

CLASS B TB WORKSHEET **Revised October, 2021**

Alien (Alien #, Name, Address, Phone) <p style="text-align: center;">REFUGEE</p> Phone: () - SEX: [] M [] F DATE OF BIRTH (Mo/Day/Yr.): _____ <input type="checkbox"/> CLASS B1 – Tuberculosis, Pulmonary <input type="checkbox"/> CLASS B1 – Tuberculosis, Extrapulmonary <input type="checkbox"/> CLASS B2 – Latent Tuberculosis Infection (LTBI) <input type="checkbox"/> CLASS B3 – Close Contact to a known pulmonary/laryngeal TB case	REPORT ON ALIEN WITH TUBERCULOSIS NYS REFUGEE HEALTH PROGRAM: This person recently entered the United States and is referred to you because the x-ray shows findings consistent with tuberculosis, as indicated in the accompanying report of medical examination performed abroad. This person may not have received chemotherapy or chemoprophylaxis and is referred to you because you may wish to initiate preventive treatment. Your initial evaluation would be appreciated. Please check the appropriate boxes below and return this form to the NYS Refugee Health Program. If the alien does not report by _____ please check here [] and forward this form to the NYS Refugee Health Program.* Retain for your records the accompanying report of examination performed abroad (DS-2053 or DS-2054).
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TB Evaluation Start Date _____ / _____ / _____ **TB Evaluation End Date** _____ / _____ / _____ ****Required Field**

A. Direct Smear (in U.S.)	B. X-ray (in U.S.) Date _____	C. X-ray (abroad) Interpretation Available [] Yes [] No [] Not Verifiable	D. Presumptive Diagnosis
<input type="checkbox"/> Positive Date _____ <input type="checkbox"/> Negative Date _____ <input type="checkbox"/> Not Done	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal – Not consistent with active TB <input type="checkbox"/> Abnormal – Non-cavitary, consistent with TB <input type="checkbox"/> Abnormal – Cavitary, consistent with TB <input type="checkbox"/> Not Done <input type="checkbox"/> Unknown	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal– Not consistent with active TB <input type="checkbox"/> Abnormal – Non-cavitary, consistent with TB <input type="checkbox"/> Abnormal – Cavitary, consistent with TB <input type="checkbox"/> Poor Quality <input type="checkbox"/> Unknown	<input type="checkbox"/> Pulmonary TB – Active <input type="checkbox"/> Pulmonary TB - Not Active <input type="checkbox"/> Extrapulmonary TB <input type="checkbox"/> Latent TB Infection <input type="checkbox"/> No TB exposure, not infected <input type="checkbox"/> TB exposure, no evidence of infection

Comparison US CXR vs. Overseas CXR [] Stable [] Worsening [] Improving [] Unknown TST

Result (in U.S.) _____ mm Date placed _____ Previous Positive []

IGRA Result [] Positive [] Negative [] Indeterminate Date drawn _____

IGRA Type [] QuantiFERON [] T-SPOT [] Other _____

E. Has patient received chemotherapy/prophylaxis in the past? <input type="checkbox"/> Yes [] No [] Unknown F. Chemotherapy/prophylaxis being prescribed at this time? <input type="checkbox"/> Yes [] No Only if yes, please indicate condition being treated: <input type="checkbox"/> Active Disease [] LTBI	Signature of Physician or Local Health Officer: Name of Health Department:
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