



TUBERCULOSIS WORKSHEET

Photo	Surnames		Given Names		Age
	Birth Date (mm-dd-yyyy)	Document Type	Document Number	Case or Alien Number	

1. Test for Cell-Mediated Immunity to Tuberculosis

See Tuberculosis Technical Instructions, when required, perform one type only.

TST Date applied (mm-dd-yyyy) _____
Results (mm) _____

IGRA Date drawn (mm-dd-yyyy) _____

- Positive
 Negative
 Indeterminate, Borderline, or Equivocal

If IGRA performed, mark which test:

- Quantiferon
 T-Spot

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

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

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

3. Chest X-Ray Findings (for radiologist to complete)

- Normal Findings Abnormal Findings (Indicate category and finding, marking all that apply in the tables below)

Suggests Tuberculosis (Need Smears and Cultures)

- Infiltrate or consolidation Miliary findings
 Reticular markings suggestive of fibrosis Discrete linear opacity
 Cavitary lesion Discrete nodule(s) without calcification
 Nodule(s) or mass with poorly defined margins (such as tuberculoma) Volume loss or retraction
 Pleural effusion Irregular thick pleural reaction
 Hilar/mediastinal adenopathy Other

Does Not Need Smears and Cultures

Mark as Class B Other on DS-2054

- Cardiac
 Musculoskeletal
 Other, specify in Remarks

Do Not Mark as Class B Other on DS-2054

- Smooth pleural thickening (if at CPA, must confirm is not effusion [do lateral or decubitus radiograph or ultrasound])
 Diaphragmatic tenting
 Single or scattered calcified pulmonary nodule(s)
 Calcified lymph node(s)

Radiologist's Remarks

Radiologist's Name (Printed)

Radiologist's Signature (Required)

Date Interpreted (mm-dd-yyyy)

4. Sputum Smears and Cultures Decisions

- 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

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) *Use as date of exam on DS-2054	Positive	Negative	NTM	Contaminated
	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 tuberculosis 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 tuberculosis 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
- Started but did not finish extrapulmonary 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).

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> No LTBI treatment | If treated, LTBI treatment: | If treated, mark LTBI regimen: |
| <input type="checkbox"/> Current LTBI treatment | <input type="checkbox"/> LTBI treatment by panel physician | <input type="checkbox"/> Isoniazid |
| <input type="checkbox"/> Completed LTBI treatment | <input type="checkbox"/> LTBI treatment by non-panel physician | <input type="checkbox"/> Rifampin |
| <input type="checkbox"/> Started but did not finish LTBI treatment | Dates of treatment _____ to _____ | <input type="checkbox"/> 3HP |
| | | <input type="checkbox"/> Other _____ |

- Class B3 TB, Contact Evaluation**
Applicants who are a recent contact of a known tuberculosis case.
- No preventive treatment
- Window Prophylaxis
 - Isoniazid Rifampin 3HP Other _____

Source Case:

Name _____

Case or Alien Number, if known _____

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
- DST results not yet available

Remarks

7. History of Class A TB

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

- Applicant was previously diagnosed with Class A TB 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 (<i>mm-dd-yyyy</i>): _____	
Findings Present	
<input type="checkbox"/> Normal or no findings suggestive of tuberculosis	<input type="checkbox"/> Hilar/mediastinal adenopathy
<input type="checkbox"/> Infiltrate or consolidation	<input type="checkbox"/> Miliary findings
<input type="checkbox"/> Reticular marking suggestive of fibrosis	<input type="checkbox"/> Discrete linear opacity
<input type="checkbox"/> Cavitory lesion	<input type="checkbox"/> Discrete nodule(s) without calcification
<input type="checkbox"/> Nodule(s) or mass with poorly defined margins (such as tuberculoma)	<input type="checkbox"/> Volume loss or retraction
<input type="checkbox"/> Pleural effusion	<input type="checkbox"/> Irregular thick pleural reaction
	<input type="checkbox"/> Other

Sputum Smear Results at Diagnosis

Date specimen obtained (<i>mm-dd-yyyy</i>)	Date specimen reported (<i>mm-dd-yyyy</i>)	Positive	Negative
1.			
2.			
3.			

Sputum Culture Results at Diagnosis

Date specimen obtained (<i>mm-dd-yyyy</i>)	Date specimen reported (<i>mm-dd-yyyy</i>)	Positive	Negative	NTM	Contaminated
1.					
2.					
3.					

Drug Susceptibility Test Results

Method of DST:	Date specimen obtained (<i>mm-dd-yyyy</i>)	Date DST reported (<i>mm-dd-yyyy</i>)
<input type="checkbox"/> MGIT <input type="checkbox"/> Agar <input type="checkbox"/> LJ		

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

7. History of Class A TB, 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	
<input type="checkbox"/> Hain Line Probe Assay							<input type="checkbox"/> Performed, attach results
<input type="checkbox"/> GeneXpert							
<input type="checkbox"/> Other _____							

Tuberculosis Treatment

Treating physician or institution

Designated DOT site: _____

Non-Designated DOT site: _____

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

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PAPERWORK REDUCTION ACT STATEMENT

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