

B WAIVER FOLLOW-UP WORKSHEET INSTRUCTIONS

The worksheet is found at the back of the packet and must be completed and returned to the Oregon State TB Program. Questions marked with an asterisk (*) indicate required information.

SUBMIT THIS FORM *when initial evaluation is complete* and patient has started medications (if needed). Submit again when patient completes any started treatment (section E3).

SECTION A/B: Demographic and Jurisdictional Information

LHD reviews and makes corrections as needed.

SECTION C: U.S. Evaluation

***C1 Date of Initial U.S. Medical Evaluation**

Record the date patient was first seen and evaluated by the LHD or private provider. **If you are unable to locate the patient or initiate evaluation**, select "Did not initiate evaluation" in **section D2** and mark the appropriate reason. Leave the rest of the form blank.

C2-3 TST/QFT Testing

If the patient's B waiver paperwork has documentation of a prior positive TST/QFT, another test is generally not needed unless the documented results are unclear or questionable.

***C2a/3a:** Check appropriate box.

C2b/3b: Record the date test TST placed/Blood for QFT was collected.

C2c/3c: Record TST result in mm/Check appropriate QFT result.

C2d: Record your interpretation of the TST.

**Remember: > 5 mm is positive if the person is severely immunocompromised, has an abnormal CXR indicative of TB, or is a contact. For all others, > 10 mm is positive.*

C2e: Mark if patient has documented previous positive TST on B waiver paperwork or elsewhere.

C4-6 U.S. Review of Overseas CXR

Most B waivers will have a CXR film with them. This should be reviewed & interpreted by a radiologist.

***C4:** Check appropriate box. Check "Not Verifiable" if patient doesn't have their CXR with them.

***C5:** Check appropriate box as interpreted by radiologist. Check "Unknown" if patient doesn't have their CXR.

C6: If the radiologist determines the overseas CXR was abnormal, check the appropriate finding.

C7-10 Domestic CXR

All B waivers, regardless of class, should have a new CXR done. This should be compared to any overseas film the patient has.

***C7:** Check appropriate box.

C8: Record the date CXR was done.

***C9:** Check appropriate box as interpreted by radiologist.

C10: If the radiologist determines the CXR is abnormal, check the appropriate finding.

C11 Comparison

A radiologist should compare current U.S. films with overseas films for all B waivers. Check the appropriate finding. Check "Unknown" if no CXR is available for comparison.

C12 U.S. Microscopy/Bacteriology

All B waivers with abnormal CXRs indicative of TB or TB symptoms should have sputum collected to rule out TB. If sputum is not collected, check "specimen not collected in U.S.". If sputum is collected, record results here.

C13-16 Review of Overseas Treatment

***C13:** Check "Yes" if panel physician recommended overseas treatment on B waiver form.

***C14:** Check "Yes" if patient was treated for TB disease overseas and you reviewed treatment. If "Yes", indicate source of treatment information (from patient or documentation on B waiver form).

***C15:** Check "Yes" if the patient was on treatment upon U.S. arrival.

***C16:** Check "Yes" if the patient completed treatment overseas.

C17: Check "Yes" if you have concerns about the treatment patient had overseas.

SECTION D. DISPOSITION

***D1 Disposition Date**

Enter the date you completed the TB evaluation.

***D2 Evaluation Disposition**

Check "Completed Evaluation", "Initiated Evaluation/Not Completed", or "Did Not Initiate Evaluation". Check box as appropriate beneath your selection.

D3 Diagnosis

Check appropriate TB class. Do not submit this form if person is a TB suspect (Class 5). Wait to submit until a diagnosis is determined. Call the TB program with any questions about the classification system.

D4 RVCT

Leave blank. For state use only.

SECTION E. U.S. TREATMENT

Class 0 and Class 1: No treatment is needed.

Class 2 – LTBI: Treatment is strongly recommended.

Class 3 – Active TB Disease: Patient should be on 4 drug treatment and DOT.

Class 4: LTBI treatment is recommended, unless patient was previously treated.

-If patient has active TB, keep this form until treatment is complete, record completion/end date & submit.

-If patient is being treated for LTBI, record *treatment start date* (E2). Oregon is not tracking LTBI treatment completion for B waivers, so you may mark "Unknown" for *treatment completion* (E3) and submit immediately.

E1 Indicate if TB treatment was started in the U.S. and why.

E2 Enter date treatment was started.

E3 Enter if treatment was completed in U.S.

E4 Enter date treatment ended.

Sections F & G are optional.

For those submitting paper forms, once you have finished the initial evaluation, determined a disposition, and indicated treatment start date (when applicable), please return form to:

Gayle Wainwright, TB Registrar
800 NE Oregon St, Ste 1105
Portland, OR 97232

Phone: 971-673-0174
Fax: 971-673-0178