

U.S. Department of State

CHEST X-RAY AND CLASSIFICATION WORKSHEET

OMB No. 1405-0113 EXPIRATION DATE: 07/31/2013 ESTIMATED BURDEN: 10 MINUTES (See Page 2 - Back of Form)

Name (Last, First, MI)	5-2054	Complete Sections 1	through 5, As F	Applicable	· ·	e 2 - Back o .ge	of Form)	
Birth Date (mm-dd-yyyy) Passport		Alien <i>(Case)</i> Nu	ımher					
Billi Bate (iiiii da yyyy)	Allen (Case) Number							
Chest X-Ray Indication (Mark all that ap	est for TB infection: $TST \ge 10 \text{ mm}$ IGRA Positive Contact: $TST \ge 5 \text{ mm}$							
2. Chest X-Ray Findings Date Chest X-Ray Taken (mm-dd-vvvv)								
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	Discrete li	inear opacity (fibrotic s	car) 🔲 ı	Follow-up	needed (M	lark as C	Class B Other)	
Any cavitary lesion	☐ Discrete r	nodule(s) without calcifi	cation	☐ Mus	culoskeleta	al		
Nodule or mass with poorly defined n	nargins Discrete li	near opacity (fibrotic so ne loss or retraction	car)	☐ Card	diac			
Pleural effusion*	-	ch as bronchiectasis)		=		n-TB (e.	g., emphysema)	
Hilar/mediastinal adenopathy with or	1	on de bronomeolasis,		Othe	-	(0.,	y., cpy cca/	
atelectasis Other (such as miliary findings)				_		for pleui	ral thickening,	
* If unclear whether pleural fluid or thickening, perform lateral or decubit			1	nodule <i>(s)</i> ,	natic tenting calcified ly mph node	mph noc		
chest radiograph, or targeted ultrasor	una.				nodule(s), eletal findi		r	
Remarks	'					<u> </u>		
Radiologist's Signature Date Interpreted (mm-dd-yyyy)								
3. Sputum Smears and Cultures					(uu <i>yyyy</i> /		
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 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 (<i>Mark all that apply</i>):								
☐ Signs or symptoms of TB								
☐ Chest X-ray suggests TB								
HIV infection								
Sputum Smear Results		Sputum Culture Res	sults	ı	1			
Date Specimen Obtained (mm-dd-yyyy) Pos	tive Negative	Date Specimen Obtain	ed (mm-dd-yyyy)	Positive	Negative	NTM*	Contaminated	
* 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								
☐ HIV infection with normal X-ray ar	nd no signs and sympto	ms of TB: No Class for	TB					

4. Classifications (Mark all that apply and also provide complete information on the DS-2054)						
☐ No Class		Class B2 TB, LTBI Evaluation				
Class A TB		Class B3 TB, Contact Evaluation				
Class B1 TB, Pulmona	ary	Class B Other				
Class B1, TB, Extrapu	ılmonary					
5. Remarks						

PAPERWORK REDUCTION ACT AND CONFIDENTIALITY STATEMENTS

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 State 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.

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