

Contact Investigation Form: Active/Suspect TB 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

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 No or Yes for each question below. If Yes, enter the information in the corresponding table.

PPD/Tuberculin skin test (TST): No Yes

Date applied	Date read	Result (mm)	Interpretation (Positive or Negative)

TB blood test (Interferon-Gamma Release Assay [IGRA]): No Yes

Date drawn	Test type (Quantiferon or T-Spot)	Result

CXR date: No Yes

CXR date	Findings (Normal or Abnormal)	

Medications given: No Yes

Name	Date started	Date discontinued	Dose	Directions	Psychotropic
					<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> No <input type="checkbox"/> Yes

Actions Taken and Outcome

Was discharge delayed? No Yes

Outcome of ORR contact investigation (Check one):

- Not screened; pre-existing LTBI
- 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 \geq 8 weeks from exposure while in ORR custody)
- Newly diagnosed LTBI (Complete Medical Complaint form)
- Suspect/Active TB (Complete Medical Complaint form)

Comments:

