

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

**General Information**

<b>Child</b>	Last name:	First name:
	DOB:	A#:
<b>Program</b>	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:**