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| **Contact Investigation Form: Active/Suspect TB****Unaccompanied Children’s Program****Office of Refugee Resettlement (ORR)** |
| **General Information**  |
| **Child** | Last name: | First name: |
| DOB:   | A#: | Gender: |
| **Healthcare Provider**  | Name:  **MD / DO / PA / NP**  | Phone number: | Clinic or Practice: |
| Street address: | City or Town: | State: | Date evaluated:  |
| **Program**  | Name of program staff with child: | Program name: |
| **Exposure Information**  |
| **Date of last exposure to person with illness:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ |
| **When did exposure occur?** | * Prior to arrival at ORR program
 | * After arrival at ORR program
 |
| **Describe exposure to person with illness (e.g., child spent 4 hours a day in class for 5 days):** |
| **This contact** (check all that apply): | * is an infant (less than 1 year old)
 | * is pregnant
 |
| * has an immunocompromising condition (e.g., HIV, cancer, on immunosuppressive medication)
 |
| **Interventions** |
| **Select *No* or *Yes* for each question below. If *Yes*, enter the information in the corresponding table.** |
| **PPD/Tuberculin skin test (TST):** | * No
 | * Yes
 |
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| --- | --- | --- | --- |
| **Date applied** | **Date read** | **Result (mm)** | **Interpretation (Positive or Negative)** |
|  |  |  |  |
|  |  |  |  |

 |
| **TB blood test (Interferon-Gamma Release Assay [IGRA]):** | * No
 | * Yes
 |
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|  |  |  |
| --- | --- | --- |
| **Date drawn** | **Test type (Quantiferon or T-Spot)** | **Result** |
|  |  |  |
|  |  |  |
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 |
| **Chest x-ray (CXR):** | * No
 | * Yes
 |
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|  |  |
| --- | --- |
| **CXR date** | **Findings (Normal or Abnormal)** |
|  |  |
|  |  |

 |
| **Medications given:** | * No
 | * Yes
 |
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| --- | --- | --- | --- | --- | --- |
| **Name** | **Date started** | **Date discontinued** | **Dose** | **Directions** | **Psychotropic** |
|  |  |  |  |  | * No
 | * Yes
 |
|  |  |  |  |  | * No
 | * Yes
 |

 |
| **Actions Taken and Outcome** |
| **Was discharge delayed?**  | * No
 | * Yes
 |
| **Outcome of ORR contact investigation** (Check one): |
| * Not screened; pre-existing LTBI
 |
| * Incomplete evaluation (one negative TST/ IGRA performed in ORR custody, but was discharged prior to the test at > 8 weeks)
 |
| * Cleared (negative TST/IGRA done at > 8 weeks from exposure while in ORR custody)
 |
| * Newly diagnosed LTBI (Complete Medical Complaint form)
 |
| * Suspect/Active TB (Complete Medical Complaint form)
 |
| **Comments:** |
|  |

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1 of 1