

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

General Information

Child	Last name:	First name:
	DOB:	A#:
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., child was potentially exposed for 4 hours a day in class for 5 consecutive days):

Was child screened for illness-specific signs/symptoms upon notification of exposure? No Yes, date: ___/___/____
 If screened, did child have illness-specific signs/symptoms? No Yes
 If Yes, was child evaluated by a healthcare provider? No Yes (Complete Medical 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

Medication name	Date started	Date discontinued	Dose	Directions	Psychotropic
					<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> No <input type="checkbox"/> Yes

Immunizations administered and/or indicated because of this exposure, but not given: No Yes

Vaccine name	Date administered OR if indicated, but not given, state reason

Lab testing performed: No Yes

Illness	Test	Specimen Collection Date	Specimen Source	Result

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

Outcome of ORR public health investigation (Check one):
 Pending
 Cleared
 Diagnosed with illness of exposure (Complete Medical Assessment Form)
 Incomplete evaluation, reason (e.g., runaway, age-out): _____

Comments:
