

**Public Health Investigation Form: Non-TB Illness
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

Illness of exposure: _____ Source of potential exposure: _____
 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 illness-specific signs/symptoms upon notification of exposure? ☐ No ☐ Yes, date: ____/____/____
 If screened, did child have illness-specific 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.

Medications given: ☐ No ☐ Yes

Medication name	Date started	Date discontinued	Dose	Directions	Psychotropic
					☐ No ☐ Yes
					☐ No ☐ Yes

Immunizations administered and/or indicated because of this exposure, but not given: ☐ No ☐ Yes

Vaccine name	Date administered OR if indicated, but not given, state reason

Lab testing performed: ☐ No ☐ Yes

Illness	Test	Specimen Collection Date	Specimen Source	Result

Was child quarantined? ☐ No ☐ Yes, quarantine start date: ____/____/____, quarantine end date: ____/____/____

Outcome of ORR public health investigation (Check one):
☐ Pending
☐ Cleared
☐ Diagnosed with illness of exposure (Complete Medical Assessment Form)
☐ Incomplete evaluation, reason (e.g., runaway, age-out): _____

Comments:
