

**Public Health Investigation Form: Active TB
Unaccompanied Alien Children Bureau
Office of Refugee Resettlement (ORR)**

General Information

Child	Last name:		First name:	
	DOB:	A#:	Sex:	
Program	Program name:		Person completing form & date:	

Exposure Information

Source of potential exposure (e.g., staff member, other UC): _____
 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 active TB signs/symptoms upon notification of exposure? No Yes, date: ____/____/____
 If screened, did child have active TB 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.

PPD/Tuberculin skin test (TST): No Yes

Date Applied	Date Read	Reaction (mm)	Result

TB blood test (Interferon-Gamma Release Assay [IGRA]): No Yes

Test type (Quantiferon or T-Spot)	Collection Date	Result

Imaging study: No Yes

Imaging Study Type (e.g., 2-view)	Date Performed	Findings (Normal or Abnormal)

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

Outcome of ORR public health investigation:

- Pending
- Not screened; child has pre-existing LTBI
- Cleared (negative TST/IGRA performed \geq 8 weeks post-exposure while in ORR custody)
- Newly diagnosed LTBI (Complete Medical Assessment Form)
- Diagnosed with active TB disease (Complete Medical Assessment Form)
- Incomplete evaluation (discharged from ORR custody prior to \geq 8 weeks post-exposure TST/IGRA), reason (e.g., runaway, age-out): _____

Comments: