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| **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** | |
|  | | | | |  | | | | |  | | | | |  | | | | | | | |  | | | | | * No | * Yes |
|  | | | | |  | | | | |  | | | | |  | | | | | | | |  | | | | | * No | * Yes |
| **Outcome of ORR public health investigation**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Pending * Not screened; child has pre-existing LTBI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Cleared (negative TST/IGRA performed > 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 > 8 weeks post-exposure TST/IGRA), 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. **P**ublic 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 09/30/2026. If you have any comments on this collection of information, please contact [UACPolicy@acf.hhs.gov](mailto:UACPolicy@acf.hhs.gov).