



# CHEST X-RAY AND CLASSIFICATION WORKSHEET

For Use with DS-2053 Complete Sections 1 through 5, As Applicable

|                        |     |
|------------------------|-----|
| Name (Last, First, MI) | Age |
|------------------------|-----|

|                         |                 |                     |
|-------------------------|-----------------|---------------------|
| Birth Date (mm-dd-yyyy) | Passport Number | Alien (Case) Number |
|-------------------------|-----------------|---------------------|

**1. Chest X-Ray Needed (mark all that apply)**

History of tuberculosis (TB) disease                       TB signs or symptoms

Contact with TB patient     Adult (with or without any of the other)

*(If child does not have any of the above, stop here)*

**2. Chest X-Ray Findings**    Date Chest X-Ray taken (mm-dd-yyyy) \_\_\_\_\_

Normal findings

Abnormal finding (indicate findings and interpretation, checking all that apply, and any other in table below)

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Can suggest <b>ACTIVE TB</b><br>(Need smears)   | <input type="checkbox"/> Can suggest <b>INACTIVE TB</b><br>(Need smears if symptomatic)   | <input type="checkbox"/> <b>OTHER X-ray findings</b>  |
| <input type="checkbox"/> Infiltrate or consolidation<br><input type="checkbox"/> Any cavitary lesion<br><input type="checkbox"/> Nodule with poorly defined margins<br>(such as tuberculoma)<br><input type="checkbox"/> Pleural effusion<br><input type="checkbox"/> Hilar/Mediastinal adenopathy<br><input type="checkbox"/> Linear, interstitial markings<br><input type="checkbox"/> Other (such as milary findings) | <input type="checkbox"/> Discrete fibrotic scar or linear opacity<br><input type="checkbox"/> Discrete nodule(s) without calcification<br><input type="checkbox"/> Discrete fibrotic scar with volume loss or retraction<br><input type="checkbox"/> Discrete nodule(s) with volume loss or retraction<br><input type="checkbox"/> Other (such as bronchiectasis) | <input type="checkbox"/> <b>Follow-up needed</b><br><input type="checkbox"/> Musculoskeletal<br><input type="checkbox"/> Cardiac<br><input type="checkbox"/> Pulmonary<br><input type="checkbox"/> Other<br><input type="checkbox"/> <b>No follow-up needed for</b><br>Pleural thickening, diaphragmatic tenting, blunting costophrenic angle, solitary calcified nodule or granuloma or minor musculoskeletal or cardiac finding |

Remarks \_\_\_\_\_

**3. Sputum Smears**

No, applicant has no signs or symptoms of TB and :                       X-ray suggests **INACTIVE TB**, this is a **Class B2/TB**

OTHER X-ray findings suggest follow-up needed after arrival, this is **B Other**

OTHER X-ray findings suggest **no followup needed**, this is **No Class**

X-ray Normal, this is **No Class**

Yes, applicant has (mark all that apply):

|  |                          |                          |                             |
|--|--------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> Signs or symptoms of TB present, See Section 1  | Positive                 | Negative                 | Dates obtained (mm/dd/yyyy) |
| <input type="checkbox"/> X-ray suggests <b>ACTIVE TB</b> , See Section 2 | <input type="checkbox"/> | <input type="checkbox"/> | _____                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> | _____                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> | _____                       |

**Sputum smear results and X-ray findings:**                      **and smear results are:**

At least one smear result **POSITIVE** and                       X-ray Normal with

Any chest X-ray finding, this is                      **Class A/TB**                       Signs of symptoms resolved, this is                      **No Class**

Signs or symptoms suggest follow-up needed after arrival, this is **B Other**

X-ray suggests **ACTIVE** or **INACTIVE TB**, this is **Class B1/TB**

OTHER X-ray findings suggest follow-up needed after arrival, this is **Class B Other**

4.     No Class                       Class A/TB                       Class B1/TB                       Class B2/TB                       Class B Other, follow-up needed

**5. Follow-up Needed After Arrival**                       No                       Yes                      If Yes, for                       Not TB condition                       TB condition.

Remarks (If yes, specify condition below and on DS-2053; include additional tests, and therapy used with start and stop dates and any changes)

\_\_\_\_\_

\_\_\_\_\_

## **PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES**

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