

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:		A16a. Sponsor Agency Name:		
A15b. Phone:		A16b. Sponsor Agency Phone:		
A15c. Other:		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 C8. Date of U.S. CXR:	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	C9. Interpretation of U.S. CXR: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Unknown	
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)	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.
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#	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

U.S. Review of Overseas Treatment		TB Follow-Up Worksheet (Cont)		Version 2.0 10/30/2007
C13. Overseas Treatment Recommended by Panel Physician: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	C14. US Review of TB Disease Overseas Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes <input type="checkbox"/> Patient-Reported <input type="checkbox"/> Panel Physician-Documented <input type="checkbox"/> Both	C15. Arrived on Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	C16. Completed Treatment Overseas: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
C17. Overseas Treatment Concerns: <input type="checkbox"/> Yes <input type="checkbox"/> No				
D. Disposition				
D1. Disposition Date:				
D2. Evaluation Disposition:				
<input type="checkbox"/> Completed Evaluation	<input type="checkbox"/> Initiated Evaluation / Not Completed	<input type="checkbox"/> Did Not Initiate Evaluation		
<input type="checkbox"/> Treatment Recommended <input type="checkbox"/> No Treatment Recommended	<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"/> 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		
D3. Diagnosis				
<input type="checkbox"/> Class 0 - No TB exposure, not infected <input type="checkbox"/> Class 2 - TB infection, no disease <input type="checkbox"/> Class 4 - TB, inactive disease		<input type="checkbox"/> Class 1 - TB exposure, no evidence of infection <input type="checkbox"/> Class 3 - TB, active disease <input type="checkbox"/> Pulmonary <input type="checkbox"/> Extrapulmonary <input type="checkbox"/> Both Sites		
D4. <input type="checkbox"/> RVCT Reported		D5. RVCT #:		
E. U.S. Treatment				
E1. U.S. Treatment Initiated: <input type="checkbox"/> No Treatment <input type="checkbox"/> Active Disease <input type="checkbox"/> LTBI <input type="checkbox"/> Unknown	E2. U.S. Treatment Start Date:	E3. U.S. Treatment Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	E4. U.S. Treatment End Date:	
F. Comments				
G. Screen Site Information				
Provider's Name: Clinic Name: Telephone Number: Physician Signature: Date (mm/dd/yyyy)				