



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 person with TB 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 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 cavitary 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 <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 :

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 (mark all that apply) :

	and smear results are:													
<input type="checkbox"/> Signs or symptoms of TB present, See Section 1 <input type="checkbox"/> X-ray suggests ACTIVE TB, See Section 2	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 0 10px;">Positive</td> <td style="padding: 0 10px;">Negative</td> <td style="padding: 0 10px;">Dates obtained (mm-dd-yyyy)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> </table>	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"/>	_____	
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"/>	_____												

Sputum smear results and X-ray findings:

At least one smear result POSITIVE and

Any chest X-ray finding, this is **Class A/TB**
(Normal or Abnormal findings)

Three smear results NEGATIVE and

X-ray Normal with

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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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).