

CHEST X - RAY AND CLASSIFICATION WORKSHEET

胸部 X-光和疾病分类表

For Use with DS-2053
与表 DS-2053 同时使用Complete Sections 1 through 5, As Applicable
根据需要填写第 1-5 项OMB NO. 1405 - 0113
EXPIRATION DATE: 01/31/2004
有效截止时间: 2004 年 1 月 31 日
ESTIMATED BURDEN: 45 minutes
完成表格估计耗时: 45 分钟
(See Page 2 - Back of Form)
(见第二页)

Name (Last, First, MI) 姓名 (姓, 名)		Age 年龄												
Birth Date (mm-dd-yyyy) 出生日期 (月-日-年)	Passport Number 护照号码	Alien (case) number 档案号												
1. Chest X - Ray Needed (mark all that apply) 胸部 X-光检查前病史调查 (在方格内做标记) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> History of tuberculosis (TB) disease 结核病罹患史 <input type="checkbox"/> Contact with TB patient 曾与结核病人接触 </div> <div style="width: 45%;"> <input type="checkbox"/> TB signs of symptoms 结核的体征或症状 <input type="checkbox"/> Adult (with or without any of the other) 成年人 (有或没有其它伴发症状) </div> </div> <p>(If child does not have any of the above, stop here) (若未成年申请人没有上述病史可不填写以下内容)</p>														
2. Chest X-Ray Findings Date chest X-Ray taken (mm-dd-yyyy) X-射线胸部检查结果 检查日期 (月-日-年)														
<input type="checkbox"/> Normal findings 结果正常 <input type="checkbox"/> Abnormal finding (indicate findings and interpretation, checking all that apply, and any other in table below) 结果异常 (在下面栏目标出异常的名称并作出解释)	<input type="checkbox"/> Can suggest ACTIVE TB (Need Smears) 考虑为活动性结核 (需做痰涂片检查)	<input type="checkbox"/> Can suggest INACTIVE TB 考虑为非活动性结核 (若有症状需做痰涂片) <input type="checkbox"/> OTHER X-Ray findings 其它 X 光所见												
<input type="checkbox"/> Infiltrate or consolidation 渗出和实变 <input type="checkbox"/> Any cavity lesion 任何空洞样病损 <input type="checkbox"/> Nodule with poorly defined margins 边界不清的结节 (Such as tuberculoma) (如: 结核球) <input type="checkbox"/> Pleural effusion 胸腔积液 <input type="checkbox"/> Hilar/Mediastinal adenopathy 肺门和纵隔淋巴结病变 <input type="checkbox"/> Linear, interstitial markings 条索、间质病变征 <input type="checkbox"/> Other (such as miliary findings) 其他 (如粟粒型肺结核)	<input type="checkbox"/> Discrete fibrotic scar or linear opacity 散在的纤维或钙化灶 <input type="checkbox"/> Discrete nodule(s) without calcification 散在的无钙化结节 <input type="checkbox"/> Discrete fibrotic scar with volume loss or retraction 散在的纤维化病灶并肺容量大量丧失 <input type="checkbox"/> Discrete nodule(s) with volume loss or retraction 散在的结节样病灶并肺容量大量丧失 <input type="checkbox"/> Other (Such as bronchiectasis) 其它 (如: 支气管扩张)	<input type="checkbox"/> Follow - up needed 需要随访 <input type="checkbox"/> Musculoskeletal 肌肉骨骼病 <input type="checkbox"/> Cardiac 心血管病 <input type="checkbox"/> Pulmonary 肺部疾病 <input type="checkbox"/> Other 其它 <input type="checkbox"/> No follow-up needed for 不需要随访 Pleural thickening, diaphragmatic tenting, blunting costophrenic angle, solitary calcified nodule or granuloma or minor musculoskeletal or cardiac finding 胸膜增厚, 横膈幕状粘连, 肋膈角变钝, 单纯的钙化结节或肉芽肿或轻微的肌肉骨骼病变或心血管改变。												
Remarks 备注														
3. Sputum Smears 痰涂片														
<input type="checkbox"/> No, applicant has no signs or symptoms of TB and: 不需痰涂片。申请人没有结核的症状和体征, 而且:														
<input type="checkbox"/> X-ray suggests INACTIVE TB, this is a Class B2/TB X 射线检查考虑为非活动性结核, 属于 B2 级结核 <input type="checkbox"/> OTHER X-ray findings suggest follow-up needed, this is B Other 据其他 X 射线所见, 建议赴美后随访, 属于其它类 B 级 <input type="checkbox"/> OTHER X-ray findings suggest no follow-up needed , this is No Class 据其他 X 射线所见, 不建议赴美后接受随访, 无级别 <input type="checkbox"/> X-ray Normal, this is No Class X 射线检查未见异常, 无级别														
<input type="checkbox"/> Yes, applicant has (mark all that apply): 痰涂片检查, 申请人有 (在方格内做标记):														
<input type="checkbox"/> Signs or symptoms of TB present, See Section 1 结核的症状和体征, 见第一部分 <input type="checkbox"/> X-ray suggests ACTIVE TB, See Section 2 据 X 射线所见考虑为活动性结核, 见第二部分	and smear results are: 痰涂片检查发现: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Positive 阳性</td> <td style="text-align: center;">Negative 阴性</td> <td style="text-align: center;">Dates obtained (mm-dd-yyyy) 取痰时间 (月/日/年)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table>		Positive 阳性	Negative 阴性	Dates obtained (mm-dd-yyyy) 取痰时间 (月/日/年)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
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<input type="checkbox"/>	<input type="checkbox"/>													
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<input type="checkbox"/>	<input type="checkbox"/>													

Sputum smear results and X-ray findings: 痰涂片结果及 X 光检查结果: At least one smear result POSITIVE and 至少一次痰涂片结果呈阳性 <input type="checkbox"/> Any chest X-ray finding, this is Class A/TB 任何胸部 X 光发现, 属 A 级结核 (Normal or Abnormal findings) (正常或异常发现)	Three smear results NEGATIVE and 三次痰涂片结果呈阴性: <input type="checkbox"/> X-ray Normal with X 光未见异常, 且 <input type="checkbox"/> Signs of symptoms resolved, this is No Class 症状消失, 不定级 <input type="checkbox"/> Signs or symptoms suggest follow-up needed after arrival, this is B Other 有症状, 建议到美国后随访, 属 B 级其他类 <input type="checkbox"/> X-ray suggests ACTIVE or INACTIVE TB, this is Class B1/TB X 光所见考虑活动性或非活动性结核, 属 B 1 级 <input type="checkbox"/> OTHER X-ray findings suggest follow-up needed after arrival, this is Class B Other 其他, 据 X 光所见, 建议到美国后进行随访, 属 B 级其他类
4. <input type="checkbox"/> No Class <input type="checkbox"/> Class A/TB <input type="checkbox"/> Class B1/TB <input type="checkbox"/> Class B2/TB <input type="checkbox"/> Class B Other, follow-up needed 无级别 A 级结核 B1 级结核 B2 级结核 B 级其他类, 需随访	
5. Follow-up Needed After Arrival <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, for <input type="checkbox"/> Not TB condition <input type="checkbox"/> TB condition 到美国后需要随访 否 是 随访是针对 非结核病症 结核病症 (If yes, specify condition below and on DS-2053; include additional tests, and therapy used with start and stop dates and any changes) (如果是, 详细在下面和 DS-2053 中说明, 包括注明额外的检测、所需治疗的起止日期和其他变化)	
Remarks 备注	

DS-3024

PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES

文字报告缩减法和个人隐私法之相关通告

Public reporting burden for this collection of information is estimated to average . 45 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. Persons are not required to provide this information in the absence of a valid OMB approval number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: Department of State (A/RPS/DIR) Washington, DC 20520-1849.

针对表中的要求对资料进行搜集并根据所得资料完成此表, 估计每份平均需要 45 分钟。若持表人所提交的表上无美国预算和管理局给予的号码, 这类人无需向您提供表中的相关信息。若您对于完成表格所需时间的估计和表格内容的精简有更好的建议, 可告知: 华盛顿特区的国务院所属机构(A/RPS/DIR), 邮编: 20520 - 1849

We ask for information on this form, in the case of applicants for immigrant visas, to determine medical eligibility under INA Sections 212(a) and 221(d), and, in the case of refugees, as required under INA Section 412(b)(4) and (5). If an immigrant visa is issued or refugee status granted, you will convey this form to the INS for disclosure to the Center for Disease Control and the US Public Health Service. Failure to provide this information may delay or prevent the processing of your case. If an immigrant visa is not issued or refugee status is not granted, this form will be treated as confidential under INA Section 222(f).

我们要求移民签证申请人或难民提供表中所罗列的内容, 以便于我们确定申请人是否符合移民法第 212(a)221(d)或 412(b)(4)和(5)条中的医学要求。如果移民签证或难民身份获得批准, 这份表格将提交到移民局从而将你的情况向疾病控制中心各卫生部通报, 若不按照要求提供个人资料, 你的申请程序将被延迟。若移民签证或难民身份未获批准, 你的表格将依照移民法第 222(f)条的要求作为密件处理。

DS-3024

第二页