A. Demographic Information				TB Follow-Up Worksheet				Version 2.0 10				
A1. Name (Last, First, Middle)				A2. Alien N		A3. Visa	. Visa Type:		A4. Initial U.S. Entry Date:			
A5. /	Age:	A6. Ger	nder:	A7. DOB:			A8. TB	8. TB Class:		A9. Class Condition:		
A10.Country of Examination:  A11.Country of Birth:												
A12.	Data Entry Q-Sta	tion:	A13	3. Officer in (	A14. Q-Station Phone:							
A15a. Address: A16a. Sponsor Agency Name:												
A15I	o. Phone:				A16b. Sponsor Agency Phone:							
A15	c. Other:			Agency	Address:							
B. Jurisdictional Information												
B1.	B1. Destination State: B2. Jurisdiction: B3. Jurisdiction Phone #:											
C. U.S. Evaluation												
C1.	Date of Initial U.S	6. Medical Eval	uation:									
C2	a. TST Placed:		Yes	No			Unknowr	1				
C2	b. TST Placemen	t Date:	•	_					C2o Histo	ony of Provious	Positivo TST	
C2c. TST mm:												
C2d. TST Interpretation: Positive Negative Unknown												
C3a. Quantiferon (QFT) Test: Yes No Unknown												
C3b. QFT Collection Date:												
C3c. QFT Result:   Positive   Negative   Indeterminate   Unknown												
U	S Review of Ove	rseas CXR				Dom	estic CX	R			Comparison	
C4. Overseas CXR Available?  C7. U.S. CXR Done? Yes No Not Verifiable C11. U.S. CXR												
Yes No Not Verifiable C8. Date of U.S. CXR: Comparison to Overseas CXR:												
C5.	U.S. Interpretation	n of Overseas	CXR:		C9. Inte	erpretatio	on of U.S	. CXR:			Stable	
$  \Box$	Normal Abno	rmal Poor	Quality	Unknown	Nor	mal	Abnorn	nal	Unknown		Worsening	
C6	Overseas CXR A	bnormal Findir	ngs:		C10. U	.S. CXR	Abnorma	al Findi	ngs:		Improving	
ΙП	Abnormal, not TB	Cavity	∏Fi	ibrosis	Abn	ormal, no	ot TB	Пса	avity	Fibrosis	I 🗀 📑	
lΗ	Abnormal, not TB Cavity Fibrosis Abnormal, not TB Cavity Fibrosis Unknown  Infiltrate Granuloma(ta) Adenopathy Infiltrate Granuloma(ta) Adenopathy											
l ⊨	Other (Specify)	(	, П	,		er (Speci	_	idioinid		,		
ᆜ	2. U.S. Mocrosco	py/Bacteriolog	gy	Sp		not collec		.S.				
#	Spec Source	Date	AFB :	Smear Resu	ılt		Cultu	ıre Res	ult	Drug	Resistance (DR)	
			Not Done	e Posit	tive	Not D	one	∏ N	TM	Not Done	Mono-RIF	
1						Nega	tive	Пο	ontaminated	No DR	∏ мdr-тв	
			Negative	Unkr	nown	<mark>∏</mark> мтв і	Complex	·Πυ	nknown	Mono-INI	H Other DR	
2			Not Done	ot Done Positive		Not D	one	N.	TM	Not Done	Mono-RIF	
						Nega	tive	Пο	ontaminated	∏ No DR	<b>∏</b> мdr-тв	
			Negative			МТВ	Complex	( U	nknown	Mono-INI	d Other DR	
3		Not Done ☐ Positive		tive	Not D	one	∏ N	ТМ	Not Done	Mono-RIF		
	Negativ					Nega	tive	Π̈́c	ontaminated	No DR	☐ MDR-TB	
			III inegative			МТВ	Complex	( 🛮 U	nknown	Mono-INI	H Other DR	

U.S. Review of Overseas Treatmer	TB Follow-Up Wor	ksheet (Cont)		Version 2.0 10/30/2007							
C13. Overseas Treatment	C14. US Review of TB Disease Overseas Treatment:	C15. Arrivo		C16. Completed Treatment Overseas:							
Yes No Unknown	Yes No Unknown  If Yes  Patient-Reported  Panel Physician-Documented  Both	Yes No Unkno	own	Yes No Unknown							
C17. Overseas Treatment Concerns	: Yes No			<u> </u>							
D. Disposition											
D1. Disposition Date:											
D2. Evaluation Disposition:											
Completed Evaluation	Initiated Evaluation / Not Com	pleted	Did Not In	Did Not Initate Evaluation							
Treatment Recommended	Moved within U.S.		Not Locate	Not Located							
No Treatment Recommended	Lost to Follow-Up		Moved wit	Moved within U.S.							
_	Returned to Country of Origin		Lost to Fo	Lost to Follow-Up							
	Refused Evaluation		Returned	Returned to Country of Origin							
	Died		Refused E	Evaluation							
	Other, specify		Died	ied							
			Unknown								
			Other, spe	ecify							
D3. Diagnosis Class 0	No TB exposure, not infected	Class 1	- TB exposure,	no evidence of infection							
Class 2	- TB infection, no disease	Class 3	Class 3 - TB, active disease								
Class 4	- TB, inactive disease	Pulr	nonary E	extrapulmonary Both Sites							
D4. RVCT Reported	D5. RVCT #:										
E. U.S. Treatment											
E1. U.S. Treatment Initiated:	E2. U.S. Treatment Start Date	E3. U.S. Treatme	ent Completed:	E4. U.S. Treatment End Date:							
No Treatment		Yes									
Active Disease		No									
LTBI		Unknown									
Unknown		_									
F. Comments											
G. Screen Site Information											
Provider's Name:											
Clinic Name:											
Telephone Number:											
Physician Signature:											
Date (mm/dd/yyyy)											