

**Public Health Investigation Form: Active TB  
 Unaccompanied Alien Children Bureau  
 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**

**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:**

\_\_\_\_\_