Photo

U.S. Department of State

TUBERCULOSIS WORKSHEET

For use with DS-2054

OMB No. 1405-0113
EXPIRATION DATE: x x / x x / x x x x
ESTIMATED BURDEN: 20 MINUTES
(See Page 2 – Back of Form)

Name *(Last, First, MI)*	Age

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

1. Test for Cell-Mediated Immunity to Tuberculosis

Required for applicants 2 through 14 years of age where WHO-estimated TB rate ≥20 per 100,000 and contacts; perform one type only.

☐ TST Date applied *(mm-dd-yyyy)* _____
Result *(mm)* _____

☐ QFT Nil Value: IU _____
TB Response: TB minus nil IU/ml _____

☐ IGRA Date drawn *(mm-dd-yyyy)* _____
- ☐ Positive
- ☐ Negative
- ☐ Indeterminant, Borderline, or Equivocal

☐ T-Spot Nil Value: Number of cells _____
TB Response: Higher of Panel A or Panel B minus nil value _____

2. Chest X-Ray Indication *(Mark all that apply)*

- ☐ Chest X-Ray not indicated
- ☐ Age ≥15 years
- ☐ Signs or symptoms of tuberculosis
- ☐ Known HIV infection
- ☐ TST ≥10 mm or IGRA positive
- ☐ Contact: TST ≥ 5 mm or IGRA positive

_____
Date Chest X-Ray Taken *(mm-dd-yyyy)*

3. Chest X-Ray Findings

☐ Normal Findings

☐ Abnormal Findings *(Indicate category and finding, checking all that apply in the tables below)*

Can Suggest Tuberculosis *(Need Smears and Cultures)*

- ☐ Infiltrate or consolidation
- ☐ Cavitary lesion
- ☐ Nodule or mass with poorly defined margins (such as tuberculoma)
- ☐ Pleural effusion (perform lateral or decubitus radiograph or ultrasound, if needed)
- ☐ Hilar/mediastinal adenopathy
- ☐ Miliary findings
- ☐ Discrete linear opacity
- ☐ Discrete nodule(s) without calcification
- ☐ Volume loss or retraction
- ☐ Other

No Sputum Specimens Required

Mark as Class B Other on DS 2054
- ☐ Cardiac
- ☐ Musculoskeletal
- ☐ Other, specify in Remarks

Do not mark as Class B Other on DS 2054
- ☐ Pleural thickening
- ☐ Diaphragmatic tenting
- ☐ Calcified pulmonary nodule(s)
- ☐ Calcified lymph node(s)

Remarks

_____

_____

_____ Radiologist's Name *(Printed)*

_____ Radiologist's Signature *(Required)*

_____ Date Interpreted *(mm-dd-yyyy)*

4. Sputum Smears and Cultures Decision

☐ No, not indicated - Applicant has no signs or symptoms of TB, no known HIV infection, and:
- ☐ X-ray Normal or 'No specimens required' and test for cell-mediated immunity to TB negative *(if performed)*
- ☐ X-ray Normal or 'No specimens required' and test for cell-mediated immunity to TB positive *(if performed)*

☐ Yes, are indicated - Applicant has (*Mark all that apply)*:
- ☐ Signs or symptoms of TB
- ☐ Chest X-ray suggests TB
- ☐ Known HIV infection
- ☐ End of treatment cultures

5. Sputum Smears and Cultures Results

	Date specimen obtained *(mm-dd-yyyy)*	Date specimen reported *(mm-dd-yyyy)*	Positive	Negative
Sputum Smear Results	1.			
	2.			
	3.			

	Date specimen obtained *(mm-dd-yyyy)*	Date specimen reported *(mm-dd-yyyy)* *Date of exam on DS 2054	Positive	Negative	NTM	Contaminated
Sputum Culture Results	1.					
	2.					
	3.					

6. Tuberculosis Classification

Applicants may have more than one TB Classification. However, they cannot be classified as both Class B1 TB and Class B2 TB. In addition, applicants cannot be classified as Class B3 TB, Contact Evaluation if they are Class A or Class B1 TB, Extrapulmonary.

☐ **No TB Classification**
CXR not suggestive of tuberculosis, no signs or symptoms, no known HIV infection, TST or IGRA negative (if performed), not a contact

☐ **Class A**
Applicant has tuberculosis disease

☐ **Class B1 TB, Pulmonary**
CXR suggests tuberculosis, or signs and symptoms, or known HIV infection and sputum smears and cultures are negative and not a clinically diagnosed case.

☐ **Class B1 TB, Extrapulmonary**
Applicants with evidence of extrapulmonary tuberculosis. The anatomic site of infection should be documented.

Anatomic Site of Disease _____
- ☐ No treatment
- ☐ Current treatment
- ☐ Completed treatment

☐ **Class B2 TB, LTBI Evaluation**
Applicants who have a tuberculin skin test ≥10 mm or positive IGRA but otherwise have a negative evaluation for tuberculosis. Contacts with TST ≥5 mm or positive IGRA should receive this classification (if they are not already Class B1 TB, Pulmonary).

- ☐ No LTBI treatment
- ☐ Current LTBI treatment *(Indicate medications in Part 7)*
- ☐ Completed LTBI treatment *(Indicate medications in Part 7)*

☐ **Class B3 TB, Contact Evaluation**
Applicants who are a recent contact of a known tuberculosis case.

- ☐ No preventive treatment
- ☐ Current preventive treatment *(Indicate medications in Part 7)*
- ☐ Completed preventive treatment *(Indicate medications in Part 7)*

Source Case:

Name _____

Alien Number _____

Relationship to Contact _____

Date Contact Ended *(mm-dd-yyyy)* _____

Type of Source Case TB *(Mark only one and attach DST results)*
- ☐ Pansusceptible TB
- ☐ MDR TB (resistant to at least INH and rifampin)
- ☐ Drug-resistant TB other than MDR TB
- ☐ Culture negative
- ☐ Culture results not available

Remarks

_____

_____

_____

_____

_____

_____

_____

_____

7. Previous Tuberculosis Diagnosis and Treatment History for Applicants Diagnosed or Treated Through Panel Physician

Complete this section only if one of the following is true *(mark appropriate option)*:

☐ Applicant was diagnosed with tuberculosis disease by the panel physician

☐ Applicant was on tuberculosis treatment at the time of presentation for their medical examination

How was the diagnosis made: ☐ Positive laboratory tests ☐ Clinical diagnosis

Diagnostic Chest Radiograph

Facility performing chest radiograph: _____

Date Radiograph obtained *(mm-dd-yyyy):* _____

Findings Present

☐ Infiltrate or consolidation
☐ Cavitary lesion
☐ Nodule or mass with poorly defined margins (such as tuberculoma)
☐ Hilar/mediastinal adenopathy
☐ Pleural effusion
☐ Miliary findings
☐ Discrete linear opacity
☐ Discrete nodule(s) without calcification
☐ Volume loss or retraction
☐ Other
☐ Normal or no findings suggestive of tuberculosis

Sputum Smear Results

Date specimen obtained *(mm-dd-yyyy)*	Date specimen reported *(mm-dd-yyyy)*	Positive	Negative
1.			
2.			
3.			

Sputum Culture Results

Date specimen obtained *(mm-dd-yyyy)*	Date specimen reported *(mm-dd-yyyy)*	Positive	Negative	NTM	Contaminated
1.					
2.					
3.					

Drug Susceptibility Test Results. Attach with DS Forms.

Method of DST:	Date specimen obtained *(mm-dd-yyyy)*	Date DST reported *(mm-dd-yyyy)*
☐ MGIT ☐ Agar ☐ LJ		

	Drug	Susceptible	Resistant
Required for first-line DST	Isoniazid		
	Rifampin		
	Ethambutol		
	Pyrazinamide		
Required for multidrug-resistant cases	Ethionamide		
	Amikacin		
	Capreomycin		
	Para-aminosalycilic acid (PAS)		
	Fluoroquinolone, specify: _____		
	Other, specify:		

7. Previous Tuberculosis Diagnosis and Treatment History for Applicants Diagnosed or Treated Through Panel Physician, Continued

Were molecular tests used in addition to the required sputum smears, cultures, and DST:

No

Yes *(mark all that apply)*:

Molecular Test	Mycobacterium tuberculosis		Rifampin Resistance		Isoniazid Resistance		Second-Line Test
	Positive	Negative	Positive	Negative	Positive	Negative	
Hain Line Probe Assay							Performed, attach results
GeneXpert							

Tuberculosis Treatment

Treating physician or institution

DGMQ-Designated DOT site:

Non-DGMQ-Designated DOT site:

Drug	Dosage	Start Date *(mm-dd-yyyy)*	End Date *(mm-dd-yyyy)*
Isoniazid			
Rifampin			
Ethambutol			
Pyrazinamide			
Other, specify:			

PAPERWORK REDUCTION ACT AND CONFIDENTIALITY STATEMENTS

PAPERWORK REDUCTION ACT STATEMENT

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CONFIDENTIALITY STATEMENT

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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. More information on the Routine Uses for this collection can be found in the System of Records Notice State-24, Medical Records.