


## Tuberculosis Indicators

Resize font:  


Please complete the survey below.

Thank you!

### How to enter repeat medical examinations:

- ▶ For an expired medical (e.g., person did not travel before expiration date on DS form):
  - Record the information from BOTH the first and second examinations as individual and separate events
- ▶ For a repeat examination at the completion of TB treatment:
  - Record ONLY information from the initial examination where the applicant was assigned a Class A designation for TB. Do not record data from end-of-tx exam

Is the data that will be submitted for Immigrants or Refugees


\* must provide value

- Immigrant  
 Refugee

reset

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## Tuberculosis Indicators

Resize font:  


Country Name

\* must provide value

Panel Site Name

\* must provide value

Date of Submission

\* must provide value

  Today M-D-Y

Year Data Collected

\* must provide value







## 7. Pulmonary TB Treatment

**\*\*NOTE:** The total in Row 7c should equal the total in Row 5g

	Jan	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
<b>7a. DGMQ-defined DOT completed or in-progress</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7b. Declined DGMQ-defined DOT</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7c. Total</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Notes

**(Please include any information here that you think may be helpful for CDC to have to interpret the information entered above or information about unique situations):**

Expand

Public reporting burden of this collection of information is estimated to average 3 hours per response, 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 (0920-1102)

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Submit

**\*\*Updated Changes below\*\***

**Is the data that will be submitted for Immigrants or Refugees**

\* must provide value

- Immigrant  
 Refugee  
 Parolee

reset

