U.S. Department of State

CHEST X-RAY AND CLASSIFICATION WORKSHEET

For use with TB TI 1991 and the DS-2053

Complete Sections 1 through 5, As Applicable

OMB No. 1405-0113
EXPIRATION DATE: 04/30/2012
ESTIMATED BURDEN: 10 MINUTES
(See Page 2 - Back of Form)

Name *(Last, First, MI.)*			Age
Birth Date *(mm-dd-yyyy)*	Passport Number	Alien (Case) Number	

1. Chest X-Ray Indication *(Mark all that apply)*

- ☐ History of Tuberculosis *(TB)* Disease
- ☐ Contact with Person with TB
- ☐ TB Signs or Symptoms
- ☐ Adult *(With or without any of the other indications)*

(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 Findings *(Indicate category and finding, checking all that apply, in the table below.)*

☐ **Can Suggest ACTIVE TB** *(Need smears)*	☐ **Can Suggest INACTIVE TB** *(Need smears if symptomatic)*	☐ **OTHER X-Ray Findings**
☐ Infiltrate or consolidation	☐ Discrete fibrotic scar or linear opacity *(fibrotic scar)*	☐ **Follow-Up Needed** *(Mark as "Class B Other")*
☐ Any cavitary lesion	☐ Discrete nodule*(s)* without calcification	☐ Musculoskeletal
☐ Nodule or mass with poorly defined margins *(such as tuberculoma)*	☐ Discrete linear opacity *(fibrotic scar)* with volume loss or retraction	☐ Cardiac
☐ Pleural effusion*	☐ Other *(Such as bronchiectasis)*	☐ Pulmonary, non-TB *(e.g., emphysema)*
☐ Hilar/mediastinal adenopathy with or without atelectasis		☐ Other
☐ Other *(Such as miliary findings)*		☐ **No Follow-Up Needed for** Pleural thickening, diaphragmatic tenting, calcified pulmonary nodule*(s)*, calcified lymph node*(s)*, calcified lymph nodes with calcified pulmonary nodule*(s)*, or minor musculoskeletal findings
* If unclear whether pleural fluid or thickening, perform lateral or decubitus chest radiograph, or targeted ultrasound.		

Remarks

_____

_____

_____

Radiologist's Signature _____ Date Interpreted *(mm-dd-yyyy)* _____

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 **Follow-Up Needed,** this is **No Class**
- ☐ X-Ray Normal, this is **No Class**

☐ **Yes, Applicant has** *(Mark all that apply)* :

- ☐ Signs or Symptoms of TB, See Section 1
- ☐ X-Ray Suggests ACTIVE TB, See Section 2

and Smear Results are:

Positive	Negative	Dates Obtained *(mm-dd-yyyy)*
☐	☐	_____
☐	☐	_____
☐	☐	_____

Sputum Smear Results and X-Ray:
At least One Smear Result POSITIVE and

☐ Any Chest X-Ray Finding *(Normal or Abnormal findings)*, this is **Class A/TB**

Three Smear Results NEGATIVE and

- ☐ X-Ray Normal with
  - ☐ Signs or 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**

5. Follow-Up Needed After Arrival ☐ No ☐ Yes If Yes, for ☐ Not TB Condition ☐ TB Condition

Remarks *(If non-TB condition, specify condition below **and** on DS-2053 form; include additional tests, and therapy used with start and stop dates and any changes. If TB condition, enter information in Part 4 of DS-2053 form.)*

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PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202

CONFIDENTIALITY STATEMENT

AUTHORITIES The information asked for on this form is requested pursuant to Section 212(a) and 221(d) and as required by Section 222 of the Immigration and Nationality Act. Section 222(f) provides that the records of the Department of States and of diplomatic and consular offices of the United States pertaining to the issuance and refusal of visas or permits to enter the United States shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States. Certified copies of such records may be made available to a court provided the court certifies that the information contained in such records is needed in a case pending before the court.

PURPOSE The U.S. Department of State uses the facts you provide on this form primarily to determine your classification and eligibility for a U.S. immigrant visa. Individuals who fail to submit this form or who do not provide all the requested information may be denied a U.S. immigrant visa. Although furnishing this information is voluntary, failure to provide this information may delay or prevent the processing of your case.

ROUTINE USES If you are issued an immigrant visa and are subsequently admitted to the United States as an immigrant, the Department of Homeland Security will use the information on this form to issue you a Permanent Resident Card, and, if you so indicate, the Social Security Administration will use the information to issue a social security number. The information provided may also be released to federal agencies for law enforcement, counterterrorism and homeland security purposes; to Congress and courts within their sphere of jurisdiction; and to other federal agencies who may need the information to administer or enforce U.S. laws.