OMB Control No: 0970-0509 Expiration date: XX/XX/XXXX

Public Health Investigation Form: Active TB Unaccompanied Children's Program Office of Refugee Resettlement (ORR)											
General Information											
	Last name	:	First name:								
Minor	DOB:		A#:				Gender:				
Program	Program r	iame:		Person completing form			& date:				
Exposure Information											
Source of potential exposure (e.g., grantee staff member):											
If screened, did minor have active TB signs/symptoms? $\in No \in Yes$											
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 €Ye	es		Result (Normal or Abnormal)				Date Performed			
Imaging Study Type				Result (Normal or Abhormal)				Date Performed			
Medications given: €No €Yes											
Name	Date	started	Date di	scontinued	l D	ose	Directions	Psycho	tropic?	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): € 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 ≥ 8 weeks), reason (e.g., runaway, age-out): € € Cleared (negative TST/IGRA done at ≥ 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:											
comments.											

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 5 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 0970-0509 and the expiration date is XX/XX/XXXX. If you have any comments on this collection of information, please contact UACPolicy@acf.hhs.gov.