

Pulmonary Tuberculosis and Mycobacterial Diseases Examination

Name: _____ SSN: _____

Date of Exam: _____ C-number: _____

Place of Exam: _____

A. Review of Medical Records:

B. Medical History (Subjective Complaints):

Comment on:

1. Activity of pulmonary tuberculosis or other mycobacterial disease.
2. Date of inactivity if it is not active.
3. Identity of organism (if possible).

C. Physical examination (Objective Findings):

Address each of the following and fully describe current findings:

1. Extent of structural damage to lungs.
2. If patient was hospitalized for 6 months or more, what is the condition at the end of hospitalization?
3. If patient was hospitalized for 12 months or more, what is the condition at the end of hospitalization?

D. Diagnostic and Clinical Tests:

Provide:

1. Pulmonary Function Tests, if indicated. If performed, include the results in the examination report. The FEV-1, FVC, and FEV-1/FVC should be included. Both pre- and post-bronchodilatation pulmonary function test results should be reported. If post-bronchodilatation testing is not conducted in a particular case, please provide an explanation of why not. A DLCO may or may not be done routinely as part of pulmonary function testing at a particular facility. If there is a disparity between the results of different tests, please indicate which tests are more likely to accurately reflect the severity of the condition.

DLCO note: If the DLCO was not done as a routine part of pulmonary function testing, the examiner should use his or her judgment, based on the specific condition (e.g., whether it is obstructive, interstitial, etc.) and other available information about the condition, as to whether a DLCO test is needed, since it is not useful in all situations. If it may provide useful

information about the severity of the condition, it should be requested and reviewed before the examination report is submitted. If the examiner determines that the DLCO test is not needed, a statement as to why not (e.g., there are decreased lung volumes that would not yield valid test results) should be included in the report. Such a statement could avoid a remand from BVA when the test is not done. However, in the case of a BVA remand in which the DLCO is requested, the DLCO MUST be done unless there is a medical contraindication.

E. Diagnosis:

1. In reactivated cases, is this reactivation of the old disease or a separate and distinct new infection?

Additional note to the examiner:

In all claims, if the disease is inactive and if the inactivity was confirmed at a non-VA facility, obtain the name and mailing address of the facility from the veteran so that the Regional Office may request the report.

Signature:

Date:

Version: Pre-2006