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| **Supplemental Form: TB Screening**  **Unaccompanied Children’s Program**  **Office of Refugee Resettlement (ORR)** | | | | | | | | |
| **General Information** | | | | | | | | |
| **Minor** | Last name: | | | First name: | | | | |
| DOB: | A#: | | | | | Gender: | |
| **Healthcare Provider or Health Dept.** | Name: | | Phone number: | | | Clinic/Practice: | | |
| Street address: | | City/Town: | | | State: | | Date of evaluation: |
| **Program** | Program Name: | | | | * Program Staff Member Present During Exam with HCP | | | |

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| **Medical Information** | | | | | | | | | | | | | | | | | |
| **Test Type** | **Indicators** | | **Results** | | | | | | | | | | | | | | |
| **PPD/Tuberculin skin test (TST):** | <2 years of age | | **Date performed:** \_\_\_\_ / \_\_\_\_ / | | | | | | | | **Date read:**\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ | | | | | | |
| **Result:** \_\_\_\_\_\_\_\_mm | | | | | **Interpretation**: | | | | * Positive | | | | * Negative | |
| **TB blood test (Interferon-Gamma Release Assay [IGRA]):** | >2 years of age | | **Specimen collection date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ | | | | | | | | | | | | | | |
| **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:** | * >15 years of age * <15 years and positive IGRA/TST | | **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ | | | | | | **Findings:** | | | | * Normal | | | * Abnormal | |
| **TB Screening Outcome** | * Negative for TB condition;   No further follow up needed | | | | * TB, Latent (LTBI) | | | | | | * Referred to Health Department/Specialist for active TB evaluation | | | | | | |
| **If minor was referred to Health Department/Specialist for active TB evaluation, what was the final decision?** | | | | | | * No work-up needed for active TB disease | | | | | | | | * Work-up needed to rule out active TB disease | | | |
| **If a work-up is needed to rule out active TB disease, what was the reason?** | | | | | | | | | * Symptoms | | | | | | * Physical exam findings | | |
| * Abnormal imaging study | | * Exposure history | | | | | | | * Initiation of LTBI treatment | | | | | | | | |
| * Other, specify: | | | | | | | | | | | | | | | | | |

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| **Bacteriological Results** | | | | |
| **Collection Date** | **Specimen Collected By (Role)** | **Specimen Type (e.g., Sputum)** | **Test Type (e.g., AFB smear)** | **Result** |
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The purpose of this information collection is to provide ORR with critical health information for unaccompanied children in the care of ORR.Public reporting burden for this collection of information is estimated to average 3 minutes per healthcare provider, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (6 U.S.C. §279: Exhibit 1, part A.2 of the Flores Settlement Agreement (Jenny Lisette Flores, et al., v. Janet Reno, Attorney General of the United States, et al., Case No. CV 85-4544-RJK [C.D. Cal. 1996]). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0466 and the expiration date is XX/XX/XXXX. If you have any comments on this collection of information, please contact [UACPolicy@acf.hhs.gov](mailto:UACPolicy@acf.hhs.gov).

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