

# Instructions for Completing the TB Follow-up Worksheet

The worksheet is used to document the initial evaluation of an arrival with a TB Class condition. A complete evaluation requires a diagnosis and, when indicated, a treatment start date.

## Sections A & B: Demographic & Jurisdictional

- Pre-populated.

## Section C: U.S. Evaluation

### TST and/or IGRA

- Record date of the initial medical evaluation (first test or office visit).
- Administer a tuberculin skin test (TST) and/or IGRA test (QFT<sup>®</sup> or T-SPOT<sup>®</sup>) unless results of overseas TST or IGRA are reliable. Indicate which test(s) was performed.
- Record TST placement date, mm induration (not redness), and interpretation, if performed.
  - For a person with TB Class B1 Condition or TB-related abnormalities on CXR, > 5 mm is considered positive.
- Record date, IGRA brand and results of IGRA test, if performed.

### U.S. Review of Pre-Immigration CXR

- Arrivals should bring their overseas CXR film(s) to their exam. If CXR is available, record your (or your radiologist's) interpretation of overseas CXR.

### U.S. Domestic CXR

- For Class B1 TB – Perform a CXR, regardless of TST or IGRA results.
- For Class B2 or B3 – Perform a CXR if positive TST or IGRA.
- If CXR was performed, record date, interpretation and any TB-related findings.

### Comparison

- If available, compare overseas film to U.S. CXR and document results. If overseas CXR is not available, leave this section blank.

### U.S. Review of Pre-immigration Treatment

- Record your interpretation of overseas TB treatment based on review of overseas documents and information provided by the patient.

## U.S. Microscopy /Bacteriology

- If TB disease cannot be ruled out by TST/IGRA and CXR, collect specimen/sputum for AFB smear and culture. Document results.
- Report suspected pulmonary or extrapulmonary TB disease to MDH within one working day. Call 651-201-5414. Do not wait for culture confirmation.

## Section D: Evaluation Disposition

### Diagnosis

- Record “disposition date” when evaluation has concluded or you cannot complete evaluation for one of the reasons listed.
  - When evaluation is complete, document whether or not treatment is recommended, and if so, which type.
  - If unable to initiate or complete evaluation, indicate the reason.
- Indicate diagnosis as described on the form.
- Leave D4 & D5 blank. For MDH use only.

## Section E: U.S. Treatment

- Fill out this section only if treatment is recommended.
  - Based on CDC treatment recommendations:
    - No treatment indicated for Classes 0 and 1.
- Strongly consider treatment of Class 2 and Class 4 unless previously treated.
- Document if treatment was initiated. If treatment was not initiated, indicate reason. If treatment was initiated, indicate type and document start date.
- Leave E3-E5 blank – for MDH use only. MDH will track treatment completion data for those who start therapy.

Please mail or fax the form to:  
Minnesota Department of Health  
TB Program  
PO Box 64975  
St. Paul, MN 55164-0975  
Phone: 651-201-5414  
Fax: 1-800-296-0993

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*To obtain this information in a different format, call: 651-201-5414.*