

USA IMMIGRATION CHECKLIST

PATIENT NAME: _____

SUGGESTS TUBERCULOSIS (WILL REQUIRE SMEARS AND CULTURES)

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|---|--------------------------|----------|--------------------------|--------|
| 1. INFILTRATE OR CONSOLIDATION | <input type="checkbox"/> | ABNORMAL | <input type="checkbox"/> | NORMAL |
| 2. RETICULAR MARKINGS SUGGESTIVE OF FIBROSIS | <input type="checkbox"/> | ABNORMAL | <input type="checkbox"/> | NORMAL |
| 3. CAVITARY LESION | <input type="checkbox"/> | ABNORMAL | <input type="checkbox"/> | NORMAL |
| 4. NODULE OR MASS WITH POORLY DEFINED MARGINS
(SUCH AS TUBERCULOOMA) | <input type="checkbox"/> | ABNORMAL | <input type="checkbox"/> | NORMAL |
| 5. PLEURAL EFFUSION | <input type="checkbox"/> | ABNORMAL | <input type="checkbox"/> | NORMAL |
| 6. HILAR/ MEDIASTINAL ADENOPATHY | <input type="checkbox"/> | ABNORMAL | <input type="checkbox"/> | NORMAL |
| 7. MILARY FINDINGS | <input type="checkbox"/> | ABNORMAL | <input type="checkbox"/> | NORMAL |
| 8. DISCRETE LINEAR OPACITY | <input type="checkbox"/> | ABNORMAL | <input type="checkbox"/> | NORMAL |
| 9. DISCRETE NODULE(S) WITHOUT CALCIFICATION | <input type="checkbox"/> | ABNORMAL | <input type="checkbox"/> | NORMAL |
| 10. VOLUME LOSS OR RETRACTION | <input type="checkbox"/> | ABNORMAL | <input type="checkbox"/> | NORMAL |
| 11. IRREGULAR THICK PLEURAL REACTION | <input type="checkbox"/> | ABNORMAL | <input type="checkbox"/> | NORMAL |
| 12. OTHER | <input type="checkbox"/> | ABNORMAL | <input type="checkbox"/> | NORMAL |

SMEARS AND CULTURES NOT REQUIRED

- | | | | | |
|---|--------------------------|----------|--------------------------|--------|
| 1. CARDIAC | <input type="checkbox"/> | ABNORMAL | <input type="checkbox"/> | NORMAL |
| 2. MUSCULOSKELETAL | <input type="checkbox"/> | ABNORMAL | <input type="checkbox"/> | NORMAL |
| SMOOTH PLEURAL THICKENING
(If at CPA, must confirm is not effusio effusion [do lateral or decubitus radiograph or ultrasound]) | <input type="checkbox"/> | ABNORMAL | <input type="checkbox"/> | NORMAL |
| DIAPHRAGMATIC TENTING | <input type="checkbox"/> | ABNORMAL | <input type="checkbox"/> | NORMAL |
| SIGLE OR SCATTERED CALCIFIED PULMONARY NODULE(S) | <input type="checkbox"/> | ABNORMAL | <input type="checkbox"/> | NORMAL |
| CALCIFIED LYMPH NODE(S) | <input type="checkbox"/> | ABNORMAL | <input type="checkbox"/> | NORMAL |
| OTHER | <input type="checkbox"/> | ABNORMAL | <input type="checkbox"/> | NORMAL |
| GENERAL COMMENTS | <input type="checkbox"/> | ABNORMAL | <input type="checkbox"/> | NORMAL |

RADIOLOGIST'S SIGNATURE: _____