

**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	

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:	<ul style="list-style-type: none"> • ≥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	<ul style="list-style-type: none"> • TB, Latent (LTBI) 	<ul style="list-style-type: none"> • 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?		<ul style="list-style-type: none"> • No work-up needed for active TB disease 	<ul style="list-style-type: none"> • 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?		<ul style="list-style-type: none"> • Symptoms • Exposure history 	<ul style="list-style-type: none"> • Physical exam findings • Initiation of LTBI treatment
<ul style="list-style-type: none"> • Abnormal imaging study • Other, specify: 			

Bacteriological Results

Collection Date	Specimen Collected By (Role)	Specimen Type (e.g., Sputum)	Test Type (e.g., AFB smear)	Result

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.

