



**The EDN Tuberculosis Follow-Up Worksheet for Newly-Arrived Persons with Overseas Tuberculosis Classifications**

Alien # \_\_\_\_\_

**U.S. Review of Pre-Immigration/I-963 Treatment**

C9a. Completed treatment pre-immigration/I-693?  Yes  No  
 Unknown

If YES, C9b.  Treated for TB disease  Treated for LTBI  
 Treated, but unknown if TB disease or LTBI

If Treated for TB disease,

- Treatment completed **prior** to panel physician or civil surgeon examination
- Treatment completed **after** panel physician or civil surgeon diagnosis (DS 3030)
  - At DGMQ-designated DOT site
  - At non-DGMQ-designated DOT site
  - Other, specify: \_\_\_\_\_

C9c. Treatment start date: \_\_\_/\_\_\_/\_\_\_  Start date unknown

C9d. Treatment end date: \_\_\_/\_\_\_/\_\_\_  End date unknown

C9e. Report of treatment administered prior to panel physician or civil surgeon examination:

- Treatment documented on overseas medical history form (DS 3026)
- Documented on DS forms & patient reported at panel physician or civil surgeon examination
- After U.S. arrival only, patient verbally reported treatment completion
- Unknown

C9f. Standard TB treatment regimen was administered?  
 Standard TB treatment  Non-standard TB treatment  
 Unable to verify

C10a. Arrived to the U.S. on treatment?

- Yes  No
- Unknown

If YES, C10b.  Treated for TB disease  Treated for LTBI

C10c. Start date: \_\_\_/\_\_\_/\_\_\_  Start date unknown

C11a: Pre-Immigration/I-693 treatment concerns?

- Yes  No

If YES, C11b. Select all that apply:

- Treatment duration too short
- Incorrect treatment regimen
- Inadequate information provided
- Lack of adequate diagnostics
- Unknown DOT/adherence status
- Undocumented/unverified treatment
- Other, specify: \_\_\_\_\_

**C12. U.S. Microscopy/Bacteriology\*** Sputa collected in U.S.?  Yes  No \*Covers all results regardless of sputa collection method.

| # | Date Collected | AFB Smear  |   | Sputum Culture   |   | Drug Susceptibility Testing  |   |
|---|----------------|--|---|--|---|--|---|
| 1 | ___/___/___    | <input type="checkbox"/> Positive<br><input type="checkbox"/> Not Done | <input type="checkbox"/> Negative<br><input type="checkbox"/> Unknown | <input type="checkbox"/> NTM<br><input type="checkbox"/> Contaminated<br><input type="checkbox"/> Not Done | <input type="checkbox"/> MTB Complex<br><input type="checkbox"/> Negative<br><input type="checkbox"/> Unknown | <input type="checkbox"/> MDR-TB<br><input type="checkbox"/> Mono-INH<br><input type="checkbox"/> No DR | <input type="checkbox"/> Mono-RIF<br><input type="checkbox"/> Other DR<br><input type="checkbox"/> Not Done |
| 2 | ___/___/___    | <input type="checkbox"/> Positive<br><input type="checkbox"/> Not Done | <input type="checkbox"/> Negative<br><input type="checkbox"/> Unknown | <input type="checkbox"/> NTM<br><input type="checkbox"/> Contaminated<br><input type="checkbox"/> Not Done | <input type="checkbox"/> MTB Complex<br><input type="checkbox"/> Negative<br><input type="checkbox"/> Unknown | <input type="checkbox"/> MDR-TB<br><input type="checkbox"/> Mono-INH<br><input type="checkbox"/> No DR | <input type="checkbox"/> Mono-RIF<br><input type="checkbox"/> Other DR<br><input type="checkbox"/> Not Done |
| 3 | ___/___/___    | <input type="checkbox"/> Positive<br><input type="checkbox"/> Not Done | <input type="checkbox"/> Negative<br><input type="checkbox"/> Unknown | <input type="checkbox"/> NTM<br><input type="checkbox"/> Contaminated<br><input type="checkbox"/> Not Done | <input type="checkbox"/> MTB Complex<br><input type="checkbox"/> Negative<br><input type="checkbox"/> Unknown | <input type="checkbox"/> MDR-TB<br><input type="checkbox"/> Mono-INH<br><input type="checkbox"/> No DR | <input type="checkbox"/> Mono-RIF<br><input type="checkbox"/> Other DR<br><input type="checkbox"/> Not Done |

**D. Evaluation Disposition in U.S.**

D1a. Evaluation disposition date in U.S.: \_\_\_/\_\_\_/\_\_\_

D1b. State/jurisdiction of evaluation disposition in U.S.: \_\_\_\_\_

D2a. Evaluation disposition in U.S.:

- Completed evaluation
- Initiated Evaluation / Not completed
- Did not initiate evaluation

D2b. If evaluation was completed, was treatment recommended?

- Yes  No

- LTBI
- Active TB

D2c. If evaluation was NOT completed, why not? Select all that apply.

- Not Located
- Moved within U.S., transferred to: \_\_\_\_\_ State/jurisdiction
- Lost to Follow-Up
- Moved outside U.S.
- Refused Evaluation
- Died
- Unknown
- Other, specify: \_\_\_\_\_

D3. Diagnosis

- Class 0 - No TB exposure, not infected or Class 1 - TB exposure, no evidence of infection
- Class 2 - TB infection, no disease
- Class 3 - TB, TB disease
  - Pulmonary  Extra-pulmonary  Both sites
  - Culture-confirmed  Yes  No
- Class 4 - TB, inactive disease

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D4. If diagnosed with TB disease:

State Case Number:     \_\_\_\_\_  
 Year State RVCT # / TBLISS #

RVCT # unknown\*  RVCT Reported\*

TBLISS # unknown\*  TBLISS Reported\*

City/County Case Number:     \_\_\_\_\_  
 Year State RVCT # / TBLISS #

\*Note: Either the RVCT or TBLISS number may be reported.

E. U.S. Treatment for TB Disease or TB Infection

E1a. U.S. treatment initiated:  Yes  No  Unknown

E1b. If NO, specify the reason. Select all that apply:

- Patient declined against medical advice
- Lost to follow-up
- Moved within U.S., transferred to: \_\_\_\_\_  
State/jurisdiction
- Died
- Moved outside the U.S.
- Prior treatment completed (year: \_\_\_\_\_)
- Currently on treatment
- Treatment not offered based on local clinic guidelines
- Unknown
- Contraindication for treatment
- Other, specify: \_\_\_\_\_

E1c. If YES:  Treated for TB disease  Treated for LTBI

E2. Treatment start date: \_\_\_\_/\_\_\_\_/\_\_\_\_ E3. State/jurisdiction of treatment in U.S.: \_\_\_\_\_

E4. Specify initial LTBI regimen:

- Isoniazid (9 months; 9H)
- Isoniazid (6 months; 6H)
- Isoniazid/Rifapentine (3 months; 3HP)
- Isoniazid/Rifampin (INH+RIF; 4 months)
- Rifampin (4 months; 4R)
- Isoniazid/Rifampin/Ethambutol/Pyrazinamide (RIPE; 2 months; suspected TB disease)
- Unknown
- Other, specify: \_\_\_\_\_

E5a. U.S. treatment completion status\* and dates:  Completed \_\_\_\_/\_\_\_\_/\_\_\_\_  Treatment ongoing  
 Treatment discontinued/stopped \_\_\_\_/\_\_\_\_/\_\_\_\_  Unknown

\*Completed refers to finished treatment, Treatment ongoing refers to treatment that is initiated but not yet completed. Treatment discontinued/stopped refers to initiated treatment that is not completed.

If treatment discontinued/stopped, E5b. Specify the reason. Select all that apply:

- Patient declined against medical advice
- Lost to follow-up
- Moved within U.S., transferred to: \_\_\_\_\_  
State/ jurisdiction
- Died
- Moved outside the U.S.
- Unknown
- Dying (treatment stopped because of imminent death, regardless of cause of death)
- Adverse effect
- Other, specify: \_\_\_\_\_
- Provider decision
- Not TB disease
- Developed TB [For patient diagnosed with LTBI]
- Pregnancy [For patient diagnosed with LTBI]

F. Evaluation Site Information

Provider's Name:  
 Clinic Name:  
 Telephone Number:

G. Treatment Site Information

Provider's Name:  
 Clinic Name:  
 Telephone Number:  
 Same as evaluation site information

H. Comments

\_\_\_\_\_