

CHEST X-RAY AND CLASSIFICATION MEDICAL WORKSHEET ONE

For Use in Canada Only

For Use with Main Medical Form - Complete Sections 1 through 5, As Applicable

Name (Last, First, MI.)		Age
Birth Date (mm-dd-yyyy)	Passport Number	Alien (Case) Number

1. Chest X-Ray (Mark All that Apply)

- | | |
|---|---|
| <input type="checkbox"/> History of Tuberculosis (TB) Disease | <input type="checkbox"/> TB Signs or Symptoms |
| <input type="checkbox"/> Contact with Person with TB | <input type="checkbox"/> Adult (With or Without Any of the Other) |

(If child does not have any of the above, stop here.)

2. Chest X-Ray Findings

Date Chest X-Ray Taken (mm-dd-yyyy) _____

- Normal Findings
- Abnormal Findings (Indicate findings and interpretation, by checking all that apply, and any other in the table below.)

<input type="checkbox"/> Can Suggest ACTIVE TB (Need Smears)	<input type="checkbox"/> Can Suggest INACTIVE TB (Need Smears if Symptomatic)	<input type="checkbox"/> OTHER X-Ray Findings
<input type="checkbox"/> Infiltrate or Consolidation <input type="checkbox"/> Any Cavitary Lesion <input type="checkbox"/> Nodule with Poorly Defined Margins (Such as Tuberculoma) <input type="checkbox"/> Pleural Effusion <input type="checkbox"/> Hilar/Mediastinal Adenopathy <input type="checkbox"/> Linear, Interstitial Markings <input type="checkbox"/> Other (Such as Miliary Findings)	<input type="checkbox"/> Discrete Fibrotic Scar or Linear Opacity <input type="checkbox"/> Discrete Nodule(s) without Calcification <input type="checkbox"/> Discrete Fibrotic Scar with Volume Loss or Retraction <input type="checkbox"/> Discrete Nodule(s) with Volume Loss or Retraction <input type="checkbox"/> Other (Such as Bronchiectasis)	<input type="checkbox"/> Follow-Up Needed <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Cardiac <input type="checkbox"/> Pulmonary <input type="checkbox"/> Other <input type="checkbox"/> No Follow-Up Needed for Pleural thickening, diaphragmatic tenting, blunting costophrenic angle, solitary calcified nodule or granuloma or minor musculoskeletal or cardiac finding

Remarks

3. Sputum Smears

- No, Applicant has No Signs or Symptoms of TB and :**
- X-Ray Suggests INACTIVE TB, this is a **Class B2/TB**
 - OTHER X-Ray Findings Suggest Follow-Up Needed after Arrival, this is **B Other**
 - OTHER X-Ray Findings Suggest No Follow-Up Needed, this is **No Class**
 - X-Ray Normal, this is **No Class**

Yes, Applicant has (Mark All that Apply) :

- Signs or Symptoms of TB Present, See Section 1
- X-Ray Suggests ACTIVE TB, See Section 2

and Smear Results are:

	Positive	Negative	Dates Obtained (mm-dd-yyyy)
	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____

Sputum Smear Results and X-Ray

At least One Smear Result POSITIVE and

- Any Chest X-Ray Finding, this is **Class**
(Normal or Abnormal findings)

Three Smear Results NEGATIVE and

- X-Ray Normal with
 - Signs of Symptoms Resolved, this is **No Class**
 - Signs or Symptoms Suggest Follow-Up Needed after Arrival, this is **B Other**
- X-Ray Suggests ACTIVE or INACTIVE TB, this is **Class B1/TB**
- OTHER X-Ray Findings Suggest Follow-Up Needed After Arrival, this is **Class B**

4. No Class Class A/TB Class B1/TB Class B2/TB Class B Other, Follow-Up

5. Follow-Up Needed After No Yes If Yes, for Not TB Condition TB Condition

(If yes, specify condition below and on DS-2053; include additional tests, and therapy used with start and stop dates and any changes.)

Remarks
