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

Contact Investigation Form: Active/Suspect TB Unaccompanied Children's Program Office of Refugee Resettlement (ORR) General Information											
				Gen	eral Info						
Child	Last name:				First name:						
	DOB:			A#:				Gender:			
Healthcare Provider	Name: MD / DO / F			PA / NP	Phone number:			Clinic or Practice:			
	Street address:				City or Town:			State: Date evaluated:			
Program	Name of	program staff w		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 <i>No</i> or <i>Yes</i> for each question below. If <i>Yes</i> , enter the information in the corresponding table.											
PPD/Tuberculin skin test (TST): €No €Yes											
Date applied Date read Result (mm) Interpretation (Positive or Negation)									or Negative)		
TB blood test (Interferon-Gamma Release Assay [IGRA]): €No €Yes											_
Date o	drawn	Test type (Quantiferon o				oot)		Result			
Cherry (en	···/·										-
CXR dat	e	Findi	ial)	al)					-		
Medications given: €No €Yes											
Name	2	Date started	d Date discontinue		led Dose			Directions		Psychotropi	c
										€No €Yes	;
										€No €Ye	;
Actions Taken and Outcome											
Was discharge delayed? € No € Yes											
Outcome of ORR contact investigation (Check one): €Not screened; pre-existing LTBI											
€ not screened; pre-existing LTB € Incomplete evaluation (one negative TST/ IGRA performed in ORR custody, but was discharged prior to the test at \geq 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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