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U.S. Department of State
TUBERCULOSIS WORKSHEET
For use with DS-2054

OMB No. 1405-0113
EXPIRATION DATE: x x / x x / x x x x
ESTIMATED BURDEN: 20 MINUTES
(See Page 2 - Back of Form)

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

1. Test for Cell-Mediated Immunity to Tuberculosis
Required for applicants 2 through 14 years of age where WHO-estimated TB rate >=20 per 100,000 and contacts; perform one type only.

TST Date applied (mm-dd-yyyy) Result (mm)
QFT Nil Value: IU TB Response: TB minus nil IU/ml
IGRA Date drawn (mm-dd-yyyy) Positive Negative Indeterminant, Borderline, or Equivocal
T-Spot Nil Value: Number of cells TB Response: Higher of Panel A or Panel B minus nil value

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

Chest X-Ray not indicated Age >=15 years Signs or symptoms of tuberculosis
Known HIV infection TST >=10 mm or IGRA positive Contact: TST >= 5 mm or IGRA positive

Date Chest X-Ray Taken (mm-dd-yyyy)

3. Chest X-Ray Findings

Normal Findings Abnormal Findings (Indicate category and finding, checking all that apply in the tables below)

Can Suggest Tuberculosis (Need Smears and Cultures)

Infiltrate or consolidation Cavitory lesion Nodule or mass with poorly defined margins (such as tuberculoma) Pleural effusion (perform lateral or decubitus radiograph or ultrasound, if needed)
Hilar/mediastinal adenopathy Miliary findings Discrete linear opacity Discrete nodule(s) without calcification Volume loss or retraction Other

No Sputum Specimens Required

Mark as Class B Other on DS 2054

Cardiac Musculoskeletal Other, specify in Remarks

Do not mark as Class B Other on DS 2054

Pleural thickening Diaphragmatic tenting Calcified pulmonary nodule(s) Calcified lymph node(s)

Remarks
Radiologist's Name (Printed) Radiologist's Signature (Required) Date Interpreted (mm-dd-yyyy)

4. Sputum Smears and Cultures Decision

No, not indicated - Applicant has no signs or symptoms of TB, no known HIV infection, and:
X-ray Normal or 'No specimens required' and test for cell-mediated immunity to TB negative (if performed)
X-ray Normal or 'No specimens required' and test for cell-mediated immunity to TB positive (if performed)
Yes, are indicated - Applicant has (Mark all that apply):
Signs or symptoms of TB
Chest X-ray suggests TB
Known HIV infection
End of treatment cultures

5. Sputum Smears and Cultures Results

Table with 4 columns: Sputum Smear Results, Date specimen obtained (mm-dd-yyyy), Date specimen reported (mm-dd-yyyy), Positive, Negative. Rows 1, 2, 3.

Table with 7 columns: Sputum Culture Results, Date specimen obtained (mm-dd-yyyy), Date specimen reported (mm-dd-yyyy) *Date of exam on DS 2054, Positive, Negative, NTM, Contaminated. Rows 1, 2, 3.

6. Tuberculosis Classification

Applicants may have more than one TB Classification. However, they cannot be classified as both Class B1 TB and Class B2 TB. In addition, applicants cannot be classified as Class B3 TB, Contact Evaluation if they are Class A or Class B1 TB, Extrapulmonary.

- No TB Classification**
CXR not suggestive of tuberculosis, no signs or symptoms, no known HIV infection, TST or IGRA negative (if performed), not a contact
- Class A**
Applicant has tuberculosis disease
- Class B1 TB, Pulmonary**
CXR suggests tuberculosis, or signs and symptoms, or known HIV infection and sputum smears and cultures are negative and not a clinically diagnosed case.
- Class B1 TB, Extrapulmonary**
Applicants with evidence of extrapulmonary tuberculosis. The anatomic site of infection should be documented.
 - Anatomic Site of Disease _____
 - No treatment
 - Current treatment
 - Completed treatment
- Class B2 TB, LTBI Evaluation**
Applicants who have a tuberculin skin test ≥ 10 mm or positive IGRA but otherwise have a negative evaluation for tuberculosis. Contacts with TST ≥ 5 mm or positive IGRA should receive this classification (if they are not already Class B1 TB, Pulmonary).
 - No LTBI treatment
 - Current LTBI treatment (*Indicate medications in Part 7*)
 - Completed LTBI treatment (*Indicate medications in Part 7*)
- Class B3 TB, Contact Evaluation**
Applicants who are a recent contact of a known tuberculosis case.
 - No preventive treatment
 - Current preventive treatment (*Indicate medications in Part 7*)
 - Completed preventive treatment (*Indicate medications in Part 7*)

Source Case:

Name _____
Alien Number _____
Relationship to Contact _____
Date Contact Ended (*mm-dd-yyyy*) _____

Type of Source Case TB (*Mark only one and attach DST results*)

- Pansusceptible TB
- MDR TB (resistant to at least INH and rifampin)
- Drug-resistant TB other than MDR TB
- Culture negative
- Culture results not available

Remarks

7. Previous Tuberculosis Diagnosis and Treatment History for Applicants Diagnosed or Treated Through Panel Physician

Complete this section only if one of the following is true (*mark appropriate option*):

- Applicant was diagnosed with tuberculosis disease by the panel physician
- Applicant was on tuberculosis treatment at the time of presentation for their medical examination

How was the diagnosis made: Positive laboratory tests Clinical diagnosis

Diagnostic Chest Radiograph	
Facility performing chest radiograph: _____	
Date Radiograph obtained (<i>mm-dd-yyyy</i>): _____	
Findings Present	
<input type="checkbox"/> Infiltrate or consolidation	<input type="checkbox"/> Miliary findings
<input type="checkbox"/> Cavitary lesion	<input type="checkbox"/> Discrete linear opacity
<input type="checkbox"/> Nodule or mass with poorly defined margins (such as tuberculoma)	<input type="checkbox"/> Discrete nodule(s) without calcification
<input type="checkbox"/> Hilar/mediastinal adenopathy	<input type="checkbox"/> Volume loss or retraction
<input type="checkbox"/> Pleural effusion	<input type="checkbox"/> Other
<input type="checkbox"/> Normal or no findings suggestive of tuberculosis	

Sputum Smear Results

Date specimen obtained (<i>mm-dd-yyyy</i>)	Date specimen reported (<i>mm-dd-yyyy</i>)	Positive	Negative
1.			
2.			
3.			

Sputum Culture Results

Date specimen obtained (<i>mm-dd-yyyy</i>)	Date specimen reported (<i>mm-dd-yyyy</i>)	Positive	Negative	NTM	Contaminated
1.					
2.					
3.					

Drug Susceptibility Test Results. Attach with DS Forms.

Method of DST: <input type="checkbox"/> MGIT <input type="checkbox"/> Agar <input type="checkbox"/> LJ	Date specimen obtained (<i>mm-dd-yyyy</i>)	Date DST reported (<i>mm-dd-yyyy</i>)

	Drug	Susceptible	Resistant
Required for first-line DST	Isoniazid		
	Rifampin		
	Ethambutol		
	Pyrazinamide		
Required for multidrug-resistant cases	Ethionamide		
	Amikacin		
	Capreomycin		
	Para-aminosalicylic acid (PAS)		
	Fluoroquinolone, specify: _____		
	Other, specify: _____		

7. Previous Tuberculosis Diagnosis and Treatment History for Applicants Diagnosed or Treated Through Panel Physician, Continued

Were molecular tests used in addition to the required sputum smears, cultures, and DST:

- No
- Yes (mark all that apply):

Molecular Test	Mycobacterium tuberculosis		Rifampin Resistance		Isoniazid Resistance		Second-Line Test
	Positive	Negative	Positive	Negative	Positive	Negative	
<input type="checkbox"/> Hain Line Probe Assay							<input type="checkbox"/> Performed, attach results
<input type="checkbox"/> GeneXpert							

Tuberculosis Treatment

Treating physician or institution

DGMQ-Designated DOT site: _____

Non-DGMQ-Designated DOT site: _____

Drug	Dosage	Start Date (mm-dd-yyyy)	End Date (mm-dd-yyyy)
Isoniazid			
Rifampin			
Ethambutol			
Pyrazinamide			
Other, specify:			

PAPERWORK REDUCTION ACT AND CONFIDENTIALITY STATEMENTS

PAPERWORK REDUCTION ACT STATEMENT

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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 State 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, in the discretion of the Secretary of State, 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. More information on the Routine Uses for this collection can be found in the System of Records Notice State-24, Medical Records.