

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 $\geq$ 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: