



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) <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> History of tuberculosis (TB) disease <input type="checkbox"/> Contact with person with TB</div><div><input type="checkbox"/> TB signs or symptoms <input type="checkbox"/> Adult (with or without any of the other)</div></div> <p>(If child does not have any of the above, stop here)</p>														
2. Chest X-Ray Findings <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Normal findings <input type="checkbox"/> Abnormal finding (indicate findings and interpretation, checking all that apply, and any other in table below)</div><div>Date Chest X-Ray taken (mm-dd-yyyy) _____</div></div> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 33%; padding: 5px;"><input type="checkbox"/> Can suggest ACTIVE TB (Need smears)</th><th style="width: 33%; padding: 5px;"><input type="checkbox"/> Can suggest INACTIVE TB (Need smears if symptomatic)</th><th style="width: 33%; padding: 5px;"><input type="checkbox"/> OTHER X-ray findings</th></tr></thead><tbody><tr><td style="vertical-align: top; padding: 5px;"><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)</td><td style="vertical-align: top; padding: 5px;"><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)</td><td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Follow-up needed <div style="margin-left: 20px;"><input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Cardiac <input type="checkbox"/> Pulmonary <input type="checkbox"/> Other</div><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</td></tr></tbody></table> <p>Remarks _____</p>			<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 <div style="margin-left: 20px;"><input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Cardiac <input type="checkbox"/> Pulmonary <input type="checkbox"/> Other</div> <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						
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3. Sputum Smears <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> No, applicant has no signs or symptoms of TB and : <input type="checkbox"/> Yes, applicant has (mark all that apply): <div style="margin-left: 20px;"><input type="checkbox"/> Signs or symptoms of TB present, See Section 1 <input type="checkbox"/> X-ray suggests ACTIVE TB, See Section 2</div></div><div><div style="margin-bottom: 10px;"><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</div><div>and smear results are:<table style="width: 100%;"><thead><tr><th style="width: 33%;">Positive</th><th style="width: 33%;">Negative</th><th style="width: 33%;">Dates obtained (mm/dd/yyyy)</th></tr></thead><tbody><tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>_____</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>_____</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>_____</td></tr></tbody></table></div></div><div>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)</div><div>Three smear results NEGATIVE and <input type="checkbox"/> X-ray Normal with <div style="margin-left: 20px;"><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</div></div></div>			Positive	Negative	Dates obtained (mm/dd/yyyy)	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
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<input type="checkbox"/>	<input type="checkbox"/>	_____												
<input type="checkbox"/>	<input type="checkbox"/>	_____												
<input type="checkbox"/>	<input type="checkbox"/>	_____												
4. <input type="checkbox"/> No Class <input type="checkbox"/> Class A/TB <input type="checkbox"/> Class B1/TB <input type="checkbox"/> Class B2/TB <input type="checkbox"/> Class B Other, follow-up needed														
5. Follow-up Needed After Arrival <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, for <input type="checkbox"/> Not TB condition <input type="checkbox"/> TB condition. <p>(If yes, specify condition below and on DS-2053; include additional tests, and therapy used with start and stop dates and any changes)</p> <p>Remarks _____</p>														