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

A. Demographic										
		A2. Alien #:		A3. Visa type:	A4. Initial U.S. entry date:					
A5. Age:	A6. Sex:	A7. DOB:		A8. TB Class Based on Technical Instructions for Panel Physicians:						
A9. Country of exam	ination:	l		A10. Country of birth:						
A11a. Name in care	of:			A12a. Sponsor agency na	me:					
A11b. Phone number	er:			A12b. Phone number:						
A11c. Address:				A12c. Address:	A12c. Address:					
B. Jurisdictional Info	ormation			1						
B1. Arrival jurisdicti	ion:			B2. Current jurisdiction:						
C. U.S. Evaluation										
C1. Date of first U.	S. test or provider/clinic v	risit:/								
Mantoux	Tuberculin Skin Test (1	ΓST) in U.S.		Interferon-Gamma	a Release Assay	(IGRA) in U.S.				
C2a. Was a TST a	dministered in the U.S.?			C3a. Was IGRA performed in	the U.S.? Yes	S No Unknown				
	Yes No	Unknown		If YES, C3b. Date collected:		Date unknown				
If YES, C2b. TST	placement date:/_		_		IUs/Sp	ots				
Placement date unknown				C3c. IGRA brand:	7					
				QuantiFERON® T-SPOT						
C2c. TST mm: Unknown					Other, specify:	ify:				
C2d. TST interpretation:				C3d. Result: Positive Negative Indeterminate, Borderline, or Equivocal C3e. History of previous positive IGRA:						
Positive Negative Unknown										
C2e. History of Previous Positive TST:										
Yes No Unknown				Yes No Unknown						
_										
U.S Revie	w of Pre-Immigration/I-0	693 CXR		U.S. Domestic CXR		Comparison				
C4. Pre-immigration	CXR/I-693 available?		C6a. U	.S. domestic CXR done?		C8. U.S. domestic CXR comparison to				
Yes No	Unknown		ΠYe	es No Unknown	No Unknown					
			If YES	, C6b. Date of U.S. CXR:	1 1	CXR:				
						Stable				
C5. U.S. interpreta	ation of pre-immigration/I-	-693 CXR:	C7. In	terpretation of U.S. CXR:		Worsening				
Normal (Nega				ormal (Negative for TB)						
Abnormal	aive for TB)		Ab	normal		Unknown				
Suggestiv	ve of TB			Suggestive of TB						
Non-TB C			Ī	Non-TB Condition						
	Not Interpretable		ПР	oor Quality/Not Interpretable						
Unknown	tot iiito. protabio		=	nknown						
			Ш							
Dublic	udon of this self out	of info	io a - +' · ·	stad to august 20 min i	maninalization of	in alcoling the still				
for reviewing instru	ctions, searching exist	ing data sourc	es, gath	ated to average 30 minutes ering and maintaining the c fuct or sponsor, and a pers	lata needed, ar	nd completing and				

Public reporting burden of this collection of information is estimated to average 30 minutes per individual, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1238).

Ali	en #									
U.S	S. Review of Pre-Im	migration/I-963 Trea	atment		ı					
C9a. Completed treatment pre-immigration/I-693? Yes No				C9f. Standard TB treatment regimen was administered?						
Unknown				Standard TB treatment Non-standard TB treatment						
If YES, C9b. Treated for TB disease Treated for LTBI				Unable to verify						
"					C10a	C10a. Arrived to the U.S. on treatment?				
		ted, but unknown if T	B disease or LTB	ļ	Ιп	Yes No				
	If Treated for TB dis				☐ Unknown					
	_ 	pleted prior to panel phy	· ·		╽┕	<u> </u>				
	·	oleted after panel physic	· ·	diagnosis (DS 3030	If YES , C10b. Treated for TB disease Treated for LTBI					
	<u></u>	Q-designated DOT site			C10c. Start date:/_/ Start date unknown					
	At non-Do	GMQ-designated DO	T site							
	Other, sp	ecify:			C11a: Pre-Immigration/I-693 treatment concerns?					
Ca	c. Treatment start da	ate:/_/	Start date un	nknown	ΙЦ	Yes No				
CS	d. Treatment end da	ate: <u>/ /</u>	End date unl	known		If YES , C11b. Selec	t all that app	ıly:		
		ent administered prior	to panel physicia	n or civil surgeor		Treatment durati	ion too short			
ex	amination:			(5.0.000)		Incorrect treatme	ent regimen			
	reatment docum	nented on overseas m	nedical history for	TI (DS 3026)		Inadequate infor	mation provi	ded		
	Documented on I surgeon examina	DS forms & patient re	ported at panel p	hysician or civil		Lack of adequate diagnostics				
	J		reported treatme	nt	Unknown DOT/adherence status					
	After U.S. arrival only, patient verbally reported treatment completion				Undocumented/unverified treatment					
	Unknown					Other, specify: _				
C12.	U.S. Microscopy/Ba	acteriology* Sp	outa collected in U	.s.? Yes	N	*Covers all results	s regardless	of sputa	a collection method.	
#	Date Collected	AFB Sm	ear	Sı	outum	Culture	Drug S	Suscepti	ibility Testing	
		Positive	□ Nogotivo	Питм		MTB Complex	MDR-TI	 3	Mono-RIF	
1	, ,		Negative	Contaminate	ed	☐ Negative	│	٧H	Other DR	
		Not Done Unknown		│		□ Unknown	∏ No DR		☐ Not Done	
		-		$\frac{1}{1}$		∐ □ MTB Compley	∐ ∏MDR-TI		☐ Mono-RIF	
2	1 1	Positive Negative	NTM		MTB Complex	l H		Ä		
-		☐ Not Done	Unknown	Contaminat	eu	Negative	Mono-IN	VП	Other DR	
			Ц	Not Done		Unknown	No DR		Not Done	
		Positive	Negative	NTM		MTB Complex	│	3	Mono-RIF	
3				Contaminat	ed	Negative	Mono-II	۱H	Other DR	
		Not Done	Unknown	Not Done		Unknown	No DR		Not Done	
D. E	valuation Dispositi	on in U.S.								
D1	a. Evaluation dispos	sition date in U.S.:	11	D1b. Sta	ıte/juri	sdiction of evaluation	n disposition	in U.S.:	:	
D2	2a. Evaluation dispos	sition in U.S.:								
	Completed eva	duation	Initiated Eva	aluation / Not cor	nplete	d \square	Did not initia	ite evalu	uation	
DOby 16 analysis a way assurated										
was treatment recommended?										
Yes No No Not Located Moved within U.S., transferred to: State/jurisdiction					 ate/jurisdiction					
LTBI Lost to Follow-Up Moved outside U.S.										
Active TB Refused Evaluation			Died							
			Unknow	n	Othe	er, specify:				
D	3. Diagnosis	Class 0 - No TB	exposure, not infe	cted or Class 1 -	TB e	xposure, no evidence	e of infection			
				1		and 2 TD TD diagram	20			
				_ ,	Class 3 - TB, TB disease					
Class 4 - TB, inactive disease Pulmonary Ext				Extra-pulmo	onary	Both sites				
				(Culture-confirmed Yes No					
1							_			

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Alien #						
D4. If diagnosed with TB disease: State Ca:	se Number:	Π				
RVCT # unknown*	Year	State	RVCT # / TBLISS #			
TBLISS # unknown* TBLISS Reported*						
		1				
City/County Ca		\sqcup				
*Note: Either the RVCT or TBLISS number may be reported.	Year	State	RVCT # / TBLISS #			
E. U.S. Treatment for TB Disease or TB Infection						
	2014					
E1a. U.S. treatment initiated: Yes No Unkr E1b. If NO , specify the reason. Select all that apply:	nown					
Patient declined against medical advice Lost to follow-	-up	Moved within U.S	S., transferred to:			
☐ Died ☐ Moved outside	'		State/jurisdiction			
	[ompleted (year:)			
Contraindication for treatment Treatment not local clinic gui	t offered based on [idelines	Unknown				
Contramolication for treatment		Other, specify:				
E1c. If YES: Treated for TB disease Treated for LTBI						
E2. Treatment start date:// E3. State/jurisdic	ction of treatment in U	J.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 mor	nths; suspected TB dis	isease)				
Unknown						
Other, specify:						
E5a. U.S. treatment completion status* and dates: Completed			Treatment ongoing			
		, ,	П			
	discontinued/stopped		Unknown			
*Completed refers to finished treatment, Treatment ongoing refers to treatment initiated treatment that is not completed.	ient that is initiated but n	iot yet completed. Treat	ment discontinued/stopped refers to			
If treatment discontinued/stopped, E5b. Specify the reason. Sele	ect all that apply:	П				
Patient declined against medical advice Lost to fo	ollow-up	= .	S., transferred to: State/ jurisdiction			
	utside the U.S.	Unknown	,			
Dying (treatment stopped because of imminent death, regardless of cause Adverse	effect	Developed TB [Fo	or			
of death) Not TB d		patient diagnosed	d with			
│	cy [For patient ed with LTBI]	2181]				
F. Evaluation Site Information	G. Treatment Site	Information				
Provider's Name:	Provider's Name:					
Clinic Name:	Clinic Name:					
Telephone Number:	Telephone Number:					
	Same as evalu	uation site information	1			
H. Comments						