

A. Demographic Information		TB Follow-Up Worksheet		Version 2.0 10/30/2007	
A1. Name (Last, First, Middle)		A2. Alien Number:	A3. Visa Type:	A4. Initial U.S. Entry Date:	
A5. Age:	A6. Gender:	A7. DOB:	A8. TB Class:	A9. Class Condition:	
A10. Country of Examination:			A11. Country of Birth:		
A12. Data Entry Q-Station:		A13. Officer in Charge:		A14. Q-Station Phone:	
A15a. Address: A15b. Phone: A15c. Other:			A16a. Sponsor Agency Name: A16b. Sponsor Agency Phone: A16c. Sponsor Agency Address:		
B. Jurisdictional Information					
B1. Destination State:		B2. Jurisdiction:		B3. Jurisdiction Phone #:	
C. U.S. Evaluation					
C1. Date of Initial U.S. Medical Evaluation:					
C2a. TST Placed:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
C2b. TST Placement Date:				C2e. History of Previous Positive TST <input type="checkbox"/>	
C2c. TST mm:					
C2d. TST Interpretation:		<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Unknown	
C3a. Quantiferon (QFT) Test:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
C3b. QFT Collection Date:					
C3c. QFT Result:		<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Unknown
U.S. Review of Overseas CXR		Domestic CXR			Comparison
C4. Overseas CXR Available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Verifiable		C7. U.S. CXR Done? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Verifiable			C11. U.S. CXR Comparison to Overseas CXR: <input type="checkbox"/> Stable <input type="checkbox"/> Worsening <input type="checkbox"/> Improving <input type="checkbox"/> Unknown
C5. U.S. Interpretation of Overseas CXR: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Poor Quality <input type="checkbox"/> Unknown		C8. Date of U.S. CXR:			
C6. Overseas CXR Abnormal Findings: <input type="checkbox"/> Abnormal, not TB <input type="checkbox"/> Cavity <input type="checkbox"/> Fibrosis <input type="checkbox"/> Infiltrate <input type="checkbox"/> Granuloma(ta) <input type="checkbox"/> Adenopathy <input type="checkbox"/> Other (Specify)		C9. Interpretation of U.S. CXR: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Unknown			
C10. U.S. CXR Abnormal Findings: <input type="checkbox"/> Abnormal, not TB <input type="checkbox"/> Cavity <input type="checkbox"/> Fibrosis <input type="checkbox"/> Infiltrate <input type="checkbox"/> Granuloma(ta) <input type="checkbox"/> Adenopathy <input type="checkbox"/> Other (Specify)					
C12. U.S. Miroscopy/Bacteriology <input type="checkbox"/> Specimen not collected in U.S.					
#	Spec Source	Date	AFB Smear Result	Culture Result	Drug Resistance (DR)
1			<input type="checkbox"/> Not Done <input type="checkbox"/> Positive	<input type="checkbox"/> Not Done <input type="checkbox"/> NTM	<input type="checkbox"/> Not Done <input type="checkbox"/> Mono-RIF
			<input type="checkbox"/> Negative <input type="checkbox"/> Unknown	<input type="checkbox"/> Negative <input type="checkbox"/> Contaminated	<input type="checkbox"/> No DR <input type="checkbox"/> MDR-TB
				<input type="checkbox"/> MTB Complex <input type="checkbox"/> Unknown	<input type="checkbox"/> Mono-INH <input type="checkbox"/> Other DR
2			<input type="checkbox"/> Not Done <input type="checkbox"/> Positive	<input type="checkbox"/> Not Done <input type="checkbox"/> NTM	<input type="checkbox"/> Not Done <input type="checkbox"/> Mono-RIF
			<input type="checkbox"/> Negative <input type="checkbox"/> Unknown	<input type="checkbox"/> Negative <input type="checkbox"/> Contaminated	<input type="checkbox"/> No DR <input type="checkbox"/> MDR-TB
				<input type="checkbox"/> MTB Complex <input type="checkbox"/> Unknown	<input type="checkbox"/> Mono-INH <input type="checkbox"/> Other DR
3			<input type="checkbox"/> Not Done <input type="checkbox"/> Positive	<input type="checkbox"/> Not Done <input type="checkbox"/> NTM	<input type="checkbox"/> Not Done <input type="checkbox"/> Mono-RIF
			<input type="checkbox"/> Negative <input type="checkbox"/> Unknown	<input type="checkbox"/> Negative <input type="checkbox"/> Contaminated	<input type="checkbox"/> No DR <input type="checkbox"/> MDR-TB
				<input type="checkbox"/> MTB Complex <input type="checkbox"/> Unknown	<input type="checkbox"/> Mono-INH <input type="checkbox"/> Other DR

<p>C13. Overseas Treatment Recommended by Panel Physician:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p>C14. US Review of TB Disease Overseas Treatment:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If Yes</p> <p><input type="checkbox"/> Patient-Reported</p> <p><input type="checkbox"/> Panel Physician-Documented</p> <p><input type="checkbox"/> Both</p>	<p>C15. Arrived on Treatment:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p>C16. Completed Treatment Overseas:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>
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C17. Overseas Treatment Concerns: Yes No

D. Disposition

D1. Disposition Date:

D2. Evaluation Disposition:

<input type="checkbox"/> Completed Evaluation <input type="checkbox"/> Treatment Recommended <input type="checkbox"/> No Treatment Recommended	<input type="checkbox"/> Initiated Evaluation / Not Completed <input type="checkbox"/> Moved within U.S. <input type="checkbox"/> Lost to Follow-Up <input type="checkbox"/> Returned to Country of Origin <input type="checkbox"/> Refused Evaluation <input type="checkbox"/> Died <input type="checkbox"/> Other, specify	<input type="checkbox"/> Did Not Initiate Evaluation <input type="checkbox"/> Not Located <input type="checkbox"/> Moved within U.S. <input type="checkbox"/> Lost to Follow-Up <input type="checkbox"/> Returned to Country of Origin <input type="checkbox"/> Refused Evaluation <input type="checkbox"/> Died <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify
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D3. Diagnosis

<input type="checkbox"/> Class 0 - No TB exposure, not infected	<input type="checkbox"/> Class 1 - TB exposure, no evidence of infection
<input type="checkbox"/> Class 2 - TB infection, no disease	<input type="checkbox"/> Class 3 - TB, active disease
<input type="checkbox"/> Class 4 - TB, inactive disease	<input type="checkbox"/> Pulmonary <input type="checkbox"/> Extrapulmonary <input type="checkbox"/> Both Sites

D4. RVCT Reported D5. RVCT #:

E. U.S. Treatment

<p>E1. U.S. Treatment Initiated:</p> <p><input type="checkbox"/> No Treatment</p> <p><input type="checkbox"/> Active Disease</p> <p><input type="checkbox"/> LTBI</p> <p><input type="checkbox"/> Unknown</p>	<p>E2. U.S. Treatment Start Date</p> <p>E3. U.S. Treatment Completed:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>
<p>E4. U.S. Treatment End Date:</p>	

F. Comments

G. Screen Site Information

Provider's Name:

Clinic Name:

Telephone Number:

Physician Signature:

Date (mm/dd/yyyy)