OMB Control No: 0970-0509 Expiration date: 09/30/2026

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 <i>No</i> or <i>Yes</i> for each question below. If <i>Yes</i> , 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								
Test type					Kesuit			
Imaging study: €No €Yes								
Imaging	e.g., 2-view)	Date Performed			Findings (Normal or Abnormal)			
Medications given: €No €Yes								
_		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 <u>UACPolicy@acf.hhs.gov</u>.