



**Instructions for completing the Follow-up Worksheet for persons
arriving in Nevada with a TB Class B Condition:**

- 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).

Section A – Demographic Section B – Jurisdictional	Will be completed before you receive the paperwork.
Section C – U.S. Evaluation 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) <u>regardless of the results of overseas TST</u> . Document the date, mm induration (not redness), and interpretation (for persons with TB Class Conditions, ≥ 5 mm is considered positive). 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. <i>Report suspected pulmonary or extrapulmonary TB disease to the State or Local Health Department within one working day. Do not wait for culture confirmation.</i> C13-17 – Document your interpretation of the overseas treatment based on your review of overseas documents and information provided by the patient.
Section D – Disposition Diagnosis	D1-D2 – When you are finished with the initial evaluation, indicate the date and your treatment recommendation . If unable to initiate or complete the evaluation, indicate the reason. D3 – Indicate diagnosis . D4 – Leave blank . For DOH use only.
Section E – U.S. Treatment	E1-E2 – Check appropriate box for treatment initiation and document start date . Based on CDC treatment recommendations: <ul style="list-style-type: none"> No treatment is indicated for Classes 0 and 1. Strongly consider treatment of Class 2 (latent TB infection/ LTBI) unless medically contraindicated. Patients with Class 3 (active TB disease) should be treated using directly observed therapy (DOT); this can be arranged through the local health department. Unless previously treated, strongly consider treatment for LTBI in persons with Class 4 (old, healed TB). 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 The State TB Program at 775-684-5982	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Nevada State Health Division TB Program 4150 Technology Way, Suite 210 Carson City, Nevada 89706 Fax (775) 684-5999 </div> <div style="border: 1px solid black; padding: 5px;"> Or: If your facility has access to the EDN system, enter the information directly </div>