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| **Supplemental Form: TB Screening****Unaccompanied Children’s Program****Office of Refugee Resettlement (ORR)** |
| **General Information**(to be completed by program staff) |
| **Child** | Last name: | First name: |
| DOB:  | A#: | Gender: |
| **Healthcare Provider or Health Dept.**  | Name:   | Phone number: | Clinic/Practice: |
| Street address: | City/Town: | State: | Date of visit:  |
| **Program**  | Name of program staff with child: | Program name: |

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| **Medical Information**(to be completed by healthcare provider’s office or health department) |
| **PPD/Tuberculin skin test (TST):** | **Date applied:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ | **Date read:**\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_  |
| **Result:** \_\_\_\_\_\_\_\_mm | **Interpretation**:  | * Positive
 | * Negative
 |
| **TB blood test (Interferon-Gamma Release Assay [IGRA]):**  | **Date drawn:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ |
| **Test Type:**  | * QuantiFERON®-TB Gold In-Tube test (QFT-GIT)
 | * T -SPOT®.TB test (T-Spot)
 |
| **Result:** | * Positive
 | * Negative
 | * Borderline/Equivocal/Indeterminate
 |
| **Chest x-ray:**  | **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ | **Findings:** | * Normal
 |  * Abnormal
 |
| **TB Screening Outcome** | * Negative for TB condition; No further follow up needed
 | * LTBI
 | * TB rule out (if checked, enter testing info below)
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|  **Bacteriologic Results** |
| **Collection Date** | **Specimen Type (e.g., Sputum)** |  **Test Type (e.g., AFB smear)** |  **Result** |
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| **Special Requirements for Release** |
| If the child had been AFB smear positive, list the dates of the3 consecutive negative AFB smears: | #1: | #2: | #3:  |
| If the TB culture was positive and the DST was MDR or XDR, list the dates of the 2 subsequent negative cultures: | #1: | #2: |

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