

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 <i>(Such as Tuberculoma)</i> <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) :

<input type="checkbox"/> Signs or Symptoms of TB Present, See Section 1 <input type="checkbox"/> X-Ray Suggests ACTIVE TB, See Section 2	and Smear Results are: <table style="width: 100%;"> <tr> <td style="text-align: center;">Positive</td> <td style="text-align: center;">Negative</td> <td style="text-align: center;">Dates Obtained (mm-dd-yyyy)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> </table>	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"/>	_____	
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"/>	_____												

<p>Sputum Smear Results and X-Ray At least One Smear Result POSITIVE and</p> <input type="checkbox"/> Any Chest X-Ray Finding, this is Class <i>(Normal or Abnormal findings)</i>	<p>Three Smear Results NEGATIVE and</p> <input type="checkbox"/> X-Ray Normal with <input type="checkbox"/> Signs of Symptoms Resolved, this is No Class <input type="checkbox"/> Signs or Symptoms Suggest Follow-Up Needed after Arrival, this is B Other <input type="checkbox"/> X-Ray Suggests ACTIVE or INACTIVE TB, this is Class B1/TB <input type="checkbox"/> OTHER X-Ray Findings Suggest Follow-Up Needed After Arrival, this is Class B
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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
