

**Instructions for completing the Follow-up Worksheet for Refugee and Immigrant Arrivals with TB Class Conditions:**

The initial evaluation of an arrival with a TB Class Condition will be considered complete when:

- ❑ a diagnosis is made (section D3 of the form) based on a complete evaluation and a treatment start date is known for those individuals initiating therapy for active TB disease or LTBI, or
- ❑ the provider is unable to complete the evaluation and the reason for this is indicated (section D2).

DOH will track treatment completion information (section E3) for those who start therapy.

<b>Section A – Demographic</b> <b>Section B – Jurisdictional</b>	Will be completed before you receive the paperwork.
<b>Section C – U.S. Evaluation</b> < TST or QFT  < Overseas CXR  < Domestic CXR  < U.S. Microscopy / Bacteriology  < U.S. Review of Overseas Treatment	C1 – Indicate date of the initial evaluation C2 – Administer a tuberculin skin test (TST) <b>regardless of the results of overseas TST.</b> Document the date, mm induration (not redness), and interpretation ( <b>for persons with TB Class Conditions, <math>\geq</math> 5 mm is considered positive</b> ). C3 – If you use the QFT test, record the date and results C4-6 – Document <u>your</u> (or your radiologist's) interpretation of the overseas CXR film. Arrivals should bring their overseas CXR film(s) with them to their exam. C7-11 – Perform a CXR, <u>regardless</u> of TST or QFT results, and compare to overseas film. Document the results of the comparison. C12 – If active TB disease cannot be ruled out, collect sputum for AFB smear and culture. Document results on the form. <b>Report suspected pulmonary or extrapulmonary TB disease to DOH within one working day– call (360) 236-3447. Do not wait for culture confirmation.</b> C13-17 – Document your interpretation of the overseas treatment based on your review of overseas documents and information provided by the patient.
<b>Section D – Disposition</b>  < Diagnosis	D1-D2 – <b>When you are finished with the initial evaluation, indicate the date and your treatment recommendation.</b> If unable to initiate or complete the evaluation, indicate the reason. D3 – Indicate diagnosis. D4 – Leave blank. For DOH use only.
<b>Section E – U.S. Treatment</b>	E1-E2 – Check appropriate box for treatment initiation and document start date. Based on CDC treatment recommendations: <ul style="list-style-type: none"> <li>• No treatment is indicated for Classes 0 and 1.</li> <li>• Strongly consider treatment of Class 2 (latent TB infection/ LTBI) unless medically contraindicated.</li> <li>• Patients with Class 3 (active TB disease) should be treated using directly observed therapy (DOT); this can be arranged through the local health department.</li> <li>• Unless previously treated, strongly consider treatment for LTBI in persons with Class 4 (old, healed TB).</li> </ul> E3 – Check box and document completion date.

**When you have finished the initial evaluation (including disposition) and indicated treatment start date (when applicable), return the form to:**

If you have any questions regarding the form or instructions, please contact TB Program at (360) 236-3443.

**Washington State Department of Health, TB Services**  
**PO Box 47837**  
**Olympia, WA 98504-7837**  
**FAX (360) 236-3405**