



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: xx-xx-xxxx
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)

- | | |
|---|--|
| <input type="checkbox"/> Age ≥ 15 years
<input type="checkbox"/> Signs or symptoms of tuberculosis
<input type="checkbox"/> HIV infection | Test for TB infection:
<input type="checkbox"/> TST ≥ 10 mm; Result _____ mm; Date (mm-dd-yyyy) _____
<input type="checkbox"/> 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.

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 (but must mark on DS-2054 as Class A for HIV)

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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/ISS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202

CONFIDENTIALITY STATEMENT

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