appears to be warranted. Screening for iron deficiency and vitamin D deficiency were shown to be clinically important while testing blood lead, thyroid stimulating hormone, and insulin-like growth factor did not seem as clinically relevant. Early health screening is essential to identify and treat problems before they become more serious. This systematic review should help guide providers in the health screenings necessary to keep internationally adopted children, adoptive families, and adoptive communities safe and healthy.