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

Public Health Investigation Form: Non-TB Illness
Unaccompanied Children's Program
Office of Refugee Resettlement (ORR)

General Information

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

Exposure Information

Illness of exposure: _____ **Source of potential exposure:** _____

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 illness-specific signs/symptoms upon notification of exposure? € No € Yes, date: ____/____/_____

If screened, did minor have illness-specific 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.

Medications given: € No € Yes

Name	Date started	Date discontinued	Dose	Directions	Psychotropic?	Discharged with med?
					€ No € Yes	€ No € Yes
					€ No € Yes	€ No € Yes

Immunizations administered and/or indicated, but not given: € No € Yes

Vaccine name	Date administered	If indicated, but not given, state reason

Lab testing performed: € No € Yes

Illness	Test	Result	Specimen Source	Specimen Collection Date

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):

€ Cleared
€ Incomplete evaluation, reason (e.g., runaway, age-out): _____
€ Diagnosed with illness of exposure (Complete Health Assessment Form)

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.