



# TUBERCULOSIS WORKSHEET

<b>Photo</b>	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	<b>Mark as Class B Other on DS-2054</b> <input type="checkbox"/> Cardiac <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Other, specify in Remarks	<b>Do Not Mark as Class B Other on DS-2054</b> <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

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\_\_\_\_\_ 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

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**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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