

Burmese* Tuberculosis Follow-up 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. TB Class:	A9. Class 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 #:	
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:							
C2c. TST mm:							
C2d. TST Interpretation: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown							
C2e. History of Previous Positive TST: <input type="checkbox"/>							
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							
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			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. 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. Microscopy / Bacteriology							
<input type="checkbox"/> Sputa in U.S. Not Collected							
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"/> Not Done <input type="checkbox"/> Mono-RIF <input type="checkbox"/> Not DR <input type="checkbox"/> MDR-TB <input type="checkbox"/> Mono-INH <input type="checkbox"/> Other DR		
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"/> Not Done <input type="checkbox"/> Mono-RIF <input type="checkbox"/> Not DR <input type="checkbox"/> MDR-TB <input type="checkbox"/> Mono-INH <input type="checkbox"/> Other DR		
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"/> Not Done <input type="checkbox"/> Mono-RIF <input type="checkbox"/> Not DR <input type="checkbox"/> MDR-TB <input type="checkbox"/> Mono-INH <input type="checkbox"/> Other DR		

Burmese Tuberculosis Follow-up Worksheet (continued)

U.S. Review of Overseas Treatment			
C13. Overseas Treatment Recommended by Panel Physician: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	C14. Overseas Treatment Initiated: <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. On Treatment on Arrival: <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"/> Unknown <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			
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			

*Only for Burmese refugees arriving from Thailand
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