



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)

| | |
|---|---|
| <input type="checkbox"/> History of tuberculosis (TB) disease | <input type="checkbox"/> TB signs or symptoms |
| <input type="checkbox"/> Contact with person with TB | <input type="checkbox"/> 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) _____

| | | |
|---|--|--|
| <input type="checkbox"/> Normal findings | | |
| <input type="checkbox"/> Abnormal finding (indicate findings and interpretation, checking all that apply, and any other in table below) | | |

| | | |
|--|---|--|
| <input type="checkbox"/> Can suggest ACTIVE TB (Need smears) | <input type="checkbox"/> Can suggest INACTIVE TB (Need smears if symptomatic) | <input type="checkbox"/> OTHER X-ray findings |
| <input type="checkbox"/> Infiltrate or consolidation <input type="checkbox"/> Any cavitory lesion <input type="checkbox"/> Nodule with poorly defined margins (such as tuberculoma) <input type="checkbox"/> Pleural effusion <input type="checkbox"/> Hilar/Mediastinal adenopathy <input type="checkbox"/> Linear, interstitial markings (children only) <input type="checkbox"/> Other (such as miliary findings) | <input type="checkbox"/> Discrete fibrotic scar or linear opacity <input type="checkbox"/> Discrete nodule(s) without calcification <input type="checkbox"/> Discrete fibrotic scar with volume loss or retraction <input type="checkbox"/> Discrete nodule(s) with volume loss or retraction <input type="checkbox"/> Other (such as bronchiectasis) | <input type="checkbox"/> Follow-up needed <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Cardiac <input type="checkbox"/> Pulmonary <input type="checkbox"/> Other <input type="checkbox"/> No follow-up needed for 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 :

| |
|---|
| <input type="checkbox"/> X-ray suggests INACTIVE TB, this is a Class B2/TB |
| <input type="checkbox"/> OTHER X-ray findings suggest follow-up needed after arrival, this is B Other |
| <input type="checkbox"/> OTHER X-ray findings suggest no followup needed, this is No Class |
| <input type="checkbox"/> 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 | | and smear results are: | |
| <input type="checkbox"/> X-ray suggests ACTIVE TB, See Section 2 | | Positive | Negative |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Dates obtained (mm/dd/yyyy) |
| | | | _____ |
| | | | _____ |
| | | | _____ |

| | |
|--|--|
| Sputum smear results and X-ray findings: At least one smear result POSITIVE and <input type="checkbox"/> Any chest X-ray finding, this is Class A/TB (Normal or Abnormal findings) | Three smear results NEGATIVE and <input type="checkbox"/> X-ray Normal with <input type="checkbox"/> Signs of symptoms resolved, this is No Class <input type="checkbox"/> Signs or symptoms suggest follow-up needed after arrival, this is B Other <input type="checkbox"/> X-ray suggests ACTIVE or INACTIVE TB, this is Class B1/TB <input type="checkbox"/> 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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We ask for information on this form, in the case of applicants for immigrant visas, to determine medical eligibility under INA Sections 212(a) and 221(d), and, in the case of refugees, as required under INA Section 412(b)(4) and (5). If an immigrant visa is issued or refugee status granted, you will convey this form to the Department of Homeland Security (DHS) for disclosure to the Center for Disease Control and the US Public Health Service. Failure to provide this information may delay or prevent the processing of your case. If an immigrant visa is not issued or refugee status is not granted, this form will be treated as confidential under INA Section 222(f).