



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
-------------------------	--	-----

Birth Date(mm-dd-yyyy)	Passport Number	Alien (Case) Number
------------------------	-----------------	---------------------

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

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**

PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202

CONFIDENTIALITY STATEMENT

AUTHORITIES: The information asked for on this form is requested pursuant to Section 212(a) and 221(d) and as required by Section 222 of the Immigration and Nationality Act. Section 222(f) provides that the records of the Department of States and of diplomatic and consular offices of the United States pertaining to the issuance and refusal of visas or permits to enter the United States shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States. Certified copies of such records may be made available to a court provided the court certifies that the information contained in such records is needed in a case pending before the court.

PURPOSE: The U.S. Department of State uses the facts you provide on this form primarily to determine your classification and eligibility for a U.S. immigrant visa. Individuals who fail to submit this form or who do not provide all the requested information may be denied a U.S. immigrant visa. Although furnishing this information is voluntary, failure to provide this information may delay or prevent the processing of your case.

ROUTINE USES: If you are issued an immigrant visa and are subsequently admitted to the United States as an immigrant, the Department of Homeland Security will use the information on this form to issue you a Permanent Resident Card, and, if you so indicate, the Social Security Administration will use the information to issue a social security number. The information provided may also be released to federal agencies for law enforcement, counterterrorism and homeland security purposes; to Congress and courts within their sphere of jurisdiction; and to other federal agencies who may need the information to administer or enforce U.S. laws.