

**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#: |
| 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? |
|------|--------------|-------------------|------|------------|----------------------------------------------------------|----------------------------------------------------------|
| | | | | | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | | | | | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> 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.

