

**Public Health Investigation Form: Active TB
 Unaccompanied Children's Program
 Office of Refugee Resettlement (ORR)**

General Information

Minor	Last name:		First name:	
	DOB:		A#:	
Program	Program name:		Person completing form & date:	

Exposure Information

Source of potential exposure (e.g., grantee staff member): _____

Date of first potential exposure: ____ / ____ / ____ **Date of last potential exposure:** ____ / ____ / ____

Exposure details (e.g., minor was potentially exposed for 4 hours a day in class for 5 consecutive days):

Was minor screened for active TB signs/symptoms upon notification of exposure? No Yes, date: ____/____/____

If screened, did minor have active TB signs/symptoms? No Yes

If Yes, was minor evaluated by a healthcare provider? No Yes (Complete Health Assessment form)

Public Health Actions

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

PPD/Tuberculin skin test (TST): No Yes

Result	Reaction (mm)	Date Performed	Date Read

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

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

Imaging study: No Yes

Imaging Study Type	Result (Normal or Abnormal)	Date Performed

Medications given: No Yes

Name	Date started	Date discontinued	Dose	Directions	Psychotropic?	Discharged with med?

Was minor quarantined? No Yes, quarantine start date: ____/____/____, quarantine end date: ____/____/____

Was discharge delayed due to potential exposure? No Yes, estimated end date of delayed discharge: ____/____/____

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), reason (e.g., runaway, age-out): _____

Cleared (negative TST/IGRA done at \geq 8 weeks from exposure while in ORR custody)

Newly diagnosed LTBI (Complete Health Assessment form)

Diagnosed with active TB disease (Complete Health Assessment form)

Comments:
