



# 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: 07/31/2013  
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"/> TST ≥ 10 mm
<input type="checkbox"/> Signs or symptoms of tuberculosis	<input type="checkbox"/> IGRA Positive
<input type="checkbox"/> HIV infection	<input type="checkbox"/> Contact: TST ≥ 5 mm

Test for TB infection:

**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.)

<input type="checkbox"/> <b>Can Suggest Tuberculosis (Need Smears and Cultures)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Infiltrate or consolidation</li> <li><input type="checkbox"/> Any cavitary lesion</li> <li><input type="checkbox"/> Nodule or mass with poorly defined margins (such as <i>tuberculoma</i>)</li> <li><input type="checkbox"/> Pleural effusion*</li> <li><input type="checkbox"/> Hilar/mediastinal adenopathy with or without atelectasis</li> <li><input type="checkbox"/> Other (such as <i>miliary findings</i>)</li> </ul> <p><small>* If unclear whether pleural fluid or thickening, perform lateral or decubitus chest radiograph, or targeted ultrasound.</small></p>	<input type="checkbox"/> <b>Other X-Ray Findings</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Follow-up needed (Mark as Class B Other) <ul style="list-style-type: none"> <li><input type="checkbox"/> Musculoskeletal</li> <li><input type="checkbox"/> Cardiac</li> <li><input type="checkbox"/> Pulmonary, non-TB (e.g., <i>emphysema</i>)</li> <li><input type="checkbox"/> Other</li> </ul> </li> <li><input type="checkbox"/> 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.</li> </ul>
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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 known HIV infection, and:

- X-ray Normal or 'Other X-Ray Findings' checked above and test for TB infection negative (if performed): this is No Class
- X-ray Normal or 'Other X-Ray Findings' checked above and test for TB infection positive (if performed): this is Class B2 TB, LTBI

Yes, are indicated - Applicant has (Mark all that apply):

- Signs or symptoms of TB
- Chest X-ray suggests TB
- HIV infection

Sputum Smear Results	Sputum Culture Results																																
<table border="1" style="width:100%"> <thead> <tr> <th>Date Specimen Obtained (mm-dd-yyyy)</th> <th>Positive</th> <th>Negative</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Date Specimen Obtained (mm-dd-yyyy)	Positive	Negative										<table border="1" style="width:100%"> <thead> <tr> <th>Date Specimen Obtained (mm-dd-yyyy)</th> <th>Positive</th> <th>Negative</th> <th>NTM*</th> <th>Contaminated</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Date Specimen Obtained (mm-dd-yyyy)	Positive	Negative	NTM*	Contaminated															
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\* Nontuberculous Mycobacteria

Positive Smear or Culture Result, or Clinical Judgment: this is a Class A TB

Negative Smear and Culture Results and:

- Chest X-Ray suggests 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

