

**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:**

---

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.