



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, and attach results

IGRA performed, mark which test: <input type="checkbox"/> QuantiFERON <input type="checkbox"/> T-Spot Date drawn (mm-dd-yyyy) _____ <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate, Borderline, or Equivocal	QuantiFERON (indicate optimal density value [IU/ml] for each) Nil Control: _____ TB Antigen1: _____ TB Antigen2: _____ Mitogen: _____	T-Spot (indicate spot count for each) Nil Control: _____ Panel A: _____ Panel B: _____ Positive Control: _____
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2. Chest X-Ray Indication (Mark all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Chest X-Ray not indicated | <input type="checkbox"/> Known HIV infection | <input type="checkbox"/> History of Tuberculosis |
| <input type="checkbox"/> Age ≥ 15 years | <input type="checkbox"/> Extrapulmonary tuberculosis | |
| <input type="checkbox"/> Signs or symptoms of tuberculosis | <input type="checkbox"/> IGRA positive | |

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

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

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

Suggests Tuberculosis (Need Smears and Cultures)		Does Not Need Smears and Cultures	
<input type="checkbox"/> Infiltrate or consolidation <input type="checkbox"/> Reticular markings suggestive of fibrosis <input type="checkbox"/> Cavitary lesion <input type="checkbox"/> Nodule(s) or mass with poorly defined margins (such as tuberculoma) <input type="checkbox"/> Pleural effusion <input type="checkbox"/> Hilar/mediastinal adenopathy	<input type="checkbox"/> Miliary findings <input type="checkbox"/> Discrete linear opacity <input type="checkbox"/> Discrete nodule(s) without calcification <input type="checkbox"/> Volume loss or retraction <input type="checkbox"/> Irregular thick pleural reaction <input type="checkbox"/> Other	Mark as Class B Other on DS-2054 <input type="checkbox"/> Cardiac <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Other, specify in Remarks	Do Not Mark as Class B Other on DS-2054 <input type="checkbox"/> Smooth pleural thickening (if at CPA, must confirm is not effusion [do lateral or decubitus radiograph or ultrasound]) <input type="checkbox"/> Diaphragmatic tenting <input type="checkbox"/> Single or scattered calcified pulmonary nodule(s) <input type="checkbox"/> 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):
- | | |
|--|--|
| <input type="checkbox"/> Signs or symptoms of TB | <input type="checkbox"/> Extrapulmonary TB |
| <input type="checkbox"/> Chest X-ray suggests TB | <input type="checkbox"/> End of treatment cultures |
| <input type="checkbox"/> Known HIV Infection | |

5. Sputum Smears and Cultures Results

Sputum Smear Results	Date specimen obtained (mm-dd-yyyy)	Date smear result reported (mm-dd-yyyy)	Positive	Negative		
	1.					
	2.					
	3.					
Sputum Culture Results	Date specimen obtained (mm-dd-yyyy)	Date culture result reported (mm-dd-yyyy) <small>*Use most recent date as date of exam on DS-2054</small>	Positive	Negative	NTM	Contaminated
	1.					
	2.					
	3.					

6. Tuberculosis Classification

Applicants can be both Class B1 and Class B3, or Class B2 and Class B3. However, other combinations of tuberculosis classifications are not permitted.

- 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 B0, TB, Pulmonary**
Diagnosed with tuberculosis by the panel physician or presented to the panel physician while on tuberculosis treatment and successfully completed DGMQ-defined DOT
- 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 _____
- Dates of treatment _____ to _____

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 Result at Diagnosis

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

Sputum Culture Result at Diagnosis

Date specimen obtained (<i>mm-dd-yyyy</i>)	Date results 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 (<i>PAS</i>)		
	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		
	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"/> Performed, attach results
<input type="checkbox"/> Other _____							<input type="checkbox"/> Performed, attach results

Tuberculosis Treatment

Treating physician or institution

Approved DOT site: _____

Unapproved TB treatment 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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