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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 the  3 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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