

Contact Investigation Form: Non-TB Illness 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

Illness of exposure: _____ Date of first exposure to person with illness: ____ / ____ / ____

When did exposure occur? Before 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.

Medications given: No Yes

| Name | Date started | Date discontinued | Dose | Directions | Psychotropic |
|----------------------|-----------------------------|------------------------------|------|------------|--|
| Immunizations given: | <input type="checkbox"/> No | <input type="checkbox"/> Yes | | | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Vaccine name | | Date given | | | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | | | | | |

Lab testing performed No Yes

| Illness tested | Collection date | Specimen type (e.g., Serum) | Test name | Result |
|----------------|-----------------|-----------------------------|-----------|--------|
| | | | | |

Actions Taken and Outcome

Was child quarantined? No Yes, was discharge delayed? No Yes

Outcome of ORR contact investigation (Check one):

Cleared Incomplete evaluation Diagnosed with illness (Complete Medical Complaint form)

Comments: