

**Followup Worksheet**

**A. Demographic**

A1. Name (Last, First, Middle)		A2. Alien #:	A3. Visa Type:	A4. Initial U.S. Entry Date:
A5. Age:	A6. Gender:	A7. DOB:	A8. Class:	A9. Condition:
A10. Country of Examination:		A11. Country of Birth:		
A12. Port of Arrival:	A13. Port Contact Name:		A14. Port Contact Phone:	
A15a. Sponsor Name:		A16a. Sponsor Agency Name:		
A15b. Sponsor Phone:		A16b. Sponsor Agency Phone:		
A15c. Sponsor Address:		A16c. Sponsor Agency Address:		

**B. Jurisdictional**

B1. Destination State:	B2. Jurisdiction:	B3. Jurisdiction Phone #:
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**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"/> Intermediate <input type="checkbox"/> Unknown
<b>U.S. Review of Overseas</b>		<b>Domestic CXR</b>
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
C5. 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)
		C11. U.S. CXR Comparison to Overseas CXR: <input type="checkbox"/> Stable <input type="checkbox"/> Worsening <input type="checkbox"/> Improving <input type="checkbox"/> Unknown

<b>C12. U.S. Microscopy / Bacteriology</b>	<input type="checkbox"/> Sputa in U.S. Not Collected
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Spec #	Specimen Source	Date	AFB Smear Result	Culture Result	Drug Resistance
1			<input type="checkbox"/> Not Done <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown	<input type="checkbox"/> Not Done <input type="checkbox"/> NTM <input type="checkbox"/> Negative <input type="checkbox"/> Contaminated <input type="checkbox"/> MTB Complex <input type="checkbox"/> Unknown	<input type="checkbox"/> None <input type="checkbox"/> Mono-RIF <input type="checkbox"/> Not Done <input type="checkbox"/> MDR-TB <input type="checkbox"/> Mono-INH <input type="checkbox"/> Other Resistance
2			<input type="checkbox"/> Not Done <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown	<input type="checkbox"/> Not Done <input type="checkbox"/> NTM <input type="checkbox"/> Negative <input type="checkbox"/> Contaminated <input type="checkbox"/> MTB Complex <input type="checkbox"/> Unknown	<input type="checkbox"/> None <input type="checkbox"/> Mono-RIF <input type="checkbox"/> Not Done <input type="checkbox"/> MDR-TB <input type="checkbox"/> Mono-INH <input type="checkbox"/> Other Resistance
3			<input type="checkbox"/> Not Done <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown	<input type="checkbox"/> Not Done <input type="checkbox"/> NTM <input type="checkbox"/> Negative <input type="checkbox"/> Contaminated <input type="checkbox"/> MTB Complex <input type="checkbox"/> Unknown	<input type="checkbox"/> None <input type="checkbox"/> Mono-RIF <input type="checkbox"/> Not Done <input type="checkbox"/> MDR-TB <input type="checkbox"/> Mono-INH <input type="checkbox"/> Other Resistance

**Followup Worksheet (Cont)**

**U.S. Review of Overseas Treatment**

C13. Overseas Treatment Recommended by Panel Physician:

- Yes
- No
- Unknown

C14. Overseas Treatment Initiated:

- Yes       No
- Unknown
- If Yes
- Patient-Reported
- Panel Physician-Documented
- Both

C15. On Treatment on Arrival:

- Yes
- No
- Unknown

C16. Completed Treatment Overseas:

- Yes
- No
- Unknown

C17. Overseas Treatment Concerns:

- Yes       No

**D. Disposition**

D1. Disposition Date:

D2. Evaluation Disposition:

Completed Evaluation

Initiated Evaluation / Not Completed

Did Not Initiate Evaluation

Treatment Recommended

Not Treatment Recommended

Moved within U.S.

Lost To Follow-up

Returned to Country of Origin

Refused Evaluation

Died

Unknown

Other

Specify:

Not Located

Moved within U.S.

Lost To Follow-up

Returned to Country of Origin

Refused Evaluation

Died

Unknown

Other

Specify:

D3. Diagnosis:

Class 0 - Not TB exposure, not infected

Class 2 - TB infection, no disease

Class 4 - TB, inactive disease

Class 1 - TB exposure, no evidence of infection

Class 3 - TB, active disease

D4.  RVCT Reported

D5. RVCT #:

**E. U.S. Treatment**

E1. U.S. Treatment Initiated:

E2. U.S. Treatment Start Date:

E3. U.S. Treatment Completed:

E4. U.S. Treatment End Date:

- No Treatment
- Active Disease
- LTBI
- Unknown

- Yes
- No
- Unknown

**F. Comments**