OMB Control No: 0970-XXXX Expiration date: XX/XX/XXXX

Contact Investigation Form: Non-TB Illness Unaccompanied Children's Program Office of Refugee Resettlement (ORR)

			Oilic	c or itera	P.C.	C INCOCIL		<u> </u>				
				Ger	nera	al Informati	on					
Child	Last name:					Firs	First name:					
	DOB:				A#:				Gender:			
	Name:					Phone nur	mber:	Clinic or Practice:				
Healthcare	MD / DO / PA				NΡ							
Provider	Street addr			City or To	wn:	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 Interventions												
Select No or Yes for each question below. If Yes, enter the information in the corresponding table.												
Medications given: €No €Yes												
Name	Da	Date started		Date discontinued		Dose	Directions		Psychotrop		otropic	
Immunizations g	iven:	ven: €No €Y		'es						€No	€Yes	1
	accine name			Date given						€No	€ Yes	1
V		Date give				-					_	
Lab testing perfo	rmod	€No €	Yes									
				i								
Illness tested		Collection	Collection date Specin		typ	e (e.g., Seru	., Serum) Tes		ame R		Result	
Actions Taken and Outcome												
Was child quarantined? € No € Yes, was discharge delayed? € No € Yes												
Outcome of ORR	contact inve	estigation (C	heck one)	:								
€ Cleared € Incomplete evaluation € Diagnosed with illness (Complete Medical Complaint form)												
Comments:												

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