



# CHEST X-RAY AND CLASSIFICATION WORKSHEET

For use with TB TI 2007 and the DS-2054

Complete Sections 1 through 5, As Applicable

OMB No. 1405-0113  
EXPIRATION DATE: 04/30/2012  
ESTIMATED BURDEN: 10 MINUTES  
(See Page 2 - Back of Form)

Name (Last, First, MI.)		Age
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Birth Date(mm-dd-yyyy)	Passport Number	Alien (Case) Number
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### 1. Chest X-Ray Indication (Mark all that apply)

- Age ≥ 15 years
  - Signs or symptoms of tuberculosis
  - HIV infection
- Test for TB infection:
- TST ≥ 10 mm; Result \_\_\_\_\_ mm; Date (mm-dd-yyyy) \_\_\_\_\_
  - IGRA Positive; Result \_\_\_\_\_ Date (mm-dd-yyyy) \_\_\_\_\_

(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 category and finding, checking all that apply in the table below.)

#### Can Suggest Tuberculosis (Need Smears and Cultures)

#### Other X-Ray Findings

- Infiltrate or consolidation
- Any cavitary lesion
- Nodule or mass with poorly defined margins (such as tuberculoma)
- Pleural effusion\*
- Hilar/mediastinal adenopathy with or without atelectasis
- Other (such as miliary findings)

- Discrete linear opacity (fibrotic scar)
- Discrete nodule(s) without calcification
- Discrete linear opacity (fibrotic scar) with volume loss or retraction
- Other (such as bronchiectasis)

- Follow-up needed (Mark as Class B Other)
  - Musculoskeletal
  - Cardiac
  - Pulmonary, non-TB (e.g., emphysema)
  - Other

- No follow-up needed for pleural thickening, diaphragmatic tenting, calcified pulmonary nodule(s), calcified lymph node(s), calcified lymph node(s) with calcified pulmonary nodule(s), or minor musculoskeletal findings.

\* If unclear whether pleural fluid or thickening, perform lateral or decubitus chest radiograph, or targeted ultrasound.

Remarks

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Radiologist's Signature \_\_\_\_\_ Date Interpreted (mm-dd-yyyy) \_\_\_\_\_

### 3. Sputum Smears and Cultures

- No, not indicated - Applicant has no signs or symptoms of TB, no HIV infection, and:
  - X-ray Normal and test for TB infection negative (if performed): this is No Class
  - X-ray Normal and test for TB infection positive (if performed): this is Class B2 TB, LTBI Evaluation
- Yes, are indicated - Applicant has (Mark all that apply):
  - Signs or symptoms of TB
  - Chest X-ray suggests TB
  - HIV infection

Sputum Smear Results

Date Obtained (mm-dd-yyyy)	Positive	Negative

Sputum Culture Results

Date Obtained (mm-dd-yyyy)	Positive	Negative	NTM*	Contaminated

\* Nontuberculous Mycobacteria

- Positive Smear or Culture Result; this is a Class A TB
- Negative Smear and Culture Results and:
  - Chest X-Ray suggests TB or signs and symptoms of TB: Class B1 TB, Pulmonary
  - HIV infection with normal X-ray and no signs and symptoms of TB: No Class for TB

TURN PAGE OVER TO FINISH DS-3030 FORM

**4. Classifications** (Mark all that apply and also provide complete information on the DS-2054)

- |   |  |
|---|--|
| <input type="checkbox"/> No Class               | <input type="checkbox"/> Class B1, TB, Extrapulmonary    |
| <input type="checkbox"/> Class A TB             | <input type="checkbox"/> Class B2 TB, LTBI Evaluation    |
| <input type="checkbox"/> Class A TB with waiver | <input type="checkbox"/> Class B3 TB, Contact Evaluation |
| <input type="checkbox"/> Class B1 TB, Pulmonary | <input type="checkbox"/> Class B Other                   |

**5. Remarks**

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