

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

CHEST RADIOGRAPH CLASSIFICATION

FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL & PREVENTION

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--	--	--

Full SSN is optional, last 4 digits are required.

Coal Workers' Health Surveillance Program
National Institute for Occupational Safety and Health
1000 Frederick Lane, MS LB208
Morgantown, WV 26508
FAX: 304-285-6058

FACILITY Number - Unit Number

						-			
--	--	--	--	--	--	---	--	--	--

EXAMINEE'S Name (Last, First MI)

20

TYPE OF READING

A B F

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY	<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation	<input checked="" type="checkbox"/> Scapula Overlay
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor contrast	<input type="checkbox"/> Mottle
<input type="checkbox"/> U/R	<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Excessive Edge Enhancement	<input type="checkbox"/> Other (please specify)
(If not Grade 1, mark all boxes that apply)				

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES	b. ZONES	c. PROFUSION	2C. LARGE OPACITIES
a. SHAPE/SIZE	R L	0/- 0/0 0/1	SIZE
PRIMARY SECONDARY		1/0 1/1 1/2	<input type="checkbox"/> O <input type="checkbox"/> A <input checked="" type="checkbox"/> C
<input type="checkbox"/> p <input type="checkbox"/> s <input type="checkbox"/> q <input type="checkbox"/> t	UPPER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 2/2 2/3	Proceed to Section 3A
<input checked="" type="checkbox"/> t <input type="checkbox"/> q <input type="checkbox"/> t	MIDDLE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	3/2 3/3 3/+	
<input type="checkbox"/> r <input type="checkbox"/> u <input checked="" type="checkbox"/> u	LOWER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B-E and 5. NO Complete Section 5.

5. NIOSH Reader ID	READER'S INITIALS	DATE OF READING (mm-dd-yyyy)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	07 - 02 - 2023
(Leave ID Number blank if you are not a NIOSH A or B Reader)		
<input type="checkbox"/>	PRINTED NAME (LAST, FIRST MIDDLE)	
SIGNATURE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
STREET ADDRESS	CITY	STATE ZIP CODE

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

CHEST RADIOGRAPH CLASSIFICATION

FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL & PREVENTION

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--

Full SSN is optional, last 4 digits are required.

Coal Workers' Health Surveillance Program
National Institute for Occupational Safety and Health
1000 Frederick Lane, MS LB208
Morgantown, WV 26508
FAX: 304-285-6058

FACILITY Number - Unit Number

						-			
--	--	--	--	--	--	---	--	--	--

EXAMINEE'S Name (Last, First MI)

21

TYPE OF READING

A B F

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY	<input type="checkbox"/> Overexposed (dark)	<input checked="" type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation	<input type="checkbox"/> Scapula Overlay
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Poor contrast	<input type="checkbox"/> Mottle	<input type="checkbox"/> Other (please specify)
(If not Grade 1, mark all boxes that apply)	<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Excessive Edge Enhancement	<input checked="" type="checkbox"/> Slightly rotated LAO

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES	b. ZONES	c. PROFUSION	2C. LARGE OPACITIES
a. SHAPE/SIZE	R L	0/- 0/0 0/1	SIZE
PRIMARY SECONDARY	UPPER	1/0 <input checked="" type="checkbox"/> 1/2	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
<input type="checkbox"/> p <input checked="" type="checkbox"/> t	MIDDLE	2/1 2/2 2/3	Proceed to Section 3A
<input type="checkbox"/> q <input checked="" type="checkbox"/> u	LOWER	3/2 3/3 3/+	

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> a <input checked="" type="checkbox"/> c

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B-E and 5. NO Complete Section 5.

5. NIOSH Reader ID	READER'S INITIALS	DATE OF READING (mm-dd-yyyy)
<input type="text"/>	<input type="text"/>	07 - 02 - 2023
(Leave ID Number blank if you are not a NIOSH A or B Reader)		
<input type="text"/>	<input type="text"/>	
SIGNATURE	PRINTED NAME (LAST, FIRST MIDDLE)	
<input type="text"/>	<input type="text"/>	
STREET ADDRESS	CITY	STATE ZIP CODE

4B. Other Symbol Definitions

Each of the following definition of symbols assumes an introductory qualifying word or phrase such as "changes indicative of" or "opacities suggestive of", or "suspect."

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae	ih	ill-defined heart border - should be recorded only if the length of the heart border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
- Fracture, healed (non-rib)
- Fracture, not healed (non-rib)
- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
- Density, lung
- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

					-			-				
--	--	--	--	--	---	--	--	---	--	--	--	--

* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

READER'S INITIALS

--	--	--

DATE OF READING (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

STATE

ZIP CODE

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

4B. Other Symbol Definitions

Each of the following definition of symbols assumes an introductory qualifying word or phrase such as "changes indicative of" or "opacities suggestive of", or "suspect."

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae(e)	ih	ill-defined heart border - should be recorded only if the length of the heart border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
- Fracture, healed (non-rib)
- Fracture, not healed (non-rib)
- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
- Density, lung
- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

READER'S INITIALS

--	--	--

DATE OF READING (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

--	--

STATE

--	--	--	--	--	--

ZIP CODE

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

CHEST RADIOGRAPH CLASSIFICATION

FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL & PREVENTION

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--	--	--

Full SSN is optional, last 4 digits are required.

Coal Workers' Health Surveillance Program
National Institute for Occupational Safety and Health
1000 Frederick Lane, MS LB208
Morgantown, WV 26508
FAX: 304-285-6058

FACILITY Number - Unit Number

						-			
--	--	--	--	--	--	---	--	--	--

EXAMINEE'S Name (Last, First MI)

24

TYPE OF READING

A B F

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY	<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation	<input type="checkbox"/> Scapula Overlay
<input checked="" type="checkbox"/> 2	<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor contrast	<input type="checkbox"/> Mottle	Other (please specify)
<input type="checkbox"/> 3	<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Excessive Edge Enhancement	
(If not Grade 1, mark all boxes that apply)				

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES	b. ZONES	c. PROFUSION	2C. LARGE OPACITIES
a. SHAPE/SIZE	R L	0/- 0/0 0/1	SIZE
PRIMARY SECONDARY		1/0 1/2	O A <input checked="" type="checkbox"/> C
p s p s	UPPER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	2/1 2/2 2/3	Proceed to Section 3A
<input checked="" type="checkbox"/> t q t	MIDDLE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	3/2 3/3 3/+	
r u <input checked="" type="checkbox"/> u	LOWER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	O R L	O R L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	O R L	O R L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	O R L	O R L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	O R L	O R L		
			1 2 3 1 2 3	a b c a b c

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	O R L	O R L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	O R L	O R L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c
			1 2 3 1 2 3	a b c a b c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B-E and 5. NO Complete Section 5.

5. NIOSH Reader ID	READER'S INITIALS	DATE OF READING (mm-dd-yyyy)
		07 - 03 - 2023
(Leave ID Number blank if you are not a NIOSH A or B Reader)		
SIGNATURE	PRINTED NAME (LAST, FIRST MIDDLE)	
STREET ADDRESS	CITY	STATE ZIP CODE

CHEST RADIOGRAPH CLASSIFICATION
FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-			
--	--	---	--	--	---	--	--	--

Coal Workers' Health Surveillance Program
 National Institute for Occupational Safety and Health
 1095 Willowdale Road, MS LB208
 Morgantown, WV 26505

CDC/NIOSH (M) 2.8
 REV. 12/2013

EXAMINEE'S Social Security Number

		-			-			
--	--	---	--	--	---	--	--	--

TYPE OF READING A B F

FACILITY ID#

			2	5
--	--	--	---	---

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> U/R (If not Grade 1, mark all boxes that apply)	<input type="checkbox"/> Overexposed (dark) <input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Artifacts	<input type="checkbox"/> Improper position <input type="checkbox"/> Poor contrast <input type="checkbox"/> Poor processing	<input type="checkbox"/> Underinflation <input type="checkbox"/> Mottle <input type="checkbox"/> Other (please specify)
--	--	--	---

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES a. SHAPE/SIZE PRIMARY SECONDARY <table style="width:100%; text-align:center;"> <tr><td>p</td><td>s</td><td>p</td><td>s</td></tr> <tr><td>q</td><td>t</td><td>x</td><td>t</td></tr> <tr><td>x</td><td>u</td><td>r</td><td>u</td></tr> </table> b. ZONES R L UPPER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> MIDDLE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> LOWER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	p	s	p	s	q	t	x	t	x	u	r	u	c. PROFUSION <table style="width:100%; text-align:center;"> <tr><td>0/-</td><td>0/0</td><td>0/1</td></tr> <tr><td>1/0</td><td>1/1</td><td>1/2</td></tr> <tr><td>2/1</td><td>2/2</td><td>2/3</td></tr> <tr><td>3/2</td><td>x</td><td>3/+</td></tr> </table>	0/-	0/0	0/1	1/0	1/1	1/2	2/1	2/2	2/3	3/2	x	3/+
p	s	p	s																						
q	t	x	t																						
x	u	r	u																						
0/-	0/0	0/1																							
1/0	1/1	1/2																							
2/1	2/2	2/3																							
3/2	x	3/+																							

2C. LARGE OPACITIES

SIZE O B C Proceed to Section 3A

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)

aa at bu ca cg cn co cp cv di ef em es fr ho id ih kl me pa pb pi px ra rp tb

OD If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D)
 (See reverse for other symbol definitions.)

Date Physician or Worker notified? (mm-dd-yyyy)

4E. Should worker see personal physician because of findings in section 4? YES NO Proceed to Section 5

		-			-			
--	--	---	--	--	---	--	--	--

CHEST RADIOGRAPH CLASSIFICATION
FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

Coal Workers' Health Surveillance Program
 National Institute for Occupational Safety and Health
 1095 Willowdale Road, MS LB208
 Morgantown, WV 26505

CDC/NIOSH (M) 2.8
 REV. 12/2013

EXAMINEE'S Social Security Number

		-			-				
--	--	---	--	--	---	--	--	--	--

TYPE OF READING A B F

FACILITY ID#

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY <input type="checkbox"/> Overexposed (dark) <input checked="" type="checkbox"/> Improper position <input type="checkbox"/> Underinflation <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> U/R <input type="checkbox"/> Underexposed (light) <input checked="" type="checkbox"/> Poor contrast <input type="checkbox"/> Mottle (If not Grade 1, mark all boxes that apply) <input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input type="checkbox"/> Other (please specify)	Scapula overlay _____ _____ _____
---	---

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES a. SHAPE/SIZE PRIMARY SECONDARY <table style="width:100%; text-align:center;"> <tr> <td style="width:20px;">p</td><td style="width:20px;">s</td><td style="width:20px;">p</td><td style="width:20px;">s</td> </tr> <tr> <td>q</td><td>t</td><td>q</td><td>t</td> </tr> <tr> <td>r</td><td>u</td><td>r</td><td>u</td> </tr> </table> b. ZONES R L UPPER <input type="checkbox"/> <input type="checkbox"/> MIDDLE <input type="checkbox"/> <input type="checkbox"/> LOWER <input type="checkbox"/> <input type="checkbox"/>	p	s	p	s	q	t	q	t	r	u	r	u	2C. LARGE OPACITIES c. PROFUSION <table style="width:100%; text-align:center;"> <tr> <td>0/-</td><td>0/0</td><td>0/1</td> </tr> <tr> <td>1/0</td><td>1/1</td><td>1/2</td> </tr> <tr> <td>2/1</td><td>2/2</td><td>2/3</td> </tr> <tr> <td>3/2</td><td>3/3</td><td>3/+</td> </tr> </table> SIZE <input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Proceed to Section 3A	0/-	0/0	0/1	1/0	1/1	1/2	2/1	2/2	2/3	3/2	3/3	3/+
p	s	p	s																						
q	t	q	t																						
r	u	r	u																						
0/-	0/0	0/1																							
1/0	1/1	1/2																							
2/1	2/2	2/3																							
3/2	3/3	3/+																							

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)

<input type="checkbox"/> aa	<input type="checkbox"/> at	<input type="checkbox"/> ax	<input type="checkbox"/> bu	<input type="checkbox"/> ca	<input type="checkbox"/> cg	<input type="checkbox"/> cn	<input type="checkbox"/> co	<input type="checkbox"/> cp	<input type="checkbox"/> cv	<input type="checkbox"/> di	<input type="checkbox"/> ef	<input type="checkbox"/> em	<input type="checkbox"/> es	<input type="checkbox"/> fr	<input type="checkbox"/> hi	<input type="checkbox"/> ho	<input type="checkbox"/> id	<input type="checkbox"/> ih	<input type="checkbox"/> kl	<input type="checkbox"/> me	<input type="checkbox"/> pa	<input type="checkbox"/> pb	<input type="checkbox"/> pi	<input type="checkbox"/> px	<input type="checkbox"/> ra	<input type="checkbox"/> rp	<input type="checkbox"/> tb
-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D)
 (See reverse for other symbol definitions.)

Date Physician or Worker notified? (mm-dd-yyyy)

4E. Should worker see personal physician because of findings in section 4? YES NO

		-			-				
--	--	---	--	--	---	--	--	--	--

4B. Other Symbol Definitions

Each of the following definition of symbols assumes an introductory qualifying word or phrase such as "changes indicative of" or "opacities suggestive of", or "suspect."

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae	ih	ill-defined heart border - should be recorded only if the length of the heart border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
- Fracture, healed (non-rib)
- Fracture, not healed (non-rib)
- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
- Density, lung
- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

Normal intercostal muscle shadows are well illustrated in this radiograph and should not be confused with pleural plaques.

5. PHYSICIAN'S Social Security Number*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

READER'S INITIALS

--	--	--

DATE OF READING (mm-dd-yyyy)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

--	--

STATE

--	--	--	--	--	--

ZIP CODE

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

CHEST RADIOGRAPH CLASSIFICATION
FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

	-		-				
--	---	--	---	--	--	--	--

Coal Workers' Health Surveillance Program
 National Institute for Occupational Safety and Health
 1095 Willowdale Road, MS LB208
 Morgantown, WV 26505

CDC/NIOSH (M) 2.8
 REV. 12/2013

EXAMINEE'S Social Security Number

	-		-				
--	---	--	---	--	--	--	--

FACILITY ID#

			2	7
--	--	--	---	---

TYPE OF READING A B F

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

<p>1. IMAGE QUALITY <input type="checkbox"/> Overexposed (dark) <input type="checkbox"/> Improper position <input type="checkbox"/> Underinflation</p> <p><input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Poor contrast <input checked="" type="checkbox"/> Mottle</p> <p>(If not Grade 1, mark all boxes that apply) <input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input type="checkbox"/> Other (please specify) _____</p>																								
<p>2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES?</p>		<p>YES <input checked="" type="checkbox"/> Complete Sections 2B and 2C NO <input type="checkbox"/> Proceed to Section 3A</p>																						
<p>2B. SMALL OPACITIES</p> <p>a. SHAPE/SIZE</p> <table border="1" style="width:100%; text-align:center;"> <tr> <td>PRIMARY</td> <td>SECONDARY</td> <td>b. ZONES</td> <td>c. PROFUSION</td> </tr> <tr> <td></td> <td></td> <td>R L</td> <td>0/- 0/0 0/1</td> </tr> <tr> <td><input type="checkbox"/> p <input type="checkbox"/> s</td> <td><input type="checkbox"/> p <input type="checkbox"/> s</td> <td>UPPER</td> <td><input type="checkbox"/> 1/0 <input type="checkbox"/> 1/1 <input type="checkbox"/> 1/2</td> </tr> <tr> <td><input type="checkbox"/> q <input type="checkbox"/> t</td> <td><input type="checkbox"/> q <input checked="" type="checkbox"/> x</td> <td>MIDDLE</td> <td><input type="checkbox"/> 2/1 <input type="checkbox"/> 2/2 <input type="checkbox"/> 2/3</td> </tr> <tr> <td><input checked="" type="checkbox"/> u</td> <td><input type="checkbox"/> r <input type="checkbox"/> u</td> <td>LOWER</td> <td><input checked="" type="checkbox"/> 3/3 <input type="checkbox"/> 3/+</td> </tr> </table>			PRIMARY	SECONDARY	b. ZONES	c. PROFUSION			R L	0/- 0/0 0/1	<input type="checkbox"/> p <input type="checkbox"/> s	<input type="checkbox"/> p <input type="checkbox"/> s	UPPER	<input type="checkbox"/> 1/0 <input type="checkbox"/> 1/1 <input type="checkbox"/> 1/2	<input type="checkbox"/> q <input type="checkbox"/> t	<input type="checkbox"/> q <input checked="" type="checkbox"/> x	MIDDLE	<input type="checkbox"/> 2/1 <input type="checkbox"/> 2/2 <input type="checkbox"/> 2/3	<input checked="" type="checkbox"/> u	<input type="checkbox"/> r <input type="checkbox"/> u	LOWER	<input checked="" type="checkbox"/> 3/3 <input type="checkbox"/> 3/+	<p>2C. LARGE OPACITIES</p> <p>SIZE <input type="checkbox"/> O <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C Proceed to Section 3A</p>	
PRIMARY	SECONDARY	b. ZONES	c. PROFUSION																					
		R L	0/- 0/0 0/1																					
<input type="checkbox"/> p <input type="checkbox"/> s	<input type="checkbox"/> p <input type="checkbox"/> s	UPPER	<input type="checkbox"/> 1/0 <input type="checkbox"/> 1/1 <input type="checkbox"/> 1/2																					
<input type="checkbox"/> q <input type="checkbox"/> t	<input type="checkbox"/> q <input checked="" type="checkbox"/> x	MIDDLE	<input type="checkbox"/> 2/1 <input type="checkbox"/> 2/2 <input type="checkbox"/> 2/3																					
<input checked="" type="checkbox"/> u	<input type="checkbox"/> r <input type="checkbox"/> u	LOWER	<input checked="" type="checkbox"/> 3/3 <input type="checkbox"/> 3/+																					
<p>3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES?</p>		<p>YES <input type="checkbox"/> Complete Sections 3B, 3C NO <input checked="" type="checkbox"/> Proceed to Section 4A</p>																						
<p>3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)</p> <table border="1" style="width:100%; text-align:center;"> <tr> <td rowspan="5">Chest wall</td> <td>Site</td> <td>Calcification</td> <td>Extent (chest wall; combined for in profile and face on)</td> <td>Width (in profile only) (3mm minimum width required)</td> </tr> <tr> <td>In profile</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td>Up to 1/4 of lateral chest wall = 1</td> <td>3 to 5 mm = a</td> </tr> <tr> <td>Face on</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td>1/4 to 1/2 of lateral chest wall = 2</td> <td>5 to 10 mm = b</td> </tr> <tr> <td>Diaphragm</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td>> 1/2 of lateral chest wall = 3</td> <td>> 10 mm = c</td> </tr> <tr> <td>Other site(s)</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> L</td> <td><input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c</td> </tr> </table>				Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)	In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a	Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b	Diaphragm	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3	> 10 mm = c	Other site(s)	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> L	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c
Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)		Width (in profile only) (3mm minimum width required)																			
	In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1		3 to 5 mm = a																			
	Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2		5 to 10 mm = b																			
	Diaphragm	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3		> 10 mm = c																			
	Other site(s)	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> L	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c																				
<p>3C. COSTOPHRENIC ANGLE OBLITERATION <input type="checkbox"/> R <input type="checkbox"/> L Proceed to Section 3D</p>		<p>NO <input type="checkbox"/> Proceed to Section 4A</p>																						
<p>3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)</p> <table border="1" style="width:100%; text-align:center;"> <tr> <td rowspan="3">Chest wall</td> <td>Site</td> <td>Calcification</td> <td>Extent (chest wall; combined for in profile and face on)</td> <td>Width (in profile only) (3mm minimum width required)</td> </tr> <tr> <td>In profile</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td>Up to 1/4 of lateral chest wall = 1</td> <td>3 to 5 mm = a</td> </tr> <tr> <td>Face on</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td>1/4 to 1/2 of lateral chest wall = 2</td> <td>5 to 10 mm = b</td> </tr> </table>				Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)	In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a	Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b								
Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)		Width (in profile only) (3mm minimum width required)																			
	In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1		3 to 5 mm = a																			
	Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b																				
<p>4A. ANY OTHER ABNORMALITIES?</p>		<p>YES <input checked="" type="checkbox"/> Complete Sections 4B, 4C, 4D, 4E NO <input type="checkbox"/> Proceed to Section 5</p>																						
<p>4B. OTHER SYMBOLS (OBLIGATORY)</p> <p><input checked="" type="checkbox"/> at <input checked="" type="checkbox"/> bu <input checked="" type="checkbox"/> ca <input checked="" type="checkbox"/> cn <input type="checkbox"/> co <input type="checkbox"/> cp <input type="checkbox"/> cv <input checked="" type="checkbox"/> ef <input type="checkbox"/> em <input type="checkbox"/> es <input checked="" type="checkbox"/> ho <input checked="" type="checkbox"/> id <input type="checkbox"/> ih <input type="checkbox"/> kl <input type="checkbox"/> me <input type="checkbox"/> pa <input type="checkbox"/> pb <input type="checkbox"/> pi <input type="checkbox"/> px <input type="checkbox"/> ra <input type="checkbox"/> rp <input type="checkbox"/> tb</p> <p><input checked="" type="checkbox"/> If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D) (See reverse for other symbol definitions.)</p> <p align="right">Date Physician or Worker notified? (mm-dd-yyyy)</p>																								
<p>4E. Should worker see personal physician because of findings in section 4? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>Proceed to Section 5</p>																								

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

CHEST RADIOGRAPH CLASSIFICATION

FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL & PREVENTION

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--

Full SSN is optional, last 4 digits are required.

Coal Workers' Health Surveillance Program
National Institute for Occupational Safety and Health
1000 Frederick Lane, MS LB208
Morgantown, WV 26508
FAX: 304-285-6058

FACILITY Number - Unit Number

						-			
--	--	--	--	--	--	---	--	--	--

EXAMINEE'S Name (Last, First MI)

28

TYPE OF READING

A B F

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY	<input checked="" type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation	<input type="checkbox"/> Scapula Overlay
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor contrast	<input checked="" type="checkbox"/> Mottle
<input type="checkbox"/> U/R	<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Excessive Edge Enhancement	<input type="checkbox"/> Other (please specify)
(If not Grade 1, mark all boxes that apply)				

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES	b. ZONES	c. PROFUSION	2C. LARGE OPACITIES
a. SHAPE/SIZE	R L	0/- 0/0 0/1	SIZE
PRIMARY SECONDARY		1/0 1/1 1/2	<input type="checkbox"/> O <input checked="" type="checkbox"/> B <input type="checkbox"/> C
<input type="checkbox"/> p <input type="checkbox"/> s	UPPER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	2/1 2/2 <input checked="" type="checkbox"/>	Proceed to Section 3A
<input checked="" type="checkbox"/> t <input type="checkbox"/> q <input type="checkbox"/> t	MIDDLE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	3/2 3/3 3/+	
<input type="checkbox"/> r <input type="checkbox"/> u <input checked="" type="checkbox"/> u	LOWER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B-E and 5. NO Complete Section 5.

5. NIOSH Reader ID	READER'S INITIALS	DATE OF READING (mm-dd-yyyy)
<input type="checkbox"/>	<input type="checkbox"/>	07 - 03 - 2023
(Leave ID Number blank if you are not a NIOSH A or B Reader)		
<input type="checkbox"/>		
SIGNATURE	PRINTED NAME (LAST, FIRST MIDDLE)	
STREET ADDRESS	CITY	STATE ZIP CODE

4B. Other Symbol Definitions

Each of the following definition of symbols assumes an introductory qualifying word or phrase such as "changes indicative of" or "opacities suggestive of", or "suspect."

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae(e)	ih	ill-defined heart border - should be recorded only if the length of the heart border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
- Fracture, healed (non-rib)
- Fracture, not healed (non-rib)
- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
- Density, lung
- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

READER'S INITIALS

--	--	--

DATE OF READING (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

--	--

STATE

--	--	--	--	--	--

ZIP CODE

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

CHEST RADIOGRAPH CLASSIFICATION
FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

Grid for date entry: mm-dd-yyyy

Coal Workers' Health Surveillance Program
National Institute for Occupational Safety and Health
1095 Willowdale Road, MS LB208
Morgantown, WV 26505

CDC/NIOSH (M) 2.8
REV. 12/2013

EXAMINEE'S Social Security Number

Grid for Social Security Number: - - - - -

FACILITY ID#

Grid for Facility ID: 3 0

TYPE OF READING A [] B [X] F []

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY [] Overexposed (dark) [] Improper position [] Underinflation
[1] [X] [3] [U/R] [] Underexposed (light) [] Poor contrast [] Mottle
(If not Grade 1, mark all boxes that apply) [X] Artifacts [] Poor processing [X] Other (please specify)

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES [] Complete Sections 2B and 2C NO [] Proceed to Section 3A

2B. SMALL OPACITIES a. SHAPE/SIZE PRIMARY SECONDARY b. ZONES R L c. PROFUSION 0/- 0/0 0/1
1/0 1/1 1/2
2/1 2/2 2/3
3/2 3/4
2C. LARGE OPACITIES SIZE [O] [A] [B] [X] Proceed to Section 3A

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES [] Complete Sections 3B, 3C NO [X] Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)
Chest wall Site Calcification Extent (chest wall; combined for in profile and face on) Width (in profile only) (3mm minimum width required)

3C. COSTOPHRENIC ANGLE OBLITERATION [R] [L] Proceed to Section 3D NO [] Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)
Chest wall Site Calcification Extent (chest wall; combined for in profile and face on) Width (in profile only) (3mm minimum width required)

4A. ANY OTHER ABNORMALITIES? YES [X] Complete Sections 4B, 4C, 4D, 4E NO [] Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY) aa at ax bu ca cg cn co cp cv [X] ef [X] es fr hi ho [X] [X] kl me pa [X] pi px ra rp tb

[OD] If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D) (See reverse for other symbol definitions.) Date Physician or Worker notified? (mm-dd-yyyy)

4E. Should worker see personal physician because of findings in section 4? YES [] NO []

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

CHEST RADIOGRAPH CLASSIFICATION

FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL & PREVENTION

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--

Full SSN is optional, last 4 digits are required.

Coal Workers' Health Surveillance Program
National Institute for Occupational Safety and Health
1000 Frederick Lane, MS LB208
Morgantown, WV 26508
FAX: 304-285-6058

FACILITY Number - Unit Number

						-			
--	--	--	--	--	--	---	--	--	--

EXAMINEE'S Name (Last, First MI)

31

TYPE OF READING

A B F

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY <input type="checkbox"/> Overexposed (dark) <input type="checkbox"/> Underexposed (light) <input checked="" type="checkbox"/> Artifacts (If not Grade 1, mark all boxes that apply)	<input type="checkbox"/> Improper position <input type="checkbox"/> Poor contrast <input type="checkbox"/> Poor processing	<input checked="" type="checkbox"/> Underinflation <input checked="" type="checkbox"/> Mottle <input type="checkbox"/> Excessive Edge Enhancement	<input type="checkbox"/> Scapula Overlay Other (please specify) <input checked="" type="checkbox"/> Digital artifacts
	1 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> U/R <input type="checkbox"/> [p] [s] [p] [s] [q] [t] [q] [x] [x] [u] [r] [u]	b. ZONES R L UPPER [x] [x] MIDDLE [x] [x] LOWER [x] [x]	c. PROFUSION 0/- 0/0 0/1 1/0 1/1 [x] 2/1 2/2 2/3 3/2 3/3 3/+

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES a. SHAPE/SIZE PRIMARY SECONDARY [p] [s] [p] [s] [q] [t] [q] [x] [x] [u] [r] [u]	b. ZONES R L UPPER [x] [x] MIDDLE [x] [x] LOWER [x] [x]	c. PROFUSION 0/- 0/0 0/1 1/0 1/1 [x] 2/1 2/2 2/3 3/2 3/3 3/+	2C. LARGE OPACITIES SIZE [x] [A] [B] [C] Proceed to Section 3A
---	---	--	--

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width) Chest wall Site Calcification Extent (chest wall; combined for in profile and face on) Width (in profile only) (3mm minimum width required)	In profile [O] [R] [x] [x] [R] [L] Face on [x] [R] [L] [x] [R] [L] Diaphragm [x] [R] [L] [x] [R] [L] Other site(s) [x] [R] [L] [x] [R] [L]	Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3 [x] [R] [O] [x] 1 2 3 1 2 [x]	3 to 5 mm = a 5 to 10 mm = b > 10 mm = c [x] [R] [O] [x] a b c a [x] c
---	---	--	--

3C. COSTOPHRENIC ANGLE OBLITERATION [R] [L] Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width) Chest wall Site Calcification Extent (chest wall; combined for in profile and face on) Width (in profile only) (3mm minimum width required)	In profile [O] [R] [L] [O] [R] [L] Face on [O] [R] [L] [O] [R] [L]	Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3 [O] [R] [O] [L] 1 2 3 1 2 3	3 to 5 mm = a 5 to 10 mm = b > 10 mm = c [O] [R] [O] [L] a b c a b c
--	---	--	--

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B-E and 5. NO Complete Section 5.

5. NIOSH Reader ID [] [] [] [] [] (Leave ID Number blank if you are not a NIOSH A or B Reader) [] SIGNATURE	READER'S INITIALS [] [] []	DATE OF READING (mm-dd-yyyy) 0 7 - 0 5 - 2 0 2 3
STREET ADDRESS	CITY	STATE
		ZIP CODE

CHEST RADIOGRAPH CLASSIFICATION
 FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

Coal Workers' Health Surveillance Program
 National Institute for Occupational Safety and Health
 1095 Willowdale Road, MS LB208
 Morgantown, WV 26505

CDC/NIOSH (M) 2.8
 REV. 12/2013

EXAMINEE'S Social Security Number

		-			-				
--	--	---	--	--	---	--	--	--	--

TYPE OF READING A B F

FACILITY ID#

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

<p>1. IMAGE QUALITY <input type="checkbox"/> Overexposed (dark) <input checked="" type="checkbox"/> Improper position <input type="checkbox"/> Underinflation</p> <p><input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> U/R <input type="checkbox"/> Underexposed (light) <input checked="" type="checkbox"/> Poor contrast <input type="checkbox"/> Mottle</p> <p>(If not Grade 1, mark all boxes that apply) <input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input type="checkbox"/> Other (please specify)</p>	<p>Scapula overlay _____</p> <p>_____</p> <p>_____</p>																																																								
<p>2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES <input checked="" type="checkbox"/> Complete Sections 2B and 2C NO <input type="checkbox"/> Proceed to Section 3A</p>																																																									
<p>2B. SMALL OPACITIES</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align:center;">a. SHAPE/SIZE</td> <td colspan="2" style="text-align:center;">b. ZONES</td> <td colspan="3" style="text-align:center;">c. PROFUSION</td> </tr> <tr> <td style="text-align:center;">PRIMARY</td> <td style="text-align:center;">SECONDARY</td> <td style="text-align:center;">R</td> <td style="text-align:center;">L</td> <td style="text-align:center;">0/-</td> <td style="text-align:center;">0/0</td> <td style="text-align:center;">0/1</td> </tr> <tr> <td style="text-align:center;"><input type="checkbox"/> p <input type="checkbox"/> s</td> <td style="text-align:center;"><input type="checkbox"/> p <input type="checkbox"/> s</td> <td style="text-align:center;"><input checked="" type="checkbox"/></td> <td style="text-align:center;"><input checked="" type="checkbox"/></td> <td style="text-align:center;"><input checked="" type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/> 1/1</td> <td style="text-align:center;"><input type="checkbox"/> 1/2</td> </tr> <tr> <td style="text-align:center;"><input type="checkbox"/> q <input type="checkbox"/> t</td> <td style="text-align:center;"><input type="checkbox"/> q <input type="checkbox"/> t</td> <td style="text-align:center;"><input checked="" type="checkbox"/></td> <td style="text-align:center;"><input checked="" type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/> 2/1</td> <td style="text-align:center;"><input type="checkbox"/> 2/2</td> <td style="text-align:center;"><input type="checkbox"/> 2/3</td> </tr> <tr> <td style="text-align:center;"><input checked="" type="checkbox"/> u</td> <td style="text-align:center;"><input checked="" type="checkbox"/> u</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/> 3/2</td> <td style="text-align:center;"><input type="checkbox"/> 3/3</td> <td style="text-align:center;"><input type="checkbox"/> 3/+</td> </tr> <tr> <td style="text-align:center;">UPPER</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align:center;">MIDDLE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align:center;">LOWER</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	a. SHAPE/SIZE		b. ZONES		c. PROFUSION			PRIMARY	SECONDARY	R	L	0/-	0/0	0/1	<input type="checkbox"/> p <input type="checkbox"/> s	<input type="checkbox"/> p <input type="checkbox"/> s	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> 1/1	<input type="checkbox"/> 1/2	<input type="checkbox"/> q <input type="checkbox"/> t	<input type="checkbox"/> q <input type="checkbox"/> t	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> 2/1	<input type="checkbox"/> 2/2	<input type="checkbox"/> 2/3	<input checked="" type="checkbox"/> u	<input checked="" type="checkbox"/> u	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 3/2	<input type="checkbox"/> 3/3	<input type="checkbox"/> 3/+	UPPER							MIDDLE							LOWER							<p>2C. LARGE OPACITIES</p> <p>SIZE <input type="checkbox"/> O <input type="checkbox"/> A <input checked="" type="checkbox"/> C Proceed to Section 3A</p>
a. SHAPE/SIZE		b. ZONES		c. PROFUSION																																																					
PRIMARY	SECONDARY	R	L	0/-	0/0	0/1																																																			
<input type="checkbox"/> p <input type="checkbox"/> s	<input type="checkbox"/> p <input type="checkbox"/> s	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> 1/1	<input type="checkbox"/> 1/2																																																			
<input type="checkbox"/> q <input type="checkbox"/> t	<input type="checkbox"/> q <input type="checkbox"/> t	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> 2/1	<input type="checkbox"/> 2/2	<input type="checkbox"/> 2/3																																																			
<input checked="" type="checkbox"/> u	<input checked="" type="checkbox"/> u	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 3/2	<input type="checkbox"/> 3/3	<input type="checkbox"/> 3/+																																																			
UPPER																																																									
MIDDLE																																																									
LOWER																																																									
<p>3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES <input type="checkbox"/> Complete Sections 3B, 3C NO <input checked="" type="checkbox"/> Proceed to Section 4A</p>																																																									
<p>3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Chest wall</td> <td style="width:15%;">Site</td> <td style="width:15%;">Calcification</td> <td style="width:20%;">Extent (chest wall; combined for in profile and face on)</td> <td style="width:35%;">Width (in profile only) (3mm minimum width required)</td> </tr> <tr> <td>In profile</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td>Up to 1/4 of lateral chest wall = 1</td> <td>3 to 5 mm = a</td> </tr> <tr> <td>Face on</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td>1/4 to 1/2 of lateral chest wall = 2</td> <td>5 to 10 mm = b</td> </tr> <tr> <td>Diaphragm</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td>> 1/2 of lateral chest wall = 3</td> <td>> 10 mm = c</td> </tr> <tr> <td>Other site(s)</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</td> <td><input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c</td> </tr> </table>		Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)	In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a	Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b	Diaphragm	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3	> 10 mm = c	Other site(s)	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c																															
Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)																																																					
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a																																																					
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b																																																					
Diaphragm	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3	> 10 mm = c																																																					
Other site(s)	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c																																																					
<p>3C. COSTOPHRENIC ANGLE OBLITERATION <input type="checkbox"/> R <input type="checkbox"/> L Proceed to Section 3D NO <input type="checkbox"/> Proceed to Section 4A</p>																																																									
<p>3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Chest wall</td> <td style="width:15%;">Site</td> <td style="width:15%;">Calcification</td> <td style="width:20%;">Extent (chest wall; combined for in profile and face on)</td> <td style="width:35%;">Width (in profile only) (3mm minimum width required)</td> </tr> <tr> <td>In profile</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td>Up to 1/4 of lateral chest wall = 1</td> <td>3 to 5 mm = a</td> </tr> <tr> <td>Face on</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td>1/4 to 1/2 of lateral chest wall = 2</td> <td>5 to 10 mm = b</td> </tr> <tr> <td></td> <td></td> <td></td> <td>> 1/2 of lateral chest wall = 3</td> <td>> 10 mm = c</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</td> <td><input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c</td> </tr> </table>		Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)	In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a	Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b				> 1/2 of lateral chest wall = 3	> 10 mm = c				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c																															
Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)																																																					
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a																																																					
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b																																																					
			> 1/2 of lateral chest wall = 3	> 10 mm = c																																																					
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c																																																					
<p>4A. ANY OTHER ABNORMALITIES? YES <input checked="" type="checkbox"/> Complete Sections 4B, 4C, 4D, 4E NO <input type="checkbox"/> Proceed to Section 5</p>																																																									
<p>4B. OTHER SYMBOLS (OBLIGATORY)</p> <p><input type="checkbox"/> aa <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> bu <input type="checkbox"/> ca <input checked="" type="checkbox"/> <input type="checkbox"/> cn <input type="checkbox"/> co <input type="checkbox"/> cp <input type="checkbox"/> cv <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ef <input checked="" type="checkbox"/> <input type="checkbox"/> es <input type="checkbox"/> fr <input type="checkbox"/> hi <input type="checkbox"/> ho <input type="checkbox"/> id <input type="checkbox"/> ih <input type="checkbox"/> kl <input type="checkbox"/> me <input type="checkbox"/> pa <input type="checkbox"/> pb <input checked="" type="checkbox"/> <input type="checkbox"/> px <input type="checkbox"/> ra <input type="checkbox"/> rp <input type="checkbox"/> tb</p> <p><input type="checkbox"/> OD If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D) (See reverse for other symbol definitions.)</p> <p align="right">Date Physician or Worker notified? (mm-dd-yyyy)</p>																																																									
<p>4E. Should worker see personal physician because of findings in section 4? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> _____ - _____ - _____</p> <p>Proceed to Section 5</p>																																																									

4B. Other Symbol Definitions

Each of the following definition of symbols assumes an introductory qualifying word or phrase such as "changes indicative of" or "opacities suggestive of", or "suspect."

Table with 4 columns: Symbol, Definition, Symbol, Definition. Includes terms like atherosclerotic aorta, significant apical pleural thickening, coalescence of small opacities, etc.

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
Fracture, healed (non-rib)
Fracture, not healed (non-rib)
Scoliosis
Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
Density, lung
Infiltrate
Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
Post-surgical changes/sternal wire
Cyst

Vascular Disorders

- Aorta, anomaly of
Vascular abnormality

4D. OTHER COMMENTS

Seven horizontal lines for handwritten comments.

5. PHYSICIAN'S Social Security Number*

Grid for Social Security Number with dashes in the 4th and 9th positions.

* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

READER'S INITIALS

Grid for Reader's Initials.

DATE OF READING (mm-dd-yyyy)

Grid for Date of Reading with dashes in the 4th and 7th positions.

SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

STATE

ZIP CODE

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

CHEST RADIOGRAPH CLASSIFICATION
FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

Coal Workers' Health Surveillance Program
 National Institute for Occupational Safety and Health
 1095 Willowdale Road, MS LB208
 Morgantown, WV 26505

CDC/NIOSH (M) 2.8
 REV. 12/2013

DATE OF RADIOGRAPH (mm-dd-yyyy)

--	--	--	--	--	--	--	--	--	--	--	--	--	--

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--

TYPE OF READING A B F

FACILITY ID#

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

<p>1. IMAGE QUALITY <input type="checkbox"/> Overexposed (dark) <input checked="" type="checkbox"/> Improper position <input type="checkbox"/> Underinflation</p> <p><input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Poor contrast <input type="checkbox"/> Mottle</p> <p><input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input type="checkbox"/> Other (please specify)</p> <p>(If not Grade 1, mark all boxes that apply)</p>	<p>Scapula overlay</p> <p>_____</p> <p>_____</p> <p>_____</p>
---	--

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

<p>2B. SMALL OPACITIES</p> <p>a. SHAPE/SIZE</p> <table style="width:100%;"> <tr> <td style="width: 50%;">PRIMARY</td> <td style="width: 50%;">SECONDARY</td> </tr> <tr> <td><input type="checkbox"/> p <input type="checkbox"/> s</td> <td><input checked="" type="checkbox"/> s</td> </tr> <tr> <td><input checked="" type="checkbox"/> t</td> <td><input type="checkbox"/> q <input type="checkbox"/> t</td> </tr> <tr> <td><input type="checkbox"/> r <input type="checkbox"/> u</td> <td><input type="checkbox"/> r <input type="checkbox"/> u</td> </tr> </table> <p>b. ZONES</p> <table style="width:100%;"> <tr> <td style="width: 50%;">R</td> <td style="width: 50%;">L</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table> <p>c. PROFUSION</p> <table style="width:100%;"> <tr> <td style="width: 33%;">0/-</td> <td style="width: 33%;">0/0</td> <td style="width: 33%;">0/1</td> </tr> <tr> <td>1/0</td> <td>1/1</td> <td>1/2</td> </tr> <tr> <td>2/1</td> <td><input checked="" type="checkbox"/></td> <td>2/3</td> </tr> <tr> <td>3/2</td> <td>3/3</td> <td>3/+</td> </tr> </table>	PRIMARY	SECONDARY	<input type="checkbox"/> p <input type="checkbox"/> s	<input checked="" type="checkbox"/> s	<input checked="" type="checkbox"/> t	<input type="checkbox"/> q <input type="checkbox"/> t	<input type="checkbox"/> r <input type="checkbox"/> u	<input type="checkbox"/> r <input type="checkbox"/> u	R	L	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0/-	0/0	0/1	1/0	1/1	1/2	2/1	<input checked="" type="checkbox"/>	2/3	3/2	3/3	3/+	<p>2C. LARGE OPACITIES</p> <p>SIZE <input type="checkbox"/> O <input type="checkbox"/> A <input checked="" type="checkbox"/> C Proceed to Section 3A</p>
PRIMARY	SECONDARY																												
<input type="checkbox"/> p <input type="checkbox"/> s	<input checked="" type="checkbox"/> s																												
<input checked="" type="checkbox"/> t	<input type="checkbox"/> q <input type="checkbox"/> t																												
<input type="checkbox"/> r <input type="checkbox"/> u	<input type="checkbox"/> r <input type="checkbox"/> u																												
R	L																												
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																												
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																												
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																												
0/-	0/0	0/1																											
1/0	1/1	1/2																											
2/1	<input checked="" type="checkbox"/>	2/3																											
3/2	3/3	3/+																											

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)

<input type="checkbox"/> aa	<input type="checkbox"/> at	<input checked="" type="checkbox"/> bu	<input checked="" type="checkbox"/> ca	<input checked="" type="checkbox"/> co	<input type="checkbox"/> cp	<input type="checkbox"/> cv	<input type="checkbox"/> di	<input type="checkbox"/> ef	<input type="checkbox"/> em	<input type="checkbox"/> es	<input checked="" type="checkbox"/> hi	<input type="checkbox"/> ho	<input type="checkbox"/> id	<input type="checkbox"/> ih	<input type="checkbox"/> kl	<input type="checkbox"/> me	<input type="checkbox"/> pa	<input type="checkbox"/> pb	<input type="checkbox"/> pi	<input type="checkbox"/> px	<input type="checkbox"/> ra	<input type="checkbox"/> rp	<input type="checkbox"/> tb
-----------------------------	-----------------------------	--	--	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D)
 (See reverse for other symbol definitions.) Date Physician or Worker notified? (mm-dd-yyyy)

4E. Should worker see personal physician because of findings in section 4? YES NO _____ - _____ - _____

4B. Other Symbol Definitions

Each of the following definition of symbols assumes an introductory qualifying word or phrase such as "changes indicative of" or "opacities suggestive of", or "suspect."

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae(s)	ih	ill-defined heart border - should be recorded only if the length of the heart border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
- Fracture, healed (non-rib)
- Fracture, not healed (non-rib)
- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
- Density, lung
- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

Post-surgical changes/sternal wire

5. PHYSICIAN'S Social Security Number*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

READER'S INITIALS

--	--	--

DATE OF READING (mm-dd-yyyy)

--	--	--	--	--	--	--	--	--	--	--	--	--

SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

--	--	--	--	--	--	--	--

STREET ADDRESS

CITY

STATE

ZIP CODE

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

CHEST RADIOGRAPH CLASSIFICATION

FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL & PREVENTION

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--

Full SSN is optional, last 4 digits are required.

Coal Workers' Health Surveillance Program
National Institute for Occupational Safety and Health
1000 Frederick Lane, MS LB208
Morgantown, WV 26508
FAX: 304-285-6058

FACILITY Number - Unit Number

						-			
--	--	--	--	--	--	---	--	--	--

EXAMINEE'S Name (Last, First MI)

34

TYPE OF READING

A B F

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY	<input type="checkbox"/> Overexposed (dark)	<input checked="" type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation	<input type="checkbox"/> Scapula Overlay
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> U/R	<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor contrast
(If not Grade 1, mark all boxes that apply)		<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Mottle
		<input type="checkbox"/> Excessive Edge Enhancement	<input type="checkbox"/> Other (please specify)	

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES	b. ZONES	c. PROFUSION	2C. LARGE OPACITIES
a. SHAPE/SIZE	R L	0/- 0/0 0/1	SIZE
PRIMARY SECONDARY	UPPER	1/0 <input checked="" type="checkbox"/> 1/2	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
<input type="checkbox"/> p <input checked="" type="checkbox"/> t	MIDDLE	2/1 2/2 2/3	Proceed to Section 3A
<input type="checkbox"/> q <input checked="" type="checkbox"/> u	LOWER	3/2 3/3 3/+	

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> a <input checked="" type="checkbox"/> b <input checked="" type="checkbox"/> c

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B-E and 5. NO Complete Section 5.

5. NIOSH Reader ID	READER'S INITIALS	DATE OF READING (mm-dd-yyyy)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	07 - 05 - 2023
(Leave ID Number blank if you are not a NIOSH A or B Reader)		
<input type="text"/>	<input type="text"/>	
SIGNATURE	PRINTED NAME (LAST, FIRST MIDDLE)	
<input type="text"/>	<input type="text"/>	
STREET ADDRESS	CITY	STATE ZIP CODE

34

4B. OTHER SYMBOLS (OBLIGATORY)

aa at ax bu ca cg cn co cp cv di ef em es fr hi ho id ih kl me pa pb pi px ra rp tb

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae(e)	ih	ill-defined heart border - should be recorded only if the length of the heart border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
- Fracture, healed (non-rib)
- Fracture, not healed (non-rib)
- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
- Density, lung
- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

Date Physician or Worker notified? (mm-dd-yyyy)

4E. Should worker see personal physician because of findings? YES NO

YES NO

- -

4D. OTHER COMMENTS

3 cm density behind R heart, possible mass.

Note: same image as #21

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

CHEST RADIOGRAPH CLASSIFICATION

FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL & PREVENTION

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--

Full SSN is optional, last 4 digits are required.

Coal Workers' Health Surveillance Program
National Institute for Occupational Safety and Health
1000 Frederick Lane, MS LB208
Morgantown, WV 26508
FAX: 304-285-6058

FACILITY Number - Unit Number

						-			
--	--	--	--	--	--	---	--	--	--

EXAMINEE'S Name (Last, First MI)

35

TYPE OF READING

A B F

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY	<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation	<input type="checkbox"/> Scapula Overlay
<input checked="" type="checkbox"/> 2	<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor contrast	<input type="checkbox"/> Mottle	Other (please specify)
<input type="checkbox"/> 3	<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Excessive Edge Enhancement	
(If not Grade 1, mark all boxes that apply)				

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES	b. ZONES	c. PROFUSION	2C. LARGE OPACITIES
a. SHAPE/SIZE	R L	0/- 0/0 0/1	SIZE
PRIMARY SECONDARY		1/0 1/1 1/2	O A B C
p s p s	UPPER	2/1 2/2 2/3	Proceed to Section 3A
q t q t	MIDDLE	3/2 3/3 3/+	
r u r u	LOWER		

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	O X X	O R X	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	O R X	O R X	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	O R X	O R X	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	X R L	X R L	O X 1 X 3	O X b c X b c

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	O R L	O R L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	O R L	O R L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c
			O R 1 2 3 O L 1 2 3	O R a b c O L a b c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B-E and 5. NO Complete Section 5.

5. NIOSH Reader ID	READER'S INITIALS	DATE OF READING (mm-dd-yyyy)
		07 - 05 - 2023
(Leave ID Number blank if you are not a NIOSH A or B Reader)		
SIGNATURE	PRINTED NAME (LAST, FIRST MIDDLE)	
STREET ADDRESS	CITY	STATE ZIP CODE

35

4B. OTHER SYMBOLS (OBLIGATORY)

aa at ax bu ca cg cn co cp cv di ef em es fr hi ho id ih kl me pa pb pi px ra rp tb
[Symbol selection grid]

Table with 2 columns: Symbol and Description. Symbols include aa, at, ax, bu, ca, cg, cn, co, cp, cv, di, ef, em, es, fr, hi, ho, id, ih, kl, me, pa, pb, pi, px, ra, rp, tb.

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
Fracture, healed (non-rib)
Fracture, not healed (non-rib)
Scoliosis
Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
Density, lung
Infiltrate
Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
Post-surgical changes/sternal wire
Cyst

Vascular Disorders

- Aorta, anomaly of
Vascular abnormality

Date Physician or Worker notified? (mm-dd-yyyy)

4E. Should worker see personal physician because of findings? YES [] NO [X]

Date notification grid: [][] - [][] - [][][][]

4D. OTHER COMMENTS

Five horizontal lines for handwritten comments.

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

CHEST RADIOGRAPH CLASSIFICATION

FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL & PREVENTION

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--

Full SSN is optional, last 4 digits are required.

Coal Workers' Health Surveillance Program
National Institute for Occupational Safety and Health
1000 Frederick Lane, MS LB208
Morgantown, WV 26508
FAX: 304-285-6058

FACILITY Number - Unit Number

						-			
--	--	--	--	--	--	---	--	--	--

EXAMINEE'S Name (Last, First MI)

36

TYPE OF READING

A B F

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY	<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation	<input type="checkbox"/> Scapula Overlay
<input checked="" type="checkbox"/> 2	<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor contrast	<input type="checkbox"/> Mottle	Other (please specify)
<input type="checkbox"/> 3	<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Excessive Edge Enhancement	
(If not Grade 1, mark all boxes that apply)				

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES	b. ZONES	c. PROFUSION	2C. LARGE OPACITIES
a. SHAPE/SIZE	R L	0/- 0/0 0/1	SIZE
PRIMARY SECONDARY		1/0 1/1 1/2	O A B C
p s p s	UPPER	2/1 2/2 2/3	Proceed to Section 3A
q t q t	MIDDLE	3/2 3/3 3/+	
r u r u	LOWER		

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	O X L	O X L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	O X X	O X X	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	X R L	X R L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	O X L	O X L		

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	O R L	O R L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	O R L	O R L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B-E and 5. NO Complete Section 5.

5. NIOSH Reader ID	READER'S INITIALS	DATE OF READING (mm-dd-yyyy)
		07 - 05 - 2023
(Leave ID Number blank if you are not a NIOSH A or B Reader)		
SIGNATURE	PRINTED NAME (LAST, FIRST MIDDLE)	
STREET ADDRESS	CITY	STATE ZIP CODE

4B. Other Symbol Definitions

Each of the following definition of symbols assumes an introductory qualifying word or phrase such as "changes indicative of" or "opacities suggestive of", or "suspect."

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae(e)	ih	ill-defined heart border - should be recorded only if the length of the heart border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
- Fracture, healed (non-rib)
- Fracture, not healed (non-rib)
- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
- Density, lung
- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

READER'S INITIALS

--	--	--

DATE OF READING (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

--	--

STATE

--	--	--	--	--	--

ZIP CODE

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

CHEST RADIOGRAPH CLASSIFICATION

FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL & PREVENTION

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--	--	--

Full SSN is optional, last 4 digits are required.

Coal Workers' Health Surveillance Program
National Institute for Occupational Safety and Health
1000 Frederick Lane, MS LB208
Morgantown, WV 26508
FAX: 304-285-6058

FACILITY Number - Unit Number

						-			
--	--	--	--	--	--	---	--	--	--

EXAMINEE'S Name (Last, First MI)

38

TYPE OF READING

A B F

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY	<input type="checkbox"/> Overexposed (dark)	<input checked="" type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation	<input type="checkbox"/> Scapula Overlay
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Poor contrast	<input type="checkbox"/> Mottle	<input type="checkbox"/> Other (please specify)
(If not Grade 1, mark all boxes that apply)	<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Excessive Edge Enhancement	<input checked="" type="checkbox"/> Lordotic position

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES	b. ZONES	c. PROFUSION	2C. LARGE OPACITIES
a. SHAPE/SIZE	R L	0/- 0/0 0/1	SIZE
PRIMARY SECONDARY		1/0 1/1 1/2	<input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
<input type="checkbox"/> p <input type="checkbox"/> s <input type="checkbox"/> q <input type="checkbox"/> t <input type="checkbox"/> r <input type="checkbox"/> u	UPPER MIDDLE LOWER	2/1 2/2 2/3 3/2 3/3 3/4	Proceed to Section 3A

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input checked="" type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input checked="" type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input checked="" type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input checked="" type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	<input type="checkbox"/> O <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L	<input type="checkbox"/> O <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	<input type="checkbox"/> O <input checked="" type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input checked="" type="checkbox"/> R <input type="checkbox"/> L	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

3C. COSTOPHRENIC ANGLE OBLITERATION L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input checked="" type="checkbox"/> R <input type="checkbox"/> L	<input checked="" type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input checked="" type="checkbox"/> R <input type="checkbox"/> L	<input checked="" type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B-E and 5. NO Complete Section 5.

5. NIOSH Reader ID	READER'S INITIALS	DATE OF READING (mm-dd-yyyy)
<input type="checkbox"/>	<input type="checkbox"/>	07 - 05 - 2023
(Leave ID Number blank if you are not a NIOSH A or B Reader)		
<input type="checkbox"/>		
SIGNATURE	PRINTED NAME (LAST, FIRST MIDDLE)	
STREET ADDRESS	CITY	STATE ZIP CODE

CHEST RADIOGRAPH CLASSIFICATION
FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

Coal Workers' Health Surveillance Program
 National Institute for Occupational Safety and Health
 1095 Willowdale Road, MS LB208
 Morgantown, WV 26505

CDC/NIOSH (M) 2.8
 REV. 12/2013

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

EXAMINEE'S Social Security Number

		-			-				
--	--	---	--	--	---	--	--	--	--

TYPE OF READING A B F

FACILITY ID#

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY <input type="checkbox"/> Overexposed (dark) <input type="checkbox"/> Improper position <input type="checkbox"/> Underinflation <input checked="" type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> U/R <input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Poor contrast <input type="checkbox"/> Mottle (If not Grade 1, mark all boxes that apply) <input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input type="checkbox"/> Other (please specify)	_____ _____ _____
--	-------------------------

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES a. SHAPE/SIZE PRIMARY SECONDARY <table style="width:100%; text-align:center;"> <tr> <td style="width:25px;">p</td><td style="width:25px;">s</td><td style="width:25px;">p</td><td style="width:25px;">s</td> </tr> <tr> <td>q</td><td>t</td><td>q</td><td>t</td> </tr> <tr> <td>r</td><td>u</td><td>r</td><td>u</td> </tr> </table> b. ZONES R L UPPER <input type="checkbox"/> <input type="checkbox"/> MIDDLE <input type="checkbox"/> <input type="checkbox"/> LOWER <input type="checkbox"/> <input type="checkbox"/>	p	s	p	s	q	t	q	t	r	u	r	u	c. PROFUSION <table style="width:100%; text-align:center;"> <tr> <td>0/-</td><td>0/0</td><td>0/1</td> </tr> <tr> <td>1/0</td><td>1/1</td><td>1/2</td> </tr> <tr> <td>2/1</td><td>2/2</td><td>2/3</td> </tr> <tr> <td>3/2</td><td>3/3</td><td>3/+</td> </tr> </table>	0/-	0/0	0/1	1/0	1/1	1/2	2/1	2/2	2/3	3/2	3/3	3/+
p	s	p	s																						
q	t	q	t																						
r	u	r	u																						
0/-	0/0	0/1																							
1/0	1/1	1/2																							
2/1	2/2	2/3																							
3/2	3/3	3/+																							
2C. LARGE OPACITIES SIZE <input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Proceed to Section 3A																									

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)

<input type="checkbox"/> aa	<input type="checkbox"/> at	<input type="checkbox"/> ax	<input type="checkbox"/> bu	<input type="checkbox"/> ca	<input type="checkbox"/> cg	<input type="checkbox"/> cn	<input type="checkbox"/> co	<input type="checkbox"/> cp	<input type="checkbox"/> cv	<input type="checkbox"/> di	<input type="checkbox"/> ef	<input type="checkbox"/> em	<input type="checkbox"/> es	<input type="checkbox"/> fr	<input type="checkbox"/> hi	<input type="checkbox"/> ho	<input type="checkbox"/> id	<input type="checkbox"/> ih	<input type="checkbox"/> kl	<input type="checkbox"/> me	<input type="checkbox"/> pa	<input type="checkbox"/> pb	<input type="checkbox"/> pi	<input type="checkbox"/> px	<input type="checkbox"/> ra	<input type="checkbox"/> rp	<input type="checkbox"/> tb
-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

OD If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D)
 (See reverse for other symbol definitions.) Date Physician or Worker notified? (mm-dd-yyyy)

4E. Should worker see personal physician because of findings in section 4? YES NO _____ - _____ - _____

4B. Other Symbol Definitions

Each of the following definition of symbols assumes an introductory qualifying word or phrase such as "changes indicative of" or "opacities suggestive of", or "suspect."

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae(e)	ih	ill-defined heart border - should be recorded only if the length of the heart border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
- Fracture, healed (non-rib)
- Fracture, not healed (non-rib)
- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
- Density, lung
- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

					-			-				
--	--	--	--	--	---	--	--	---	--	--	--	--

* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

READER'S INITIALS

--	--	--

DATE OF READING (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

STATE

ZIP CODE

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

CHEST RADIOGRAPH CLASSIFICATION
FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Coal Workers' Health Surveillance Program
 National Institute for Occupational Safety and Health
 1095 Willowdale Road, MS LB208
 Morgantown, WV 26505

CDC/NIOSH (M) 2.8
 REV. 12/2013

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FACILITY ID#

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TYPE OF READING A B F

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

<p>1. IMAGE QUALITY <input type="checkbox"/> Overexposed (dark) <input type="checkbox"/> Improper position <input type="checkbox"/> Underinflation</p> <p><input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Poor contrast <input checked="" type="checkbox"/> Mottle</p> <p>(If not Grade 1, mark all boxes that apply) <input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input type="checkbox"/> Other (please specify) _____</p>																												
<p>2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES <input checked="" type="checkbox"/> Complete Sections 2B and 2C NO <input type="checkbox"/> Proceed to Section 3A</p>																												
<p>2B. SMALL OPACITIES</p> <p>a. SHAPE/SIZE</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">PRIMARY</td> <td style="width: 50%;">SECONDARY</td> </tr> <tr> <td><input checked="" type="checkbox"/> s</td> <td><input type="checkbox"/> p <input type="checkbox"/> s</td> </tr> <tr> <td><input type="checkbox"/> q <input type="checkbox"/> t</td> <td><input type="checkbox"/> q <input checked="" type="checkbox"/> x</td> </tr> <tr> <td><input type="checkbox"/> r <input type="checkbox"/> u</td> <td><input type="checkbox"/> r <input type="checkbox"/> u</td> </tr> </table>		PRIMARY	SECONDARY	<input checked="" type="checkbox"/> s	<input type="checkbox"/> p <input type="checkbox"/> s	<input type="checkbox"/> q <input type="checkbox"/> t	<input type="checkbox"/> q <input checked="" type="checkbox"/> x	<input type="checkbox"/> r <input type="checkbox"/> u	<input type="checkbox"/> r <input type="checkbox"/> u	<p>b. ZONES</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">R</td> <td style="width: 50%;">L</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>		R	L	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>									
PRIMARY	SECONDARY																											
<input checked="" type="checkbox"/> s	<input type="checkbox"/> p <input type="checkbox"/> s																											
<input type="checkbox"/> q <input type="checkbox"/> t	<input type="checkbox"/> q <input checked="" type="checkbox"/> x																											
<input type="checkbox"/> r <input type="checkbox"/> u	<input type="checkbox"/> r <input type="checkbox"/> u																											
R	L																											
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																											
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																											
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																											
		<p>c. PROFUSION</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">0/-</td> <td style="width: 33%;">0/0</td> <td style="width: 33%;">0/1</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2/1</td> <td>2/2</td> <td>2/3</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3/2</td> <td>3/3</td> <td>3/+</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		0/-	0/0	0/1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2/1	2/2	2/3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3/2	3/3	3/+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
0/-	0/0	0/1																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
2/1	2/2	2/3																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
3/2	3/3	3/+																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
<p>2C. LARGE OPACITIES</p> <p>SIZE <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Proceed to Section 3A</p>																												
<p>3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES <input type="checkbox"/> Complete Sections 3B, 3C NO <input checked="" type="checkbox"/> Proceed to Section 4A</p>																												
<p>3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Chest wall</td> <td style="width: 25%;">Site</td> <td style="width: 25%;">Calcification</td> <td style="width: 25%;">Extent (chest wall; combined for in profile and face on)</td> <td style="width: 20%;">Width (in profile only) (3mm minimum width required)</td> </tr> <tr> <td>In profile</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td>Up to 1/4 of lateral chest wall = 1</td> <td>3 to 5 mm = a</td> </tr> <tr> <td>Face on</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td>1/4 to 1/2 of lateral chest wall = 2</td> <td>5 to 10 mm = b</td> </tr> <tr> <td>Diaphragm</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td>> 1/2 of lateral chest wall = 3</td> <td>> 10 mm = c</td> </tr> <tr> <td>Other site(s)</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</td> <td><input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c</td> </tr> </table>				Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)	In profile	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a	Face on	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b	Diaphragm	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3	> 10 mm = c	Other site(s)	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c
Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)																								
In profile	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a																								
Face on	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b																								
Diaphragm	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3	> 10 mm = c																								
Other site(s)	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c																								
<p>3C. COSTOPHRENIC ANGLE OBLITERATION <input type="checkbox"/> R <input type="checkbox"/> L Proceed to Section 3D NO <input type="checkbox"/> Proceed to Section 4A</p>																												
<p>3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Chest wall</td> <td style="width: 25%;">Site</td> <td style="width: 25%;">Calcification</td> <td style="width: 25%;">Extent (chest wall; combined for in profile and face on)</td> <td style="width: 20%;">Width (in profile only) (3mm minimum width required)</td> </tr> <tr> <td>In profile</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td>Up to 1/4 of lateral chest wall = 1</td> <td>3 to 5 mm = a</td> </tr> <tr> <td>Face on</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td>1/4 to 1/2 of lateral chest wall = 2</td> <td>5 to 10 mm = b</td> </tr> <tr> <td></td> <td></td> <td></td> <td>> 1/2 of lateral chest wall = 3</td> <td>> 10 mm = c</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</td> <td><input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c</td> </tr> </table>				Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)	In profile	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a	Face on	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b				> 1/2 of lateral chest wall = 3	> 10 mm = c				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c
Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)																								
In profile	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a																								
Face on	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b																								
			> 1/2 of lateral chest wall = 3	> 10 mm = c																								
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c																								
<p>4A. ANY OTHER ABNORMALITIES? YES <input type="checkbox"/> Complete Sections 4B, 4C, 4D, 4E NO <input checked="" type="checkbox"/> Proceed to Section 5</p>																												
<p>4B. OTHER SYMBOLS (OBLIGATORY)</p> <p><input type="checkbox"/> aa <input type="checkbox"/> at <input type="checkbox"/> ax <input type="checkbox"/> bu <input type="checkbox"/> ca <input type="checkbox"/> cg <input type="checkbox"/> cn <input type="checkbox"/> co <input type="checkbox"/> cp <input type="checkbox"/> cv <input type="checkbox"/> di <input type="checkbox"/> ef <input type="checkbox"/> em <input type="checkbox"/> es <input type="checkbox"/> fr <input type="checkbox"/> hi <input type="checkbox"/> ho <input type="checkbox"/> id <input type="checkbox"/> ih <input type="checkbox"/> kl <input type="checkbox"/> me <input type="checkbox"/> pa <input type="checkbox"/> pb <input type="checkbox"/> pi <input type="checkbox"/> px <input type="checkbox"/> ra <input type="checkbox"/> rp <input type="checkbox"/> tb</p> <p><input type="checkbox"/> OD If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D) (See reverse for other symbol definitions.)</p> <p align="right">Date Physician or Worker notified? (mm-dd-yyyy)</p>																												
<p>4E. Should worker see personal physician because of findings in section 4? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Proceed to Section 5</p>																												

4B. Other Symbol Definitions

Each of the following definition of symbols assumes an introductory qualifying word or phrase such as "changes indicative of" or "opacities suggestive of", or "suspect."

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae(e)	ih	ill-defined heart border - should be recorded only if the length of the heart border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
- Fracture, healed (non-rib)
- Fracture, not healed (non-rib)
- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
- Density, lung
- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

READER'S INITIALS

--	--	--

DATE OF READING (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

STATE

ZIP CODE

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

CHEST RADIOGRAPH CLASSIFICATION

FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL & PREVENTION

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--	--	--

Full SSN is optional, last 4 digits are required.

Coal Workers' Health Surveillance Program
National Institute for Occupational Safety and Health
1000 Frederick Lane, MS LB208
Morgantown, WV 26508
FAX: 304-285-6058

FACILITY Number - Unit Number

						-			
--	--	--	--	--	--	---	--	--	--

EXAMINEE'S Name (Last, First MI)

39C

TYPE OF READING

A B F

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY	<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation	<input type="checkbox"/> Scapula Overlay
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor contrast	<input checked="" type="checkbox"/> Mottle
<input type="checkbox"/> U/R	<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Excessive Edge Enhancement	<input type="checkbox"/> Other (please specify)
(If not Grade 1, mark all boxes that apply)				

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES	b. ZONES	c. PROFUSION	2C. LARGE OPACITIES
a. SHAPE/SIZE	R L	0/- 0/0 0/1	SIZE
PRIMARY SECONDARY	UPPER	<input checked="" type="checkbox"/> 1/1 <input type="checkbox"/> 1/2	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
<input checked="" type="checkbox"/> s <input checked="" type="checkbox"/> s	MIDDLE	<input type="checkbox"/> 2/1 <input type="checkbox"/> 2/2 <input type="checkbox"/> 2/3	Proceed to Section 3A
<input type="checkbox"/> q <input type="checkbox"/> t	LOWER	<input type="checkbox"/> 3/2 <input type="checkbox"/> 3/3 <input type="checkbox"/> 3/+	
<input type="checkbox"/> r <input type="checkbox"/> u			

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B-E and 5. NO Complete Section 5.

5. NIOSH Reader ID	READER'S INITIALS	DATE OF READING (mm-dd-yyyy)
<input type="checkbox"/>	<input type="checkbox"/>	07 - 05 - 2023
(Leave ID Number blank if you are not a NIOSH A or B Reader)		
<input type="checkbox"/>		
SIGNATURE	PRINTED NAME (LAST, FIRST MIDDLE)	
STREET ADDRESS	CITY	STATE ZIP CODE

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

CHEST RADIOGRAPH CLASSIFICATION

FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL & PREVENTION

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--

Full SSN is optional, last 4 digits are required.

Coal Workers' Health Surveillance Program
National Institute for Occupational Safety and Health
1000 Frederick Lane, MS LB208
Morgantown, WV 26508
FAX: 304-285-6058

FACILITY Number - Unit Number

						-			
--	--	--	--	--	--	---	--	--	--

EXAMINEE'S Name (Last, First MI)

39D

TYPE OF READING

A B F

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY	<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation	<input type="checkbox"/> Scapula Overlay
<input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> U/R	<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor contrast	<input type="checkbox"/> Mottle	Other (please specify)
(If not Grade 1, mark all boxes that apply)	<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Excessive Edge Enhancement	<input type="checkbox"/>

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES	b. ZONES	c. PROFUSION	2C. LARGE OPACITIES
a. SHAPE/SIZE	R L	0/- 0/0 0/1	SIZE
PRIMARY SECONDARY	UPPER	1/0 <input checked="" type="checkbox"/> 1/2	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
<input checked="" type="checkbox"/> s <input type="checkbox"/> p <input checked="" type="checkbox"/>	MIDDLE	2/1 2/2 2/3	Proceed to Section 3A
<input type="checkbox"/> q <input type="checkbox"/> t <input type="checkbox"/> q <input type="checkbox"/> t	LOWER	3/2 3/3 3/+	
<input type="checkbox"/> r <input type="checkbox"/> u <input type="checkbox"/> r <input type="checkbox"/> u			

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input checked="" type="checkbox"/> R <input type="checkbox"/> L	<input checked="" type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input checked="" type="checkbox"/> R <input type="checkbox"/> L	<input checked="" type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	<input checked="" type="checkbox"/> R <input type="checkbox"/> L	<input checked="" type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	<input checked="" type="checkbox"/> R <input type="checkbox"/> L	<input checked="" type="checkbox"/> R <input type="checkbox"/> L	<input checked="" type="checkbox"/> R <input type="checkbox"/> L	<input checked="" type="checkbox"/> R <input type="checkbox"/> L
			1 2 3 1 2 3	a b c a b c

3C. COSTOPHRENIC ANGLE OBLITERATION L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input checked="" type="checkbox"/> R <input type="checkbox"/> L	<input checked="" type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input checked="" type="checkbox"/> R <input type="checkbox"/> L	<input checked="" type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c
			<input checked="" type="checkbox"/> R <input type="checkbox"/> L	<input checked="" type="checkbox"/> R <input type="checkbox"/> L
			1 2 3 1 2 3	a b c a b c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B-E and 5. NO Complete Section 5.

5. NIOSH Reader ID	READER'S INITIALS	DATE OF READING (mm-dd-yyyy)
<input type="text"/>	<input type="text"/>	07 - 05 - 2023
(Leave ID Number blank if you are not a NIOSH A or B Reader)		
<input type="text"/>	PRINTED NAME (LAST, FIRST MIDDLE)	
SIGNATURE	<input type="text"/>	<input type="text"/>
STREET ADDRESS	CITY	STATE ZIP CODE

4B. Other Symbol Definitions

Each of the following definition of symbols assumes an introductory qualifying word or phrase such as "changes indicative of" or "opacities suggestive of", or "suspect."

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae(e)	ih	ill-defined heart border - should be recorded only if the length of the heart border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
- Fracture, healed (non-rib)
- Fracture, not healed (non-rib)
- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
- Density, lung
- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

READER'S INITIALS

--	--	--

DATE OF READING (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

--	--

STATE

--	--	--	--	--	--

ZIP CODE

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

CHEST RADIOGRAPH CLASSIFICATION
FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

Coal Workers' Health Surveillance Program
 National Institute for Occupational Safety and Health
 1095 Willowdale Road, MS LB208
 Morgantown, WV 26505

CDC/NIOSH (M) 2.8
 REV. 12/2013

DATE OF RADIOGRAPH (mm-dd-yyyy)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TYPE OF READING A B F

FACILITY ID#

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY Overexposed (dark) Improper position Underinflation
 Underexposed (light) Poor contrast Mottle
 Artifacts Poor processing Other (please specify) _____

(If not Grade 1, mark all boxes that apply)

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

<p>2B. SMALL OPACITIES</p> <p>a. SHAPE/SIZE</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">PRIMARY</td> <td style="width: 50%; text-align: center;">SECONDARY</td> </tr> <tr> <td style="text-align: center;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">p</td><td style="width: 20px; height: 20px; text-align: center;">s</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">t</td><td style="width: 20px; height: 20px; text-align: center;">u</td></tr> </table> </td> <td style="text-align: center;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">p</td><td style="width: 20px; height: 20px; text-align: center;">s</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">t</td><td style="width: 20px; height: 20px; text-align: center;">u</td></tr> </table> </td> </tr> </table> <p>b. ZONES</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;">R</td> <td style="width: 50%; text-align: center;">L</td> </tr> <tr> <td style="text-align: center;">UPPER</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">MIDDLE</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">LOWER</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p>c. PROFUSION</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">0/-</td> <td style="width: 33%; text-align: center;">0/0</td> <td style="width: 33%; text-align: center;">0/1</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">2/1</td> <td style="text-align: center;">2/2</td> <td style="text-align: center;">2/3</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">3/2</td> <td style="text-align: center;">3/3</td> <td style="text-align: center;">3/+</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	PRIMARY	SECONDARY	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">p</td><td style="width: 20px; height: 20px; text-align: center;">s</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">t</td><td style="width: 20px; height: 20px; text-align: center;">u</td></tr> </table>	p	s	t	u	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">p</td><td style="width: 20px; height: 20px; text-align: center;">s</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">t</td><td style="width: 20px; height: 20px; text-align: center;">u</td></tr> </table>	p	s	t	u		R	L	UPPER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	MIDDLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	LOWER	<input type="checkbox"/>	<input type="checkbox"/>	0/-	0/0	0/1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2/1	2/2	2/3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3/2	3/3	3/+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>2C. LARGE OPACITIES</p> <p>SIZE <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Proceed to Section 3A</p>
PRIMARY	SECONDARY																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">p</td><td style="width: 20px; height: 20px; text-align: center;">s</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">t</td><td style="width: 20px; height: 20px; text-align: center;">u</td></tr> </table>	p	s	t	u	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">p</td><td style="width: 20px; height: 20px; text-align: center;">s</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">t</td><td style="width: 20px; height: 20px; text-align: center;">u</td></tr> </table>	p	s	t	u																																		
p	s																																										
t	u																																										
p	s																																										
t	u																																										
	R	L																																									
UPPER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																																									
MIDDLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																																									
LOWER	<input type="checkbox"/>	<input type="checkbox"/>																																									
0/-	0/0	0/1																																									
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																																									
2/1	2/2	2/3																																									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																									
3/2	3/3	3/+																																									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																									

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)														
Chest wall																		
In profile	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">O</td><td style="width: 20px; height: 20px; text-align: center;">R</td><td style="width: 20px; height: 20px; text-align: center;">L</td></tr> </table>	O	R	L	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">O</td><td style="width: 20px; height: 20px; text-align: center;">R</td><td style="width: 20px; height: 20px; text-align: center;">L</td></tr> </table>	O	R	L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a								
O	R	L																
O	R	L																
Face on	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">O</td><td style="width: 20px; height: 20px; text-align: center;">R</td><td style="width: 20px; height: 20px; text-align: center;">L</td></tr> </table>	O	R	L	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">O</td><td style="width: 20px; height: 20px; text-align: center;">R</td><td style="width: 20px; height: 20px; text-align: center;">L</td></tr> </table>	O	R	L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b								
O	R	L																
O	R	L																
Diaphragm	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">O</td><td style="width: 20px; height: 20px; text-align: center;">R</td><td style="width: 20px; height: 20px; text-align: center;">L</td></tr> </table>	O	R	L	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">O</td><td style="width: 20px; height: 20px; text-align: center;">R</td><td style="width: 20px; height: 20px; text-align: center;">L</td></tr> </table>	O	R	L	> 1/2 of lateral chest wall = 3	> 10 mm = c								
O	R	L																
O	R	L																
Other site(s)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">O</td><td style="width: 20px; height: 20px; text-align: center;">R</td><td style="width: 20px; height: 20px; text-align: center;">L</td></tr> </table>	O	R	L	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">O</td><td style="width: 20px; height: 20px; text-align: center;">R</td><td style="width: 20px; height: 20px; text-align: center;">L</td></tr> </table>	O	R	L	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">O R</td> <td style="width: 33%; text-align: center;">O L</td> </tr> <tr> <td style="width: 33%; text-align: center;">1 2 3</td> <td style="width: 33%; text-align: center;">1 2 3</td> </tr> </table>	O R	O L	1 2 3	1 2 3	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">O R</td> <td style="width: 33%; text-align: center;">O L</td> </tr> <tr> <td style="width: 33%; text-align: center;">a b c</td> <td style="width: 33%; text-align: center;">a b c</td> </tr> </table>	O R	O L	a b c	a b c
O	R	L																
O	R	L																
O R	O L																	
1 2 3	1 2 3																	
O R	O L																	
a b c	a b c																	

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)						
Chest wall										
In profile	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">O</td><td style="width: 20px; height: 20px; text-align: center;">R</td><td style="width: 20px; height: 20px; text-align: center;">L</td></tr> </table>	O	R	L	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">O</td><td style="width: 20px; height: 20px; text-align: center;">R</td><td style="width: 20px; height: 20px; text-align: center;">L</td></tr> </table>	O	R	L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
O	R	L								
O	R	L								
Face on	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">O</td><td style="width: 20px; height: 20px; text-align: center;">R</td><td style="width: 20px; height: 20px; text-align: center;">L</td></tr> </table>	O	R	L	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">O</td><td style="width: 20px; height: 20px; text-align: center;">R</td><td style="width: 20px; height: 20px; text-align: center;">L</td></tr> </table>	O	R	L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
O	R	L								
O	R	L								
			> 1/2 of lateral chest wall = 3	> 10 mm = c						

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)

aa	at	ax	bu	ca	cg	cn	co	cp	cv	di	ef	em	es	fr	hi	ho	id	ih	kl	me	pa	pb	pi	px	ra	rp	tb
----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

OD If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D)
 (See reverse for other symbol definitions.) Date Physician or Worker notified? (mm-dd-yyyy)

4E. Should worker see personal physician because of findings in section 4? YES NO Proceed to Section 5

4B. Other Symbol Definitions

Each of the following definition of symbols assumes an introductory qualifying word or phrase such as "changes indicative of" or "opacities suggestive of", or "suspect."

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae(e)	ih	ill-defined heart border - should be recorded only if the length of the heart border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
- Fracture, healed (non-rib)
- Fracture, not healed (non-rib)
- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
- Density, lung
- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

					-								
--	--	--	--	--	---	--	--	--	--	--	--	--	--

* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

READER'S INITIALS

--	--	--

DATE OF READING (mm-dd-yyyy)

		-			-					
--	--	---	--	--	---	--	--	--	--	--

SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

--	--

STATE

--	--	--	--	--	--

ZIP CODE

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

4B. Other Symbol Definitions

Each of the following definition of symbols assumes an introductory qualifying word or phrase such as "changes indicative of" or "opacities suggestive of", or "suspect."

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae(e)	ih	ill-defined heart border - should be recorded only if the length of the heart border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
- Fracture, healed (non-rib)
- Fracture, not healed (non-rib)
- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
- Density, lung
- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

READER'S INITIALS

--	--	--

DATE OF READING (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

--	--

STATE

--	--	--	--	--	--

ZIP CODE

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

CHEST RADIOGRAPH CLASSIFICATION

FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL & PREVENTION

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--

Full SSN is optional, last 4 digits are required.

Coal Workers' Health Surveillance Program
National Institute for Occupational Safety and Health
1000 Frederick Lane, MS LB208
Morgantown, WV 26508
FAX: 304-285-6058

FACILITY Number - Unit Number

						-			
--	--	--	--	--	--	---	--	--	--

EXAMINEE'S Name (Last, First MI)

40D

TYPE OF READING

A B F

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY	<input checked="" type="checkbox"/> Overexposed (dark)	<input checked="" type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation	<input type="checkbox"/> Scapula Overlay
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> U/R	<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor contrast
(If not Grade 1, mark all boxes that apply)		<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Mottle
		<input type="checkbox"/> Excessive Edge Enhancement	<input type="checkbox"/> Other (please specify)	

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES	b. ZONES	c. PROFUSION	2C. LARGE OPACITIES
a. SHAPE/SIZE	R L	0/- 0/0 0/1	SIZE O A B C Proceed to Section 3A
PRIMARY SECONDARY	UPPER	1/0 1/1 1/2	
p s q t r u	<input type="checkbox"/> <input type="checkbox"/>	2/1 2/2 2/3	
	MIDDLE	3/2 3/3 3/+	
	<input type="checkbox"/> <input type="checkbox"/>		
	LOWER		
	<input type="checkbox"/> <input type="checkbox"/>		

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
Chest wall	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
In profile Site Calcification	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
O R L O R L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Face on O R L O R L	O R O L	O R O L
Diaphragm O R L O R L	1 2 3 1 2 3	a b c a b c
Other site(s) O R L O R L		

3C. COSTOPHRENIC ANGLE OBLITERATION **R** **L** Proceed to Section 3D YES NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
Chest wall	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
In profile Site Calcification	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
O R L O R L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Face on O R L O R L	O R O L	O R O L
	1 2 3 1 2 3	a b c a b c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B-E and 5. NO Complete Section 5.

5. NIOSH Reader ID	READER'S INITIALS	DATE OF READING (mm-dd-yyyy)
<input type="text"/>	<input type="text"/>	07 - 16 - 2023
(Leave ID Number blank if you are not a NIOSH A or B Reader)		
<input type="text"/>	<input type="text"/>	
SIGNATURE	PRINTED NAME (LAST, FIRST MIDDLE)	
<input type="text"/>	<input type="text"/>	
STREET ADDRESS	CITY	STATE ZIP CODE

40D

4B. OTHER SYMBOLS (OBLIGATORY)

aa at ax bu ca cg cn co cp cv di ef em es fr hi ho id ih kl me pa pb pi px ra rp tb

Grid of 24 empty boxes for marking symbols.

Table mapping symbols to medical terms: aa atherosclerotic aorta, at significant apical pleural thickening, ax coalescence of small opacities, bu bulla(e), ca cancer, thoracic malignancies, cg calcified non-pneumoconiotic nodules, cn calcification in small pneumoconiotic opacities, co abnormality of cardiac size or shape, cp cor pulmonale, cv cavity, di marked distortion of an intrathoracic structure, ef pleural effusion, em emphysema, es eggshell calcification of hilar or mediastinal lymph nodes, fr fractured rib(s), hi enlargement of non-calcified hilar or mediastinal lymph nodes, ho honeycomb lung, id ill-defined diaphragm border, ih ill-defined heart border, kl septal (Kerley) lines, me mesothelioma, pa plate atelectasis, pb parenchymal bands, pi pleural thickening of an interlobar fissure, px pneumothorax, ra rounded atelectasis, rp rheumatoid pneumoconiosis, tb tuberculosis.

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
Fracture, healed (non-rib)
Fracture, not healed (non-rib)
Scoliosis
Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
Density, lung
Infiltrate
Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
Post-surgical changes/sternal wire
Cyst

Vascular Disorders

- Aorta, anomaly of
Vascular abnormality

Date Physician or Worker notified? (mm-dd-yyyy)

4E. Should worker see personal physician because of findings? YES [X] NO []

Date notification grid: []-[]-[]-[]-[]-[]

4D. OTHER COMMENTS

1 cm density at anterior end of R 4th rib. possible nodule or nipple shadow. Suggest follow up.

Four horizontal lines for additional comments.

4B. Other Symbol Definitions

Each of the following definition of symbols assumes an introductory qualifying word or phrase such as "changes indicative of" or "opacities suggestive of", or "suspect."

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae(e)	ih	ill-defined heart border - should be recorded only if the length of the heart border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
- Fracture, healed (non-rib)
- Fracture, not healed (non-rib)
- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
- Density, lung
- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

READER'S INITIALS

--	--	--

DATE OF READING (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

STATE

ZIP CODE

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

4B. Other Symbol Definitions

Each of the following definition of symbols assumes an introductory qualifying word or phrase such as "changes indicative of" or "opacities suggestive of", or "suspect."

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae(e)	ih	ill-defined heart border - should be recorded only if the length of the heart border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
- Fracture, healed (non-rib)
- Fracture, not healed (non-rib)
- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
- Density, lung
- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

					-			-				
--	--	--	--	--	---	--	--	---	--	--	--	--

* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

READER'S INITIALS

--	--	--

DATE OF READING (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

--	--

STATE

--	--	--	--	--	--

ZIP CODE

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

CHEST RADIOGRAPH CLASSIFICATION
FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

Coal Workers' Health Surveillance Program
 National Institute for Occupational Safety and Health
 1095 Willowdale Road, MS LB208
 Morgantown, WV 26505

CDC/NIOSH (M) 2.8
 REV. 12/2013

DATE OF RADIOGRAPH (mm-dd-yyyy)

--	--	--	--	--	--	--	--	--	--	--	--

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--	--	--

TYPE OF READING A B F

FACILITY ID#

--	--	--	--	--	--	--	--	--	--	--	--

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

<p>1. IMAGE QUALITY <input type="checkbox"/> Overexposed (dark) <input type="checkbox"/> Improper position <input type="checkbox"/> Underinflation</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> U/R <input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Poor contrast <input type="checkbox"/> Mottle</p> <p>(If not Grade 1, mark all boxes that apply) <input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input type="checkbox"/> Other (please specify) _____</p>																												
<p>2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES <input checked="" type="checkbox"/> Complete Sections 2B and 2C NO <input type="checkbox"/> Proceed to Section 3A</p>																												
<p>2B. SMALL OPACITIES</p> <p>a. SHAPE/SIZE</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50px;">PRIMARY</td> <td style="width: 50px;">SECONDARY</td> </tr> <tr> <td><input type="checkbox"/> p <input type="checkbox"/> s</td> <td><input type="checkbox"/> p <input type="checkbox"/> s</td> </tr> <tr> <td><input type="checkbox"/> q <input type="checkbox"/> t</td> <td><input checked="" type="checkbox"/> t <input type="checkbox"/> t</td> </tr> <tr> <td><input checked="" type="checkbox"/> u <input type="checkbox"/> u</td> <td><input type="checkbox"/> r <input type="checkbox"/> u</td> </tr> </table>		PRIMARY	SECONDARY	<input type="checkbox"/> p <input type="checkbox"/> s	<input type="checkbox"/> p <input type="checkbox"/> s	<input type="checkbox"/> q <input type="checkbox"/> t	<input checked="" type="checkbox"/> t <input type="checkbox"/> t	<input checked="" type="checkbox"/> u <input type="checkbox"/> u	<input type="checkbox"/> r <input type="checkbox"/> u	<p>b. ZONES</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td>R</td> <td>L</td> </tr> <tr> <td>UPPER</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>MIDDLE</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>LOWER</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			R	L	UPPER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	MIDDLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	LOWER	<input type="checkbox"/>	<input type="checkbox"/>					
PRIMARY	SECONDARY																											
<input type="checkbox"/> p <input type="checkbox"/> s	<input type="checkbox"/> p <input type="checkbox"/> s																											
<input type="checkbox"/> q <input type="checkbox"/> t	<input checked="" type="checkbox"/> t <input type="checkbox"/> t																											
<input checked="" type="checkbox"/> u <input type="checkbox"/> u	<input type="checkbox"/> r <input type="checkbox"/> u																											
	R	L																										
UPPER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
MIDDLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																										
LOWER	<input type="checkbox"/>	<input type="checkbox"/>																										
		<p>c. PROFUSION</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>0/-</td> <td>0/0</td> <td>0/1</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1/1</td> <td>1/2</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>2/1</td> <td>2/2</td> <td>2/3</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3/2</td> <td>3/3</td> <td>3/+</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		0/-	0/0	0/1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/1	1/2		<input type="checkbox"/>	<input type="checkbox"/>		2/1	2/2	2/3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3/2	3/3	3/+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0/-	0/0	0/1																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
1/1	1/2																											
<input type="checkbox"/>	<input type="checkbox"/>																											
2/1	2/2	2/3																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
3/2	3/3	3/+																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
<p>2C. LARGE OPACITIES</p> <p>SIZE <input checked="" type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Proceed to Section 3A</p>																												
<p>3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES <input type="checkbox"/> Complete Sections 3B, 3C NO <input checked="" type="checkbox"/> Proceed to Section 4A</p>																												
<p>3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Chest wall</td> <td style="width: 25%;">Site</td> <td style="width: 25%;">Calcification</td> <td style="width: 25%;">Extent (chest wall; combined for in profile and face on)</td> <td style="width: 25%;">Width (in profile only) (3mm minimum width required)</td> </tr> <tr> <td>In profile</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td>Up to 1/4 of lateral chest wall = 1</td> <td>3 to 5 mm = a</td> </tr> <tr> <td>Face on</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td>1/4 to 1/2 of lateral chest wall = 2</td> <td>5 to 10 mm = b</td> </tr> <tr> <td>Diaphragm</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td>> 1/2 of lateral chest wall = 3</td> <td>> 10 mm = c</td> </tr> <tr> <td>Other site(s)</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</td> <td><input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c</td> </tr> </table>				Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)	In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a	Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b	Diaphragm	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3	> 10 mm = c	Other site(s)	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c
Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)																								
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a																								
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b																								
Diaphragm	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3	> 10 mm = c																								
Other site(s)	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c																								
<p>3C. COSTOPHRENIC ANGLE OBLITERATION <input type="checkbox"/> R <input type="checkbox"/> L Proceed to Section 3D NO <input type="checkbox"/> Proceed to Section 4A</p>																												
<p>3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Chest wall</td> <td style="width: 25%;">Site</td> <td style="width: 25%;">Calcification</td> <td style="width: 25%;">Extent (chest wall; combined for in profile and face on)</td> <td style="width: 25%;">Width (in profile only) (3mm minimum width required)</td> </tr> <tr> <td>In profile</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td>Up to 1/4 of lateral chest wall = 1</td> <td>3 to 5 mm = a</td> </tr> <tr> <td>Face on</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td>1/4 to 1/2 of lateral chest wall = 2</td> <td>5 to 10 mm = b</td> </tr> <tr> <td></td> <td></td> <td></td> <td>> 1/2 of lateral chest wall = 3</td> <td>> 10 mm = c</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</td> <td><input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c</td> </tr> </table>				Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)	In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a	Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b				> 1/2 of lateral chest wall = 3	> 10 mm = c				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c
Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)																								
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a																								
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b																								
			> 1/2 of lateral chest wall = 3	> 10 mm = c																								
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c																								
<p>4A. ANY OTHER ABNORMALITIES? YES <input checked="" type="checkbox"/> Complete Sections 4B, 4C, 4D, 4E NO <input type="checkbox"/> Proceed to Section 5</p>																												
<p>4B. OTHER SYMBOLS (OBLIGATORY)</p> <p><input checked="" type="checkbox"/> at <input type="checkbox"/> ax <input type="checkbox"/> bu <input type="checkbox"/> ca <input type="checkbox"/> cg <input type="checkbox"/> cn <input type="checkbox"/> co <input type="checkbox"/> cp <input type="checkbox"/> cv <input type="checkbox"/> di <input type="checkbox"/> ef <input type="checkbox"/> em <input type="checkbox"/> es <input type="checkbox"/> fr <input type="checkbox"/> hi <input type="checkbox"/> ho <input type="checkbox"/> id <input type="checkbox"/> ih <input type="checkbox"/> kl <input type="checkbox"/> me <input type="checkbox"/> pa <input type="checkbox"/> pb <input type="checkbox"/> pi <input type="checkbox"/> px <input type="checkbox"/> ra <input type="checkbox"/> rp <input type="checkbox"/> tb</p> <p><input type="checkbox"/> OD If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D) (See reverse for other symbol definitions.)</p> <p align="right">Date Physician or Worker notified? (mm-dd-yyyy)</p>																												
<p>4E. Should worker see personal physician because of findings in section 4? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>Proceed to Section 5</p>																												

4B. Other Symbol Definitions

Each of the following definition of symbols assumes an introductory qualifying word or phrase such as "changes indicative of" or "opacities suggestive of", or "suspect."

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae(e)	ih	ill-defined heart border - should be recorded only if the length of the heart border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
- Fracture, healed (non-rib)
- Fracture, not healed (non-rib)
- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
- Density, lung
- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

READER'S INITIALS

--	--	--

DATE OF READING (mm-dd-yyyy)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

STATE

ZIP CODE

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

CHEST RADIOGRAPH CLASSIFICATION
FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

Coal Workers' Health Surveillance Program
 National Institute for Occupational Safety and Health
 1095 Willowdale Road, MS LB208
 Morgantown, WV 26505

CDC/NIOSH (M) 2.8
 REV. 12/2013

EXAMINEE'S Social Security Number

		-			-				
--	--	---	--	--	---	--	--	--	--

TYPE OF READING A B F

FACILITY ID#

		4	1	D
--	--	---	---	---

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY <input type="checkbox"/> Overexposed (dark) <input type="checkbox"/> Improper position <input type="checkbox"/> Underinflation <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> J/R <input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Poor contrast <input type="checkbox"/> Mottle (If not Grade 1, mark all boxes that apply) <input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input type="checkbox"/> Other (please specify)	_____ _____ _____
---	-------------------------

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES a. SHAPE/SIZE PRIMARY SECONDARY <table style="width:100%; text-align:center;"> <tr> <td style="width:15px;">p</td><td style="width:15px;">s</td><td style="width:15px;">p</td><td style="width:15px;">s</td> </tr> <tr> <td>q</td><td>t</td><td>q</td><td>t</td> </tr> <tr> <td><input checked="" type="checkbox"/> u</td><td><input checked="" type="checkbox"/> u</td><td><input checked="" type="checkbox"/> u</td><td><input checked="" type="checkbox"/> u</td> </tr> </table> b. ZONES R L UPPER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> MIDDLE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> LOWER <input checked="" type="checkbox"/> <input type="checkbox"/>	p	s	p	s	q	t	q	t	<input checked="" type="checkbox"/> u	<input checked="" type="checkbox"/> u	<input checked="" type="checkbox"/> u	<input checked="" type="checkbox"/> u	c. PROFUSION <table style="width:100%; text-align:center;"> <tr> <td>0/-</td><td>0/0</td><td>0/1</td> </tr> <tr> <td>1/0</td><td><input checked="" type="checkbox"/> 1/1</td><td>1/2</td> </tr> <tr> <td>2/1</td><td>2/2</td><td>2/3</td> </tr> <tr> <td>3/2</td><td>3/3</td><td>3/+</td> </tr> </table>	0/-	0/0	0/1	1/0	<input checked="" type="checkbox"/> 1/1	1/2	2/1	2/2	2/3	3/2	3/3	3/+	2C. LARGE OPACITIES SIZE <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Proceed to Section 3A
p	s	p	s																							
q	t	q	t																							
<input checked="" type="checkbox"/> u	<input checked="" type="checkbox"/> u	<input checked="" type="checkbox"/> u	<input checked="" type="checkbox"/> u																							
0/-	0/0	0/1																								
1/0	<input checked="" type="checkbox"/> 1/1	1/2																								
2/1	2/2	2/3																								
3/2	3/3	3/+																								

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)
 aa at bu ca cg cn co cp cv di ef em es fr hi ho id ih kl me pa pb pi px ra rp tb

OD If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D)
 (See reverse for other symbol definitions.)

Date Physician or Worker notified? (mm-dd-yyyy)

4E. Should worker see personal physician because of findings in section 4? YES NO

		-			-				
--	--	---	--	--	---	--	--	--	--

4B. Other Symbol Definitions

Each of the following definition of symbols assumes an introductory qualifying word or phrase such as "changes indicative of" or "opacities suggestive of", or "suspect."

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae(e)	ih	ill-defined heart border - should be recorded only if the length of the heart border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
- Fracture, healed (non-rib)
- Fracture, not healed (non-rib)
- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
- Density, lung
- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

					-			-				
--	--	--	--	--	---	--	--	---	--	--	--	--

* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

READER'S INITIALS

--	--	--

DATE OF READING (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

STATE

ZIP CODE

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

CHEST RADIOGRAPH CLASSIFICATION
FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Coal Workers' Health Surveillance Program
 National Institute for Occupational Safety and Health
 1095 Willowdale Road, MS LB208
 Morgantown, WV 26505

CDC/NIOSH (M) 2.8
 REV. 12/2013

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FACILITY ID#

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TYPE OF READING A B F

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY <input type="checkbox"/> Overexposed (dark) <input type="checkbox"/> Improper position <input type="checkbox"/> Underinflation <input checked="" type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> U/R <input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Poor contrast <input type="checkbox"/> Mottle (If not Grade 1, mark all boxes that apply) <input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input type="checkbox"/> Other (please specify) _____		
--	--	--

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES a. SHAPE/SIZE PRIMARY SECONDARY <table style="width:100%;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">p</td> <td style="width: 20px; height: 20px; text-align: center;">s</td> <td style="width: 20px; height: 20px; text-align: center;">p</td> <td style="width: 20px; height: 20px; text-align: center;">s</td> </tr> <tr> <td style="width: 20px; height: 20px; text-align: center;">q</td> <td style="width: 20px; height: 20px; text-align: center;">t</td> <td style="width: 20px; height: 20px; text-align: center;">q</td> <td style="width: 20px; height: 20px; text-align: center;">t</td> </tr> <tr> <td style="width: 20px; height: 20px; text-align: center;">r</td> <td style="width: 20px; height: 20px; text-align: center;">u</td> <td style="width: 20px; height: 20px; text-align: center;">r</td> <td style="width: 20px; height: 20px; text-align: center;">u</td> </tr> </table> b. ZONES R L UPPER <input type="checkbox"/> <input type="checkbox"/> MIDDLE <input type="checkbox"/> <input type="checkbox"/> LOWER <input type="checkbox"/> <input type="checkbox"/> c. PROFUSION <table style="width:100%;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">0/-</td> <td style="width: 20px; height: 20px; text-align: center;">0/0</td> <td style="width: 20px; height: 20px; text-align: center;">0/1</td> </tr> <tr> <td style="width: 20px; height: 20px; text-align: center;">1/0</td> <td style="width: 20px; height: 20px; text-align: center;">1/1</td> <td style="width: 20px; height: 20px; text-align: center;">1/2</td> </tr> <tr> <td style="width: 20px; height: 20px; text-align: center;">2/1</td> <td style="width: 20px; height: 20px; text-align: center;">2/2</td> <td style="width: 20px; height: 20px; text-align: center;">2/3</td> </tr> <tr> <td style="width: 20px; height: 20px; text-align: center;">3/2</td> <td style="width: 20px; height: 20px; text-align: center;">3/3</td> <td style="width: 20px; height: 20px; text-align: center;">3/+</td> </tr> </table>	p	s	p	s	q	t	q	t	r	u	r	u	0/-	0/0	0/1	1/0	1/1	1/2	2/1	2/2	2/3	3/2	3/3	3/+	2C. LARGE OPACITIES SIZE <input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Proceed to Section 3A
p	s	p	s																						
q	t	q	t																						
r	u	r	u																						
0/-	0/0	0/1																							
1/0	1/1	1/2																							
2/1	2/2	2/3																							
3/2	3/3	3/+																							

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width) Chest wall Site Calcification Extent (chest wall; combined for in profile and face on) Width (in profile only) (3mm minimum width required) In profile <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L Up to 1/4 of lateral chest wall = 1 3 to 5 mm = a Face on <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L 1/4 to 1/2 of lateral chest wall = 2 5 to 10 mm = b Diaphragm <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L > 1/2 of lateral chest wall = 3 <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> L > 10 mm = c Other site(s) <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c	
--	--

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width) Chest wall Site Calcification Extent (chest wall; combined for in profile and face on) Width (in profile only) (3mm minimum width required) In profile <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L Up to 1/4 of lateral chest wall = 1 3 to 5 mm = a Face on <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L 1/4 to 1/2 of lateral chest wall = 2 5 to 10 mm = b > 1/2 of lateral chest wall = 3 <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> L > 10 mm = c <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c	
---	--

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)
 aa at ax bu ca cg cn co cp cv di ef em es fr hi ho id ih kl me pa pb pi px ra rp tb

OD If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D)
 (See reverse for other symbol definitions.) Date Physician or Worker notified? (mm-dd-yyyy)

4E. Should worker see personal physician because of findings in section 4? YES NO

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

CHEST RADIOGRAPH CLASSIFICATION

FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL & PREVENTION

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--

Full SSN is optional, last 4 digits are required.

Coal Workers' Health Surveillance Program
National Institute for Occupational Safety and Health
1000 Frederick Lane, MS LB208
Morgantown, WV 26508
FAX: 304-285-6058

FACILITY Number - Unit Number

						-			
--	--	--	--	--	--	---	--	--	--

EXAMINEE'S Name (Last, First MI)

42B

TYPE OF READING

A B F

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY	<input type="checkbox"/> Overexposed (dark)	<input checked="" type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation	<input checked="" type="checkbox"/> Scapula Overlay
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> U/R	<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor contrast
(If not Grade 1, mark all boxes that apply)		<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Mottle
		<input type="checkbox"/> Excessive Edge Enhancement	<input type="checkbox"/> Other (please specify)	

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES	b. ZONES	c. PROFUSION	2C. LARGE OPACITIES
a. SHAPE/SIZE	R L	0/- 0/0 0/1	SIZE
PRIMARY SECONDARY	UPPER	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
<input type="checkbox"/> p <input checked="" type="checkbox"/> t	MIDDLE	<input type="checkbox"/> 1/1 <input type="checkbox"/> 1/2	Proceed to Section 3A
<input type="checkbox"/> q <input type="checkbox"/> s	LOWER	<input type="checkbox"/> 2/1 <input type="checkbox"/> 2/2 <input type="checkbox"/> 2/3	
<input type="checkbox"/> r <input type="checkbox"/> u		<input type="checkbox"/> 3/2 <input type="checkbox"/> 3/3 <input type="checkbox"/> 3/+	

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B-E and 5. NO Complete Section 5.

5. NIOSH Reader ID	READER'S INITIALS	DATE OF READING (mm-dd-yyyy)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	07 - 16 - 2023
(Leave ID Number blank if you are not a NIOSH A or B Reader)		
<input type="text"/>	<input type="text"/>	
SIGNATURE	PRINTED NAME (LAST, FIRST MIDDLE)	
<input type="text"/>	<input type="text"/>	
STREET ADDRESS	CITY	STATE ZIP CODE

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

CHEST RADIOGRAPH CLASSIFICATION

FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL & PREVENTION

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--

Full SSN is optional, last 4 digits are required.

Coal Workers' Health Surveillance Program
National Institute for Occupational Safety and Health
1000 Frederick Lane, MS LB208
Morgantown, WV 26508
FAX: 304-285-6058

FACILITY Number - Unit Number

						-			
--	--	--	--	--	--	---	--	--	--

EXAMINEE'S Name (Last, First MI)

42C

TYPE OF READING

A B F

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY	<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation	<input type="checkbox"/> Scapula Overlay
<input checked="" type="checkbox"/> 2	<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor contrast	<input type="checkbox"/> Mottle	Other (please specify)
<input type="checkbox"/> 3	<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Excessive Edge Enhancement	
(If not Grade 1, mark all boxes that apply)				

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES	b. ZONES	c. PROFUSION	2C. LARGE OPACITIES
a. SHAPE/SIZE	R L	0/- 0/0 0/1	SIZE
PRIMARY SECONDARY		1/0 1/2	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
p t q u	UPPER MIDDLE LOWER	2/1 2/2 2/3	Proceed to Section 3A
		3/2 3/3 3/4	

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	O R L	O R L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	O R L	O R L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	O R L	O R L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	O R L	O R L	1 2 3 1 2 3	a b c a b c

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	O R L	O R L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	O R L	O R L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c
			1 2 3 1 2 3	a b c a b c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B-E and 5. NO Complete Section 5.

5. NIOSH Reader ID	READER'S INITIALS	DATE OF READING (mm-dd-yyyy)
		07 - 16 - 2023
(Leave ID Number blank if you are not a NIOSH A or B Reader)		
SIGNATURE	PRINTED NAME (LAST, FIRST MIDDLE)	
STREET ADDRESS	CITY	STATE ZIP CODE

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

CHEST RADIOGRAPH CLASSIFICATION

FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL & PREVENTION

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--

Full SSN is optional, last 4 digits are required.

Coal Workers' Health Surveillance Program
National Institute for Occupational Safety and Health
1000 Frederick Lane, MS LB208
Morgantown, WV 26508
FAX: 304-285-6058

FACILITY Number - Unit Number

						-			
--	--	--	--	--	--	---	--	--	--

EXAMINEE'S Name (Last, First MI)

42D

TYPE OF READING

A B F

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY	<input type="checkbox"/> Overexposed (dark)	<input checked="" type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation	<input checked="" type="checkbox"/> Scapula Overlay
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> U/R	<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor contrast
(If not Grade 1, mark all boxes that apply)		<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Mottle
		<input type="checkbox"/> Excessive Edge Enhancement	<input type="checkbox"/> Other (please specify)	

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES	b. ZONES	c. PROFUSION	2C. LARGE OPACITIES
a. SHAPE/SIZE	R L	0/- 0/0 0/1	SIZE <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
PRIMARY SECONDARY	UPPER	1/0 <input checked="" type="checkbox"/> 1/2	Proceed to Section 3A
<input type="checkbox"/> p <input checked="" type="checkbox"/> t	MIDDLE	2/1 2/2 2/3	
<input type="checkbox"/> q <input checked="" type="checkbox"/> s	LOWER	3/2 3/3 3/+	
<input type="checkbox"/> r <input type="checkbox"/> u			

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input checked="" type="checkbox"/> X <input type="checkbox"/> L	<input type="checkbox"/> O <input checked="" type="checkbox"/> X <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> O <input checked="" type="checkbox"/> X <input checked="" type="checkbox"/> L	<input type="checkbox"/> O <input checked="" type="checkbox"/> X <input checked="" type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	<input type="checkbox"/> O <input checked="" type="checkbox"/> X <input type="checkbox"/> L	<input type="checkbox"/> O <input checked="" type="checkbox"/> X <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	<input type="checkbox"/> O <input checked="" type="checkbox"/> X <input type="checkbox"/> L	<input type="checkbox"/> O <input checked="" type="checkbox"/> X <input type="checkbox"/> L	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input checked="" type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B-E and 5. NO Complete Section 5.

5. NIOSH Reader ID	READER'S INITIALS	DATE OF READING (mm-dd-yyyy)
<input type="checkbox"/>	<input type="checkbox"/>	07 - 16 - 2023
(Leave ID Number blank if you are not a NIOSH A or B Reader)		
<input type="checkbox"/>		
SIGNATURE	PRINTED NAME (LAST, FIRST MIDDLE)	
STREET ADDRESS	CITY	STATE ZIP CODE

CHEST RADIOGRAPH CLASSIFICATION
FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

Coal Workers' Health Surveillance Program
 National Institute for Occupational Safety and Health
 1095 Willowdale Road, MS LB208
 Morgantown, WV 26505

CDC/NIOSH (M) 2.8
 REV. 12/2013

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

EXAMINEE'S Social Security Number

		-			-				
--	--	---	--	--	---	--	--	--	--

TYPE OF READING A B F

FACILITY ID#

		4	3	A
--	--	---	---	---

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY <input type="checkbox"/> Overexposed (dark) <input type="checkbox"/> Improper position <input type="checkbox"/> Underinflation <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> U/R <input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Poor contrast <input type="checkbox"/> Mottle (If not Grade 1, mark all boxes that apply) <input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input type="checkbox"/> Other (please specify)	_____ _____ _____
--	-------------------------

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B, 2C NO Proceed to Section 3A

2B. SMALL OPACITIES a. SHAPE/SIZE <table style="width:100%;"> <tr> <td style="width:33%;">PRIMARY</td> <td style="width:33%;">SECONDARY</td> <td style="width:34%;">b. ZONES</td> </tr> <tr> <td style="text-align:center;">p s</td> <td style="text-align:center;">p s</td> <td style="text-align:center;">R L</td> </tr> <tr> <td style="text-align:center;">q t</td> <td style="text-align:center;">q t</td> <td style="text-align:center;">UPPER</td> </tr> <tr> <td style="text-align:center;">r u</td> <td style="text-align:center;">r u</td> <td style="text-align:center;">MIDDLE</td> </tr> <tr> <td></td> <td></td> <td style="text-align:center;">LOWER</td> </tr> </table> c. PROFUSION <table style="width:100%; text-align:center;"> <tr> <td>0/-</td> <td>0/0</td> <td>0/1</td> </tr> <tr> <td>1/0</td> <td>1/1</td> <td>1/2</td> </tr> <tr> <td>2/1</td> <td>2/2</td> <td>2/3</td> </tr> <tr> <td>3/2</td> <td>3/3</td> <td>3/+</td> </tr> </table>	PRIMARY	SECONDARY	b. ZONES	p s	p s	R L	q t	q t	UPPER	r u	r u	MIDDLE			LOWER	0/-	0/0	0/1	1/0	1/1	1/2	2/1	2/2	2/3	3/2	3/3	3/+	2C. LARGE OPACITIES SIZE <input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Proceed to Section 3A
PRIMARY	SECONDARY	b. ZONES																										
p s	p s	R L																										
q t	q t	UPPER																										
r u	r u	MIDDLE																										
		LOWER																										
0/-	0/0	0/1																										
1/0	1/1	1/2																										
2/1	2/2	2/3																										
3/2	3/3	3/+																										

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES <i>(mark site, calcification, extent, and width)</i> Chest wall Site Calcification In profile <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L Face on <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L Diaphragm <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L Other site(s) <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Extent (chest wall; combined for in profile and face on) Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3 <table style="width:100%; text-align:center;"> <tr> <td><input type="checkbox"/> O</td> <td><input type="checkbox"/> R</td> <td><input type="checkbox"/> O</td> <td><input type="checkbox"/> L</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> </table>	<input type="checkbox"/> O	<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> L	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c <table style="width:100%; text-align:center;"> <tr> <td><input type="checkbox"/> O</td> <td><input type="checkbox"/> R</td> <td><input type="checkbox"/> O</td> <td><input type="checkbox"/> L</td> </tr> <tr> <td><input type="checkbox"/> a</td> <td><input type="checkbox"/> b</td> <td><input type="checkbox"/> c</td> <td><input type="checkbox"/> a</td> <td><input type="checkbox"/> b</td> <td><input type="checkbox"/> c</td> </tr> </table>	<input type="checkbox"/> O	<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> L	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c
<input type="checkbox"/> O	<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> L																			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3																	
<input type="checkbox"/> O	<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> L																			
<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c																	

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING <i>(mark site, calcification, extent, and width)</i> Chest wall Site Calcification In profile <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L Face on <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Extent (chest wall; combined for in profile and face on) Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3 <table style="width:100%; text-align:center;"> <tr> <td><input type="checkbox"/> O</td> <td><input type="checkbox"/> R</td> <td><input type="checkbox"/> O</td> <td><input type="checkbox"/> L</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> </table>	<input type="checkbox"/> O	<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> L	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c <table style="width:100%; text-align:center;"> <tr> <td><input type="checkbox"/> O</td> <td><input type="checkbox"/> R</td> <td><input type="checkbox"/> O</td> <td><input type="checkbox"/> L</td> </tr> <tr> <td><input type="checkbox"/> a</td> <td><input type="checkbox"/> b</td> <td><input type="checkbox"/> c</td> <td><input type="checkbox"/> a</td> <td><input type="checkbox"/> b</td> <td><input type="checkbox"/> c</td> </tr> </table>	<input type="checkbox"/> O	<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> L	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c
<input type="checkbox"/> O	<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> L																			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3																	
<input type="checkbox"/> O	<input type="checkbox"/> R	<input type="checkbox"/> O	<input type="checkbox"/> L																			
<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c																	

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)
 aa at ax bu ca cg cn co cp cv di ef em es fr hi ho id ih kl me pa pb pi px ra rp tb

OD If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D)
 (See reverse for other symbol definitions.)

Date Physician or Worker notified? (mm-dd-yyyy)

4E. Should worker see personal physician because of findings in section 4? YES NO

		-			-				
--	--	---	--	--	---	--	--	--	--

4B. Other Symbol Definitions

Each of the following definition of symbols assumes an introductory qualifying word or phrase such as "changes indicative of" or "opacities suggestive of", or "suspect."

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae(e)	ih	ill-defined heart border - should be recorded only if the length of the heart border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
- Fracture, healed (non-rib)
- Fracture, not healed (non-rib)
- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
- Density, lung
- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

READER'S INITIALS

--	--	--

DATE OF READING (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

STATE

ZIP CODE

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

CHEST RADIOGRAPH CLASSIFICATION
FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Coal Workers' Health Surveillance Program
 National Institute for Occupational Safety and Health
 1095 Willowdale Road, MS LB208
 Morgantown, WV 26505

CDC/NIOSH (M) 2.8
 REV. 12/2013

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TYPE OF READING A B F

FACILITY ID#

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY	<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation
<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> U/R	<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor contrast	<input checked="" type="checkbox"/> Mottle
(If not Grade 1, mark all boxes that apply)	<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Other (please specify) _____

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES <table style="width:100%;"> <tr> <td colspan="2" style="text-align:center;">a. SHAPE/SIZE</td> <td colspan="2" style="text-align:center;">b. ZONES</td> <td colspan="3" style="text-align:center;">c. PROFUSION</td> </tr> <tr> <td style="text-align:center;">PRIMARY</td> <td style="text-align:center;">SECONDARY</td> <td style="text-align:center;">R</td> <td style="text-align:center;">L</td> <td style="text-align:center;">0/-</td> <td style="text-align:center;">0/0</td> <td style="text-align:center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align:center;">p</td> <td style="text-align:center;">s</td> <td style="text-align:center;">UPPER</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;">1/0</td> <td style="text-align:center;">1/1</td> <td style="text-align:center;">1/2</td> </tr> <tr> <td style="text-align:center;">q</td> <td style="text-align:center;"><input checked="" type="checkbox"/></td> <td style="text-align:center;">MIDDLE</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;">2/1</td> <td style="text-align:center;">2/2</td> <td style="text-align:center;">2/3</td> </tr> <tr> <td style="text-align:center;">r</td> <td style="text-align:center;">u</td> <td style="text-align:center;">LOWER</td> <td style="text-align:center;"><input checked="" type="checkbox"/></td> <td style="text-align:center;">3/2</td> <td style="text-align:center;">3/3</td> <td style="text-align:center;">3/+</td> </tr> <tr> <td style="text-align:center;">p</td> <td style="text-align:center;">s</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align:center;">q</td> <td style="text-align:center;"><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align:center;">r</td> <td style="text-align:center;">u</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	a. SHAPE/SIZE		b. ZONES		c. PROFUSION			PRIMARY	SECONDARY	R	L	0/-	0/0	<input checked="" type="checkbox"/>	p	s	UPPER	<input type="checkbox"/>	1/0	1/1	1/2	q	<input checked="" type="checkbox"/>	MIDDLE	<input type="checkbox"/>	2/1	2/2	2/3	r	u	LOWER	<input checked="" type="checkbox"/>	3/2	3/3	3/+	p	s						q	<input checked="" type="checkbox"/>						r	u						2C. LARGE OPACITIES <p>SIZE <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Proceed to Section 3A</p>
a. SHAPE/SIZE		b. ZONES		c. PROFUSION																																																					
PRIMARY	SECONDARY	R	L	0/-	0/0	<input checked="" type="checkbox"/>																																																			
p	s	UPPER	<input type="checkbox"/>	1/0	1/1	1/2																																																			
q	<input checked="" type="checkbox"/>	MIDDLE	<input type="checkbox"/>	2/1	2/2	2/3																																																			
r	u	LOWER	<input checked="" type="checkbox"/>	3/2	3/3	3/+																																																			
p	s																																																								
q	<input checked="" type="checkbox"/>																																																								
r	u																																																								

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)			
Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)
In profile	<input type="checkbox"/> O <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L	<input type="checkbox"/> O <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1
Face on	<input checked="" type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input checked="" type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2
Diaphragm	<input type="checkbox"/> O <input type="checkbox"/> R <input checked="" type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input checked="" type="checkbox"/> L	> 1/2 of lateral chest wall = 3
Other site(s)	<input checked="" type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input checked="" type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 0 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3
			Width (in profile only) (3mm minimum width required)
			3 to 5 mm = a
			5 to 10 mm = b
			> 10 mm = c
			<input type="checkbox"/> 0 <input checked="" type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> 0 <input checked="" type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)			
Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2
			> 1/2 of lateral chest wall = 3
			<input type="checkbox"/> 0 <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> 0 <input type="checkbox"/> L
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
			Width (in profile only) (3mm minimum width required)
			3 to 5 mm = a
			5 to 10 mm = b
			> 10 mm = c
			<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)

<input type="checkbox"/> aa	<input type="checkbox"/> at	<input type="checkbox"/> ax	<input type="checkbox"/> bu	<input type="checkbox"/> ca	<input checked="" type="checkbox"/> ca	<input type="checkbox"/> cn	<input type="checkbox"/> co	<input type="checkbox"/> cp	<input type="checkbox"/> cv	<input type="checkbox"/> di	<input type="checkbox"/> ef	<input type="checkbox"/> em	<input type="checkbox"/> es	<input type="checkbox"/> fr	<input type="checkbox"/> hi	<input type="checkbox"/> ho	<input type="checkbox"/> id	<input type="checkbox"/> ih	<input type="checkbox"/> kl	<input type="checkbox"/> me	<input type="checkbox"/> pa	<input checked="" type="checkbox"/> pa	<input type="checkbox"/> pi	<input type="checkbox"/> px	<input type="checkbox"/> ra	<input type="checkbox"/> rp	<input type="checkbox"/> tb
-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

OD If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D)
 (See reverse for other symbol definitions.)

Date Physician or Worker notified? (mm-dd-yyyy)

4E. Should worker see personal physician because of findings in section 4? YES NO

CHEST RADIOGRAPH CLASSIFICATION
FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

Coal Workers' Health Surveillance Program
 National Institute for Occupational Safety and Health
 1095 Willowdale Road, MS LB208
 Morgantown, WV 26505

CDC/NIOSH (M) 2.8
 REV. 12/2013

EXAMINEE'S Social Security Number

		-			-				
--	--	---	--	--	---	--	--	--	--

TYPE OF READING A B F

FACILITY ID#

		4	3	C
--	--	---	---	---

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY <input type="checkbox"/> Overexposed (dark) <input type="checkbox"/> Improper position <input type="checkbox"/> Underinflation <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> U/R (If not Grade 1, mark all boxes that apply) <input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Poor contrast <input type="checkbox"/> Mottle <input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input type="checkbox"/> Other (please specify)	_____ _____ _____
--	-------------------------

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES a. SHAPE/SIZE <table style="width:100%;"> <tr> <td style="width:50%;">PRIMARY</td> <td style="width:50%;">SECONDARY</td> </tr> <tr> <td><input type="checkbox"/> p <input type="checkbox"/> s</td> <td><input type="checkbox"/> p <input type="checkbox"/> s</td> </tr> <tr> <td><input type="checkbox"/> q <input checked="" type="checkbox"/> X</td> <td><input type="checkbox"/> q <input checked="" type="checkbox"/> X</td> </tr> <tr> <td><input type="checkbox"/> r <input type="checkbox"/> u</td> <td><input type="checkbox"/> r <input type="checkbox"/> u</td> </tr> </table> b. ZONES <table style="width:100%;"> <tr> <td style="width:50%;">R</td> <td style="width:50%;">L</td> </tr> <tr> <td>UPPER</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>MIDDLE</td> <td><input checked="" type="checkbox"/> <input checked="" type="checkbox"/></td> </tr> <tr> <td>LOWER</td> <td><input checked="" type="checkbox"/> <input checked="" type="checkbox"/></td> </tr> </table> c. PROFUSION <table style="width:100%;"> <tr> <td style="width:33%;">0/-</td> <td style="width:33%;">0/0</td> <td style="width:33%;">0/1</td> </tr> <tr> <td><input checked="" type="checkbox"/> X</td> <td><input type="checkbox"/> 1/1</td> <td><input type="checkbox"/> 1/2</td> </tr> <tr> <td><input type="checkbox"/> 2/1</td> <td><input type="checkbox"/> 2/2</td> <td><input type="checkbox"/> 2/3</td> </tr> <tr> <td><input type="checkbox"/> 3/2</td> <td><input type="checkbox"/> 3/3</td> <td><input type="checkbox"/> 3/+</td> </tr> </table>	PRIMARY	SECONDARY	<input type="checkbox"/> p <input type="checkbox"/> s	<input type="checkbox"/> p <input type="checkbox"/> s	<input type="checkbox"/> q <input checked="" type="checkbox"/> X	<input type="checkbox"/> q <input checked="" type="checkbox"/> X	<input type="checkbox"/> r <input type="checkbox"/> u	<input type="checkbox"/> r <input type="checkbox"/> u	R	L	UPPER	<input type="checkbox"/> <input type="checkbox"/>	MIDDLE	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	LOWER	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	0/-	0/0	0/1	<input checked="" type="checkbox"/> X	<input type="checkbox"/> 1/1	<input type="checkbox"/> 1/2	<input type="checkbox"/> 2/1	<input type="checkbox"/> 2/2	<input type="checkbox"/> 2/3	<input type="checkbox"/> 3/2	<input type="checkbox"/> 3/3	<input type="checkbox"/> 3/+	2C. LARGE OPACITIES SIZE <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Proceed to Section 3A
PRIMARY	SECONDARY																												
<input type="checkbox"/> p <input type="checkbox"/> s	<input type="checkbox"/> p <input type="checkbox"/> s																												
<input type="checkbox"/> q <input checked="" type="checkbox"/> X	<input type="checkbox"/> q <input checked="" type="checkbox"/> X																												
<input type="checkbox"/> r <input type="checkbox"/> u	<input type="checkbox"/> r <input type="checkbox"/> u																												
R	L																												
UPPER	<input type="checkbox"/> <input type="checkbox"/>																												
MIDDLE	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>																												
LOWER	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>																												
0/-	0/0	0/1																											
<input checked="" type="checkbox"/> X	<input type="checkbox"/> 1/1	<input type="checkbox"/> 1/2																											
<input type="checkbox"/> 2/1	<input type="checkbox"/> 2/2	<input type="checkbox"/> 2/3																											
<input type="checkbox"/> 3/2	<input type="checkbox"/> 3/3	<input type="checkbox"/> 3/+																											

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)									
Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on) Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3						
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<table style="width:100%;"> <tr> <td style="width:33%;">Up to 3mm = 1</td> <td style="width:33%;">Up to 5mm = 2</td> <td style="width:33%;">Up to 10mm = 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> </table>	Up to 3mm = 1	Up to 5mm = 2	Up to 10mm = 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Up to 3mm = 1	Up to 5mm = 2	Up to 10mm = 3							
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3							
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L							
Diaphragm	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L							
Other site(s)	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c						
			<table style="width:100%;"> <tr> <td style="width:33%;">Up to 3mm = a</td> <td style="width:33%;">Up to 5mm = b</td> <td style="width:33%;">Up to 10mm = c</td> </tr> <tr> <td><input type="checkbox"/> a</td> <td><input type="checkbox"/> b</td> <td><input type="checkbox"/> c</td> </tr> </table>	Up to 3mm = a	Up to 5mm = b	Up to 10mm = c	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c
Up to 3mm = a	Up to 5mm = b	Up to 10mm = c							
<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c							

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)									
Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on) Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3						
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<table style="width:100%;"> <tr> <td style="width:33%;">Up to 3mm = a</td> <td style="width:33%;">Up to 5mm = b</td> <td style="width:33%;">Up to 10mm = c</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> </table>	Up to 3mm = a	Up to 5mm = b	Up to 10mm = c	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Up to 3mm = a	Up to 5mm = b	Up to 10mm = c							
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3							
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L							
			Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c						
			<table style="width:100%;"> <tr> <td style="width:33%;">Up to 3mm = a</td> <td style="width:33%;">Up to 5mm = b</td> <td style="width:33%;">Up to 10mm = c</td> </tr> <tr> <td><input type="checkbox"/> a</td> <td><input type="checkbox"/> b</td> <td><input type="checkbox"/> c</td> </tr> </table>	Up to 3mm = a	Up to 5mm = b	Up to 10mm = c	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c
Up to 3mm = a	Up to 5mm = b	Up to 10mm = c							
<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c							

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)
 at ax bu ca cg cn co cp cv di ef em es fr hi ho id ih kl me pa pb pi px ra rp tb

OD If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D)
 (See reverse for other symbol definitions.)

Date Physician or Worker notified? (mm-dd-yyyy)

4E. Should worker see personal physician because of findings in section 4? YES NO _____ - _____ - _____

CHEST RADIOGRAPH CLASSIFICATION
 FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

Coal Workers' Health Surveillance Program
 National Institute for Occupational Safety and Health
 1095 Willowdale Road, MS LB208
 Morgantown, WV 26505

CDC/NIOSH (M) 2.8
 REV. 12/2013

EXAMINEE'S Social Security Number

		-			-				
--	--	---	--	--	---	--	--	--	--

TYPE OF READING A B F

FACILITY ID#

		4	4	A
--	--	---	---	---

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY <input type="checkbox"/> Overexposed (dark) <input type="checkbox"/> Improper position <input type="checkbox"/> Underinflation <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> U/R <input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Poor contrast <input type="checkbox"/> Mottle (If not Grade 1, mark all boxes that apply) <input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input type="checkbox"/> Other (please specify)	_____ _____ _____
---	-------------------------

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B, 2C NO Proceed to Section 3A

2B. SMALL OPACITIES a. SHAPE/SIZE <table border="1" style="width:100%;"> <tr> <th style="width:15%;">PRIMARY</th> <th style="width:15%;">SECONDARY</th> <th colspan="2">b. ZONES</th> <th colspan="3">c. PROFUSION</th> </tr> <tr> <td style="text-align:center;">p</td> <td style="text-align:center;">s</td> <td style="text-align:center;">R</td> <td style="text-align:center;">L</td> <td style="text-align:center;">0/-</td> <td style="text-align:center;">0/0</td> <td style="text-align:center;">0/1</td> </tr> <tr> <td style="text-align:center;">q</td> <td style="text-align:center;">t</td> <td style="text-align:center;">UPPER</td> <td style="text-align:center;"> </td> <td style="text-align:center;">1/0</td> <td style="text-align:center;">1/1</td> <td style="text-align:center;">1/2</td> </tr> <tr> <td style="text-align:center;">r</td> <td style="text-align:center;">u</td> <td style="text-align:center;">MIDDLE</td> <td style="text-align:center;"> </td> <td style="text-align:center;">2/1</td> <td style="text-align:center;">2/2</td> <td style="text-align:center;">2/3</td> </tr> <tr> <td style="text-align:center;"> </td> <td style="text-align:center;"> </td> <td style="text-align:center;">LOWER</td> <td style="text-align:center;"> </td> <td style="text-align:center;">3/2</td> <td style="text-align:center;">3/3</td> <td style="text-align:center;">3/+</td> </tr> </table>	PRIMARY	SECONDARY	b. ZONES		c. PROFUSION			p	s	R	L	0/-	0/0	0/1	q	t	UPPER		1/0	1/1	1/2	r	u	MIDDLE		2/1	2/2	2/3			LOWER		3/2	3/3	3/+	2C. LARGE OPACITIES SIZE <input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Proceed to Section 3A
PRIMARY	SECONDARY	b. ZONES		c. PROFUSION																																
p	s	R	L	0/-	0/0	0/1																														
q	t	UPPER		1/0	1/1	1/2																														
r	u	MIDDLE		2/1	2/2	2/3																														
		LOWER		3/2	3/3	3/+																														

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)

aa	at	ax	bu	ca	cg	cn	co	cp	cv	di	ef	em	es	fr	hi	ho	id	ih	kl	me	pa	pb	pi	px	ra	rp	tb
----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

OD If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D)
 (See reverse for other symbol definitions.) Date Physician or Worker notified? (mm-dd-yyyy)

4E. Should worker see personal physician because of findings in section 4? YES NO _____

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

CHEST RADIOGRAPH CLASSIFICATION

FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL & PREVENTION

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--

Full SSN is optional, last 4 digits are required.

Coal Workers' Health Surveillance Program
National Institute for Occupational Safety and Health
1000 Frederick Lane, MS LB208
Morgantown, WV 26508
FAX: 304-285-6058

FACILITY Number - Unit Number

						-			
--	--	--	--	--	--	---	--	--	--

EXAMINEE'S Name (Last, First MI)

44D

TYPE OF READING

A B F

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY	<input type="checkbox"/> Overexposed (dark)	<input checked="" type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation	<input checked="" type="checkbox"/> Scapula Overlay
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> U/R	<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor contrast
(If not Grade 1, mark all boxes that apply)		<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Mottle
		<input type="checkbox"/> Excessive Edge Enhancement	<input type="checkbox"/> Other (please specify)	

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES	b. ZONES	c. PROFUSION	2C. LARGE OPACITIES
a. SHAPE/SIZE	R L	0/- 0/0 0/1	SIZE <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Proceed to Section 3A
PRIMARY SECONDARY		1/0 <input checked="" type="checkbox"/> 1/2	
p s p s	UPPER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	2/1 2/2 2/3	
q t q t	MIDDLE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	3/2 3/3 3/4	
<input checked="" type="checkbox"/> u <input checked="" type="checkbox"/> u	LOWER <input type="checkbox"/> <input type="checkbox"/>		

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B-E and 5. NO Complete Section 5.

5. NIOSH Reader ID	READER'S INITIALS	DATE OF READING (mm-dd-yyyy)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	07 - 16 - 2023
(Leave ID Number blank if you are not a NIOSH A or B Reader)		
<input type="text"/>	<input type="text"/>	
SIGNATURE	PRINTED NAME (LAST, FIRST MIDDLE)	
<input type="text"/>	<input type="text"/>	
STREET ADDRESS	CITY	STATE ZIP CODE

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

CHEST RADIOGRAPH CLASSIFICATION

FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL & PREVENTION

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--

Full SSN is optional, last 4 digits are required.

Coal Workers' Health Surveillance Program
National Institute for Occupational Safety and Health
1000 Frederick Lane, MS LB208
Morgantown, WV 26508
FAX: 304-285-6058

FACILITY Number - Unit Number

						-			
--	--	--	--	--	--	---	--	--	--

EXAMINEE'S Name (Last, First MI)

45B

TYPE OF READING

A B F

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY	<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation	<input type="checkbox"/> Scapula Overlay
<input checked="" type="checkbox"/> 2	<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor contrast	<input type="checkbox"/> Mottle	Other (please specify)
<input type="checkbox"/> 3	<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Excessive Edge Enhancement	
(If not Grade 1, mark all boxes that apply)				

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES	b. ZONES	c. PROFUSION	2C. LARGE OPACITIES
a. SHAPE/SIZE	R L	0/- 0/0 0/1	SIZE
PRIMARY SECONDARY		1/0 1/1 1/2	O <input checked="" type="checkbox"/> B C
p s p s	UPPER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	2/1 2/2 2/3	Proceed to Section 3A
q t q t	MIDDLE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	3/2 <input checked="" type="checkbox"/> 3/+	
<input checked="" type="checkbox"/> u <input checked="" type="checkbox"/> u	LOWER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	O R L	O R L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	O R L	O R L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	O R L	O R L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	O R L	O R L	O R O L	O R O L
			1 2 3 1 2 3	a b c a b c

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	O R L	O R L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	O R L	O R L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c
			O R O L	O R O L
			1 2 3 1 2 3	a b c a b c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B-E and 5. NO Complete Section 5.

5. NIOSH Reader ID	READER'S INITIALS	DATE OF READING (mm-dd-yyyy)
		07 - 16 - 2023
(Leave ID Number blank if you are not a NIOSH A or B Reader)		
SIGNATURE	PRINTED NAME (LAST, FIRST MIDDLE)	
STREET ADDRESS	CITY	STATE ZIP CODE

4B. Other Symbol Definitions

Each of the following definition of symbols assumes an introductory qualifying word or phrase such as "changes indicative of" or "opacities suggestive of", or "suspect."

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae(e)	ih	ill-defined heart border - should be recorded only if the length of the heart border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
- Fracture, healed (non-rib)
- Fracture, not healed (non-rib)
- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
- Density, lung
- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

READER'S INITIALS

--	--	--

DATE OF READING (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

STATE

ZIP CODE

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

CHEST RADIOGRAPH CLASSIFICATION
FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Coal Workers' Health Surveillance Program
 National Institute for Occupational Safety and Health
 1095 Willowdale Road, MS LB208
 Morgantown, WV 26505

CDC/NIOSH (M) 2.8
 REV. 12/2013

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FACILITY ID#

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TYPE OF READING A B F

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY Overexposed (dark) Improper position Underinflation
 Underexposed (light) Poor contrast Mottle
 Artifacts Poor processing Other (please specify) _____

1 2 3 U/R
 (If not Grade 1, mark all boxes that apply)

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

<p>2B. SMALL OPACITIES</p> <p>a. SHAPE/SIZE</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">PRIMARY</td> <td style="width: 50%;">SECONDARY</td> </tr> <tr> <td><input type="checkbox"/> p <input type="checkbox"/> s</td> <td><input type="checkbox"/> p <input type="checkbox"/> s</td> </tr> <tr> <td><input type="checkbox"/> q <input type="checkbox"/> t</td> <td><input type="checkbox"/> q <input type="checkbox"/> t</td> </tr> <tr> <td><input checked="" type="checkbox"/> u</td> <td><input checked="" type="checkbox"/> u</td> </tr> </table> <p>b. ZONES</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">R</td> <td style="width: 50%;">L</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table> <p>c. PROFUSION</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>0/-</td> <td>0/0</td> <td>0/1</td> </tr> <tr> <td>1/0</td> <td>1/1</td> <td>1/2</td> </tr> <tr> <td>2/1</td> <td>2/2</td> <td>2/3</td> </tr> <tr> <td>3/2</td> <td>3/3</td> <td><input checked="" type="checkbox"/></td> </tr> </table>	PRIMARY	SECONDARY	<input type="checkbox"/> p <input type="checkbox"/> s	<input type="checkbox"/> p <input type="checkbox"/> s	<input type="checkbox"/> q <input type="checkbox"/> t	<input type="checkbox"/> q <input type="checkbox"/> t	<input checked="" type="checkbox"/> u	<input checked="" type="checkbox"/> u	R	L	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0/-	0/0	0/1	1/0	1/1	1/2	2/1	2/2	2/3	3/2	3/3	<input checked="" type="checkbox"/>	<p>2C. LARGE OPACITIES</p> <p>SIZE <input type="checkbox"/> O <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C Proceed to Section 3A</p>
PRIMARY	SECONDARY																												
<input type="checkbox"/> p <input type="checkbox"/> s	<input type="checkbox"/> p <input type="checkbox"/> s																												
<input type="checkbox"/> q <input type="checkbox"/> t	<input type="checkbox"/> q <input type="checkbox"/> t																												
<input checked="" type="checkbox"/> u	<input checked="" type="checkbox"/> u																												
R	L																												
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																												
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																												
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																												
0/-	0/0	0/1																											
1/0	1/1	1/2																											
2/1	2/2	2/3																											
3/2	3/3	<input checked="" type="checkbox"/>																											

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)

<input type="checkbox"/> aa	<input type="checkbox"/> at	<input checked="" type="checkbox"/> bu	<input type="checkbox"/> ca	<input type="checkbox"/> cg	<input type="checkbox"/> cn	<input type="checkbox"/> co	<input type="checkbox"/> cp	<input type="checkbox"/> cv	<input type="checkbox"/> di	<input type="checkbox"/> ef	<input type="checkbox"/> em	<input type="checkbox"/> es	<input type="checkbox"/> fr	<input type="checkbox"/> hi	<input type="checkbox"/> ho	<input checked="" type="checkbox"/> j	<input checked="" type="checkbox"/> k	<input checked="" type="checkbox"/> l	<input type="checkbox"/> me	<input type="checkbox"/> pa	<input type="checkbox"/> pb	<input type="checkbox"/> pi	<input type="checkbox"/> px	<input type="checkbox"/> ra	<input type="checkbox"/> rp	<input type="checkbox"/> tb
-----------------------------	-----------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	---------------------------------------	---------------------------------------	---------------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

OD If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D)
 (See reverse for other symbol definitions.) Date Physician or Worker notified? (mm-dd-yyyy)

4E. Should worker see personal physician because of findings in section 4? YES NO Proceed to Section 5

4B. Other Symbol Definitions

Each of the following definition of symbols assumes an introductory qualifying word or phrase such as "changes indicative of" or "opacities suggestive of", or "suspect."

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae(e)	ih	ill-defined heart border - should be recorded only if the length of the heart border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
- Fracture, healed (non-rib)
- Fracture, not healed (non-rib)
- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
- Density, lung
- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

READER'S INITIALS

--	--	--

DATE OF READING (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

--	--

STATE

--	--	--	--	--	--

ZIP CODE

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

CHEST RADIOGRAPH CLASSIFICATION
FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Coal Workers' Health Surveillance Program
 National Institute for Occupational Safety and Health
 1095 Willowdale Road, MS LB208
 Morgantown, WV 26505

CDC/NIOSH (M) 2.8
 REV. 12/2013

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FACILITY ID#

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TYPE OF READING A B F

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY	<input type="checkbox"/> Overexposed (dark)	<input checked="" type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation
<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor contrast	<input checked="" type="checkbox"/> Mottle	_____
(If not Grade 1, mark all boxes that apply)	<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Other (please specify)

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES	2C. LARGE OPACITIES												
a. SHAPE/SIZE PRIMARY SECONDARY <table style="width:100%;"> <tr> <td style="text-align: center;">p</td><td style="text-align: center;">s</td><td style="text-align: center;">p</td><td style="text-align: center;">s</td></tr> <tr> <td style="text-align: center;">q</td><td style="text-align: center;">t</td><td style="text-align: center;">q</td><td style="text-align: center;">t</td></tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/> u</td><td style="text-align: center;"><input checked="" type="checkbox"/> u</td><td style="text-align: center;"><input checked="" type="checkbox"/> u</td><td style="text-align: center;"><input checked="" type="checkbox"/> u</td></tr> </table>	p	s	p	s	q	t	q	t	<input checked="" type="checkbox"/> u	<input checked="" type="checkbox"/> u	<input checked="" type="checkbox"/> u	<input checked="" type="checkbox"/> u	b. ZONES R L UPPER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> MIDDLE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> LOWER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
p	s	p	s										
q	t	q	t										
<input checked="" type="checkbox"/> u	<input checked="" type="checkbox"/> u	<input checked="" type="checkbox"/> u	<input checked="" type="checkbox"/> u										
c. PROFUSION <table style="width:100%;"> <tr> <td style="text-align: center;">0/-</td><td style="text-align: center;">0/0</td><td style="text-align: center;">0/1</td></tr> <tr> <td style="text-align: center;">1/0</td><td style="text-align: center;">1/1</td><td style="text-align: center;">1/2</td></tr> <tr> <td style="text-align: center;">2/1</td><td style="text-align: center;"><input checked="" type="checkbox"/> 2/2</td><td style="text-align: center;">2/3</td></tr> <tr> <td style="text-align: center;">3/2</td><td style="text-align: center;">3/3</td><td style="text-align: center;">3/+</td></tr> </table>	0/-	0/0	0/1	1/0	1/1	1/2	2/1	<input checked="" type="checkbox"/> 2/2	2/3	3/2	3/3	3/+	SIZE <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Proceed to Section 3A
0/-	0/0	0/1											
1/0	1/1	1/2											
2/1	<input checked="" type="checkbox"/> 2/2	2/3											
3/2	3/3	3/+											

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)

<input type="checkbox"/> aa <input type="checkbox"/> at <input checked="" type="checkbox"/> ca <input type="checkbox"/> cg <input type="checkbox"/> cn <input type="checkbox"/> co <input type="checkbox"/> cp <input type="checkbox"/> cv <input checked="" type="checkbox"/> ef <input type="checkbox"/> em <input type="checkbox"/> es <input type="checkbox"/> fr <input type="checkbox"/> hi <input type="checkbox"/> ho <input type="checkbox"/> id <input type="checkbox"/> ih <input type="checkbox"/> kl <input type="checkbox"/> me <input type="checkbox"/> pa <input type="checkbox"/> pb <input type="checkbox"/> pi <input type="checkbox"/> px <input type="checkbox"/> ra <input type="checkbox"/> rp <input type="checkbox"/> tb

OD If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D)
 (See reverse for other symbol definitions.) Date Physician or Worker notified? (mm-dd-yyyy)

4E. Should worker see personal physician because of findings in section 4? YES NO _____ - _____ - _____

4B. Other Symbol Definitions

Each of the following definition of symbols assumes an introductory qualifying word or phrase such as "changes indicative of" or "opacities suggestive of", or "suspect."

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae(e)	ih	ill-defined heart border - should be recorded only if the length of the heart border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
- Fracture, healed (non-rib)
- Fracture, not healed (non-rib)
- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
- Density, lung
- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

Status post left upper lobe lobectomy

5. PHYSICIAN'S Social Security Number*

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

READER'S INITIALS

--	--	--

DATE OF READING (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

STATE

ZIP CODE

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

CHEST RADIOGRAPH CLASSIFICATION

FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL & PREVENTION

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--

Full SSN is optional, last 4 digits are required.

Coal Workers' Health Surveillance Program
National Institute for Occupational Safety and Health
1000 Frederick Lane, MS LB208
Morgantown, WV 26508
FAX: 304-285-6058

FACILITY Number - Unit Number

						-			
--	--	--	--	--	--	---	--	--	--

EXAMINEE'S Name (Last, First MI)

46B

TYPE OF READING

A B F

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY <input type="checkbox"/> Overexposed (dark) <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> U/R (If not Grade 1, mark all boxes that apply)	<input type="checkbox"/> Underexposed (light)	<input checked="" type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation	<input type="checkbox"/> Scapula Overlay
	<input checked="" type="checkbox"/> Artifacts	<input type="checkbox"/> Poor contrast	<input checked="" type="checkbox"/> Mottle	Other (please specify)
		<input type="checkbox"/> Poor processing	<input type="checkbox"/> Excessive Edge Enhancement	<input type="checkbox"/>

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES a. SHAPE/SIZE PRIMARY SECONDARY <table border="1"> <tr><td>p</td><td>s</td><td>p</td><td>s</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>t</td><td>q</td><td>t</td></tr> <tr><td>r</td><td>u</td><td><input checked="" type="checkbox"/></td><td>u</td></tr> </table> b. ZONES R L UPPER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> MIDDLE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> LOWER <input checked="" type="checkbox"/> <input type="checkbox"/>	p	s	p	s	<input checked="" type="checkbox"/>	t	q	t	r	u	<input checked="" type="checkbox"/>	u	c. PROFUSION <table border="1"> <tr><td>0/-</td><td>0/0</td><td>0/1</td></tr> <tr><td>1/0</td><td>1/1</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>2/1</td><td>2/2</td><td>2/3</td></tr> <tr><td>3/2</td><td>3/3</td><td>3/+</td></tr> </table>	0/-	0/0	0/1	1/0	1/1	<input checked="" type="checkbox"/>	2/1	2/2	2/3	3/2	3/3	3/+	2C. LARGE OPACITIES SIZE <input type="checkbox"/> O <input checked="" type="checkbox"/> B <input type="checkbox"/> C Proceed to Section 3A
p	s	p	s																							
<input checked="" type="checkbox"/>	t	q	t																							
r	u	<input checked="" type="checkbox"/>	u																							
0/-	0/0	0/1																								
1/0	1/1	<input checked="" type="checkbox"/>																								
2/1	2/2	2/3																								
3/2	3/3	3/+																								

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B-E and 5. NO Complete Section 5.

5. NIOSH Reader ID <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table> (Leave ID Number blank if you are not a NIOSH A or B Reader) <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table> SIGNATURE											READER'S INITIALS <table border="1"> <tr><td></td><td></td><td></td></tr> </table> PRINTED NAME (LAST, FIRST MIDDLE) <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> STATE ZIP CODE										DATE OF READING (mm-dd-yyyy) <table border="1"> <tr><td>0</td><td>7</td><td>-</td><td>1</td><td>7</td><td>-</td><td>2</td><td>0</td><td>2</td><td>3</td></tr> </table>	0	7	-	1	7	-	2	0	2	3
0	7	-	1	7	-	2	0	2	3																						

46B

4B. OTHER SYMBOLS (OBLIGATORY)

aa at ax bu ca cg cn co cp cv di ef em es fr hi ho id ih kl me pa pb pi px ra rp tb

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae(e)	ih	ill-defined heart border - should be recorded only if the length of the heart border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
- Fracture, healed (non-rib)
- Fracture, not healed (non-rib)
- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
- Density, lung
- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

Date Physician or Worker notified? (mm-dd-yyyy)

4E. Should worker see personal physician because of findings? YES NO

- -

4D. OTHER COMMENTS

The arrow over the right mid lung zone indicates an area of AX.

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

CHEST RADIOGRAPH CLASSIFICATION

FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL & PREVENTION

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--

Full SSN is optional, last 4 digits are required.

Coal Workers' Health Surveillance Program
National Institute for Occupational Safety and Health
1000 Frederick Lane, MS LB208
Morgantown, WV 26508
FAX: 304-285-6058

FACILITY Number - Unit Number

						-			
--	--	--	--	--	--	---	--	--	--

EXAMINEE'S Name (Last, First MI)

46C

TYPE OF READING

A B F

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY	<input type="checkbox"/> Overexposed (dark)	<input checked="" type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation	<input type="checkbox"/> Scapula Overlay
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Poor contrast	<input type="checkbox"/> Mottle	<input type="checkbox"/> Other (please specify)
(If not Grade 1, mark all boxes that apply)	<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Excessive Edge Enhancement	<input type="checkbox"/>
	<input type="checkbox"/> Artifacts			

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES	b. ZONES	c. PROFUSION	2C. LARGE OPACITIES
a. SHAPE/SIZE	R L	0/- 0/0 0/1	SIZE
PRIMARY SECONDARY		1/0 1/1 1/2	<input type="checkbox"/> O <input type="checkbox"/> A <input checked="" type="checkbox"/> C
<input type="checkbox"/> p <input type="checkbox"/> s <input type="checkbox"/> q <input type="checkbox"/> t <input checked="" type="checkbox"/> u	UPPER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	2/1 2/2 2/3	Proceed to Section 3A
<input type="checkbox"/> p <input type="checkbox"/> s <input checked="" type="checkbox"/> t <input type="checkbox"/> u	MIDDLE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	3/2 <input checked="" type="checkbox"/> 3/+	
<input checked="" type="checkbox"/> p <input type="checkbox"/> s <input type="checkbox"/> q <input type="checkbox"/> t <input type="checkbox"/> u	LOWER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)			
Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2
Diaphragm	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3
Other site(s)	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	
			Width (in profile only) (3mm minimum width required)
			3 to 5 mm = a
			5 to 10 mm = b
			> 10 mm = c
			<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)			
Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2
			> 1/2 of lateral chest wall = 3
			Width (in profile only) (3mm minimum width required)
			3 to 5 mm = a
			5 to 10 mm = b
			> 10 mm = c
			<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B-E and 5. NO Complete Section 5.

5. NIOSH Reader ID	READER'S INITIALS	DATE OF READING (mm-dd-yyyy)
<input type="checkbox"/>	<input type="checkbox"/>	07 - 17 - 2023
(Leave ID Number blank if you are not a NIOSH A or B Reader)		
<input type="checkbox"/>		
SIGNATURE	PRINTED NAME (LAST, FIRST MIDDLE)	
STREET ADDRESS	CITY	STATE ZIP CODE

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

CHEST RADIOGRAPH CLASSIFICATION

FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL & PREVENTION

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--

Full SSN is optional, last 4 digits are required.

Coal Workers' Health Surveillance Program
National Institute for Occupational Safety and Health
1000 Frederick Lane, MS LB208
Morgantown, WV 26508
FAX: 304-285-6058

FACILITY Number - Unit Number

						-			
--	--	--	--	--	--	---	--	--	--

EXAMINEE'S Name (Last, First MI)

46D

TYPE OF READING

A B F

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY	<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation	<input type="checkbox"/> Scapula Overlay
<input checked="" type="checkbox"/> 2	<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor contrast	<input type="checkbox"/> Mottle	Other (please specify)
<input type="checkbox"/> 3	<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Excessive Edge Enhancement	<input type="checkbox"/>
(If not Grade 1, mark all boxes that apply)				

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES	b. ZONES	c. PROFUSION	2C. LARGE OPACITIES
a. SHAPE/SIZE	R L	0/- 0/0 0/1	SIZE
PRIMARY SECONDARY		1/0 1/1 1/2	O <input checked="" type="checkbox"/> B C
p s p s	UPPER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	2/1 2/2 2/3	Proceed to Section 3A
<input checked="" type="checkbox"/> t <input checked="" type="checkbox"/> t	MIDDLE <input type="checkbox"/> <input type="checkbox"/>	3/2 3/3 3/4	
r u r u	LOWER <input type="checkbox"/> <input type="checkbox"/>		

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input checked="" type="checkbox"/> R <input type="checkbox"/> L	<input checked="" type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> R <input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	<input checked="" type="checkbox"/> R <input type="checkbox"/> L	<input checked="" type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	<input checked="" type="checkbox"/> R <input type="checkbox"/> L	<input checked="" type="checkbox"/> R <input type="checkbox"/> L	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B-E and 5. NO Complete Section 5.

5. NIOSH Reader ID	READER'S INITIALS	DATE OF READING (mm-dd-yyyy)
<input type="checkbox"/>	<input type="checkbox"/>	07 - 17 - 2023
(Leave ID Number blank if you are not a NIOSH A or B Reader)		
<input type="checkbox"/>		
SIGNATURE	PRINTED NAME (LAST, FIRST MIDDLE)	
STREET ADDRESS	CITY	STATE ZIP CODE

46D

4B. OTHER SYMBOLS (OBLIGATORY)

aa at ax bu ca cg cn co cp cv di ef em es fr hi ho id ih kl me pa pb pi px ra rp tb

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae(e)	ih	ill-defined heart border - should be recorded only if the length of the heart border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
- Fracture, healed (non-rib)
- Fracture, not healed (non-rib)
- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
- Density, lung
- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

Date Physician or Worker notified? (mm-dd-yyyy)

4E. Should worker see personal physician because of findings?

YES NO

- -

4D. OTHER COMMENTS

4B. Other Symbol Definitions

Each of the following definition of symbols assumes an introductory qualifying word or phrase such as "changes indicative of" or "opacities suggestive of", or "suspect."

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae	ih	ill-defined heart border - should be recorded only if the length of the heart border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
- Fracture, healed (non-rib)
- Fracture, not healed (non-rib)
- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
- Density, lung
- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

					-			-				
--	--	--	--	--	---	--	--	---	--	--	--	--

* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

READER'S INITIALS

--	--	--

DATE OF READING (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

STATE

ZIP CODE

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

4B. Other Symbol Definitions

Each of the following definition of symbols assumes an introductory qualifying word or phrase such as "changes indicative of" or "opacities suggestive of", or "suspect."

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae(e)	ih	ill-defined heart border - should be recorded only if the length of the heart border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
- Fracture, healed (non-rib)
- Fracture, not healed (non-rib)
- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
- Density, lung
- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

READER'S INITIALS

--	--	--

DATE OF READING (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

--	--

STATE

--	--	--	--	--	--

ZIP CODE

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

CHEST RADIOGRAPH CLASSIFICATION

FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL & PREVENTION

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--

Full SSN is optional, last 4 digits are required.

Coal Workers' Health Surveillance Program
National Institute for Occupational Safety and Health
1000 Frederick Lane, MS LB208
Morgantown, WV 26508
FAX: 304-285-6058

FACILITY Number - Unit Number

						-			
--	--	--	--	--	--	---	--	--	--

EXAMINEE'S Name (Last, First MI)

49

TYPE OF READING

A B F

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY	<input checked="" type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation	<input type="checkbox"/> Scapula Overlay
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor contrast	<input type="checkbox"/> Mottle
<input type="checkbox"/> U/R	<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Excessive Edge Enhancement	<input type="checkbox"/> Other (please specify)
(If not Grade 1, mark all boxes that apply)				

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES	b. ZONES	c. PROFUSION	2C. LARGE OPACITIES
a. SHAPE/SIZE	R L	0/- 0/0 0/1	SIZE
PRIMARY SECONDARY		1/0 1/1 1/2	<input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
<input type="checkbox"/> p <input type="checkbox"/> s	UPPER <input type="checkbox"/> <input type="checkbox"/>	2/1 2/2 2/3	Proceed to Section 3A
<input type="checkbox"/> q <input type="checkbox"/> t	MIDDLE <input type="checkbox"/> <input type="checkbox"/>	3/2 3/3 3/+	
<input type="checkbox"/> r <input type="checkbox"/> u	LOWER <input type="checkbox"/> <input type="checkbox"/>		

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B-E and 5. NO Complete Section 5.

5. NIOSH Reader ID	READER'S INITIALS	DATE OF READING (mm-dd-yyyy)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	07 - 17 - 2023
(Leave ID Number blank if you are not a NIOSH A or B Reader)		
<input type="text"/>	<input type="text"/>	
SIGNATURE	PRINTED NAME (LAST, FIRST MIDDLE)	
<input type="text"/>	<input type="text"/>	
STREET ADDRESS	CITY	STATE ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

CHEST RADIOGRAPH CLASSIFICATION
FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

Coal Workers' Health Surveillance Program
 National Institute for Occupational Safety and Health
 1095 Willowdale Road, MS LB208
 Morgantown, WV 26505

CDC/NIOSH (M) 2.8
 REV. 12/2013

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

EXAMINEE'S Social Security Number

		-			-				
--	--	---	--	--	---	--	--	--	--

TYPE OF READING A B F

FACILITY ID#

			5	0
--	--	--	---	---

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

<p>1. IMAGE QUALITY <input type="checkbox"/> Overexposed (dark) <input type="checkbox"/> Improper position <input checked="" type="checkbox"/> Underinflation</p> <p><input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Poor contrast <input type="checkbox"/> Mottle</p> <p><input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input checked="" type="checkbox"/> Other (please specify)</p>	<p>Consider repeat image</p> <hr/> <hr/>
---	---

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

<p>2B. SMALL OPACITIES</p> <p>a. SHAPE/SIZE</p> <table style="width:100%;"> <tr> <td style="width:50%;">PRIMARY</td> <td style="width:50%;">SECONDARY</td> </tr> <tr> <td><input type="checkbox"/> p <input type="checkbox"/> s</td> <td><input type="checkbox"/> p <input type="checkbox"/> s</td> </tr> <tr> <td><input type="checkbox"/> q <input type="checkbox"/> t</td> <td><input type="checkbox"/> q <input type="checkbox"/> t</td> </tr> <tr> <td><input type="checkbox"/> r <input type="checkbox"/> u</td> <td><input type="checkbox"/> r <input type="checkbox"/> u</td> </tr> </table> <p>b. ZONES</p> <table style="width:100%;"> <tr> <td style="width:50%;">R</td> <td style="width:50%;">L</td> </tr> <tr> <td>UPPER</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>MIDDLE</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>LOWER</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table> <p>c. PROFUSION</p> <table style="width:100%;"> <tr> <td>0/-</td> <td>0/0</td> <td>0/1</td> </tr> <tr> <td>1/0</td> <td>1/1</td> <td>1/2</td> </tr> <tr> <td>2/1</td> <td>2/2</td> <td>2/3</td> </tr> <tr> <td>3/2</td> <td>3/3</td> <td>3/+</td> </tr> </table>	PRIMARY	SECONDARY	<input type="checkbox"/> p <input type="checkbox"/> s	<input type="checkbox"/> p <input type="checkbox"/> s	<input type="checkbox"/> q <input type="checkbox"/> t	<input type="checkbox"/> q <input type="checkbox"/> t	<input type="checkbox"/> r <input type="checkbox"/> u	<input type="checkbox"/> r <input type="checkbox"/> u	R	L	UPPER	<input type="checkbox"/> <input type="checkbox"/>	MIDDLE	<input type="checkbox"/> <input type="checkbox"/>	LOWER	<input type="checkbox"/> <input type="checkbox"/>	0/-	0/0	0/1	1/0	1/1	1/2	2/1	2/2	2/3	3/2	3/3	3/+	<p>2C. LARGE OPACITIES</p> <p>SIZE <input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Proceed to Section 3A</p>
PRIMARY	SECONDARY																												
<input type="checkbox"/> p <input type="checkbox"/> s	<input type="checkbox"/> p <input type="checkbox"/> s																												
<input type="checkbox"/> q <input type="checkbox"/> t	<input type="checkbox"/> q <input type="checkbox"/> t																												
<input type="checkbox"/> r <input type="checkbox"/> u	<input type="checkbox"/> r <input type="checkbox"/> u																												
R	L																												
UPPER	<input type="checkbox"/> <input type="checkbox"/>																												
MIDDLE	<input type="checkbox"/> <input type="checkbox"/>																												
LOWER	<input type="checkbox"/> <input type="checkbox"/>																												
0/-	0/0	0/1																											
1/0	1/1	1/2																											
2/1	2/2	2/3																											
3/2	3/3	3/+																											

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)

<input type="checkbox"/> aa	<input type="checkbox"/> at	<input type="checkbox"/> ax	<input type="checkbox"/> bu	<input type="checkbox"/> ca	<input type="checkbox"/> cg	<input type="checkbox"/> cn	<input type="checkbox"/> co	<input type="checkbox"/> cp	<input type="checkbox"/> cv	<input type="checkbox"/> di	<input type="checkbox"/> ef	<input type="checkbox"/> em	<input type="checkbox"/> es	<input type="checkbox"/> fr	<input type="checkbox"/> hi	<input type="checkbox"/> ho	<input type="checkbox"/> id	<input type="checkbox"/> ih	<input type="checkbox"/> kl	<input type="checkbox"/> me	<input type="checkbox"/> pa	<input type="checkbox"/> pb	<input checked="" type="checkbox"/> px	<input type="checkbox"/> ra	<input type="checkbox"/> rp	<input type="checkbox"/> tb
-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--	-----------------------------	-----------------------------	-----------------------------

If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D)
 (See reverse for other symbol definitions.)

Date Physician or Worker notified? (mm-dd-yyyy)

4E. Should worker see personal physician because of findings in section 4? YES NO

Proceed to Section 5

		-			-				
--	--	---	--	--	---	--	--	--	--

4B. Other Symbol Definitions

Each of the following definition of symbols assumes an introductory qualifying word or phrase such as "changes indicative of" or "opacities suggestive of", or "suspect."

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae(e)	ih	ill-defined heart border - should be recorded only if the length of the heart border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
- Fracture, healed (non-rib)
- Fracture, not healed (non-rib)
- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
- Density, lung
- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

sternal wires

5. PHYSICIAN'S Social Security Number*

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

READER'S INITIALS

--	--	--

DATE OF READING (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

--	--

STATE

--	--	--	--	--	--

ZIP CODE

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

CHEST RADIOGRAPH CLASSIFICATION
 FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

Coal Workers' Health Surveillance Program
 National Institute for Occupational Safety and Health
 1095 Willowdale Road, MS LB208
 Morgantown, WV 26505

CDC/NIOSH (M) 2.8
 REV. 12/2013

EXAMINEE'S Social Security Number

				-				-				
--	--	--	--	---	--	--	--	---	--	--	--	--

TYPE OF READING A B F

FACILITY ID#

				5	1
--	--	--	--	---	---

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY <input type="checkbox"/> Overexposed (dark) <input checked="" type="checkbox"/> Improper position <input type="checkbox"/> Underinflation <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> U/R <input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Poor contrast <input type="checkbox"/> Mottle (If not Grade 1, mark all boxes that apply) <input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input checked="" type="checkbox"/> Other (please specify) <u>scapular overlay</u>																														
2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES <input checked="" type="checkbox"/> Complete Sections 2B and 2C NO <input type="checkbox"/> Proceed to Section 3A																														
2B. SMALL OPACITIES a. SHAPE/SIZE PRIMARY SECONDARY <table border="1"> <tr><td>p</td><td>s</td><td>p</td><td>s</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>t</td><td>q</td><td>t</td></tr> <tr><td>r</td><td>u</td><td><input checked="" type="checkbox"/></td><td>u</td></tr> </table>		p	s	p	s	<input checked="" type="checkbox"/>	t	q	t	r	u	<input checked="" type="checkbox"/>	u	b. ZONES R L UPPER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> MIDDLE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> LOWER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>																
p	s	p	s																											
<input checked="" type="checkbox"/>	t	q	t																											
r	u	<input checked="" type="checkbox"/>	u																											
		c. PROFUSION <table border="1"> <tr><td>0/-</td><td>0/0</td><td>0/1</td></tr> <tr><td>1/0</td><td>1/1</td><td>1/2</td></tr> <tr><td>2/1</td><td><input checked="" type="checkbox"/></td><td>2/3</td></tr> <tr><td>3/2</td><td>3/3</td><td>3/+</td></tr> </table>		0/-	0/0	0/1	1/0	1/1	1/2	2/1	<input checked="" type="checkbox"/>	2/3	3/2	3/3	3/+															
0/-	0/0	0/1																												
1/0	1/1	1/2																												
2/1	<input checked="" type="checkbox"/>	2/3																												
3/2	3/3	3/+																												
2C. LARGE OPACITIES SIZE <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Proceed to Section 3A																														
3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES <input type="checkbox"/> Complete Sections 3B, 3C NO <input checked="" type="checkbox"/> Proceed to Section 4A																														
3B. PLEURAL PLAQUES (mark site, calcification, extent, and width) <table border="1"> <tr> <td>Chest wall</td> <td>Site</td> <td>Calcification</td> <td>Extent (chest wall; combined for in profile and face on) Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3</td> <td>Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c</td> </tr> <tr> <td>In profile</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> </tr> <tr> <td>Face on</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> </tr> <tr> <td>Diaphragm</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> </tr> <tr> <td>Other site(s)</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td>1 2 3 1 2 3</td> <td>a b c a b c</td> </tr> </table>				Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on) Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c	In profile	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	Face on	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	Diaphragm	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	Other site(s)	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	1 2 3 1 2 3	a b c a b c		
Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on) Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c																										
In profile	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L																										
Face on	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L																										
Diaphragm	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L																										
Other site(s)	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	1 2 3 1 2 3	a b c a b c																										
3C. COSTOPHRENIC ANGLE OBLITERATION <input type="checkbox"/> R <input type="checkbox"/> L Proceed to Section 3D NO <input type="checkbox"/> Proceed to Section 4A																														
3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width) <table border="1"> <tr> <td>Chest wall</td> <td>Site</td> <td>Calcification</td> <td>Extent (chest wall; combined for in profile and face on) Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3</td> <td>Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c</td> </tr> <tr> <td>In profile</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> </tr> <tr> <td>Face on</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> </tr> </table>				Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on) Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c	In profile	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	Face on	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L												
Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on) Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c																										
In profile	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L																										
Face on	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L																										
4A. ANY OTHER ABNORMALITIES? YES <input checked="" type="checkbox"/> Complete Sections 4B, 4C, 4D, 4E NO <input type="checkbox"/> Proceed to Section 5																														
4B. OTHER SYMBOLS (OBLIGATORY) <table border="1"> <tr> <td>aa</td><td>at</td><td>ax</td><td>bu</td><td>ca</td><td>cg</td><td>cn</td><td>co</td><td>cp</td><td>cv</td><td>di</td><td>ef</td><td>em</td><td><input checked="" type="checkbox"/> fr</td><td>hi</td><td>ho</td><td>id</td><td>ih</td><td>kl</td><td>me</td><td>pa</td><td>pb</td><td>pi</td><td>px</td><td>ra</td><td>rp</td><td>tb</td> </tr> </table> <input checked="" type="checkbox"/> OD If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D) (See reverse for other symbol definitions.) Date Physician or Worker notified? (mm-dd-yyyy)				aa	at	ax	bu	ca	cg	cn	co	cp	cv	di	ef	em	<input checked="" type="checkbox"/> fr	hi	ho	id	ih	kl	me	pa	pb	pi	px	ra	rp	tb
aa	at	ax	bu	ca	cg	cn	co	cp	cv	di	ef	em	<input checked="" type="checkbox"/> fr	hi	ho	id	ih	kl	me	pa	pb	pi	px	ra	rp	tb				
4E. Should worker see personal physician because of findings in section 4? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <table border="1"> <tr> <td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td> </tr> </table>						-			-																					
		-			-																									

4B. Other Symbol Definitions

Each of the following definition of symbols assumes an introductory qualifying word or phrase such as "changes indicative of" or "opacities suggestive of", or "suspect."

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae(e)	ih	ill-defined heart border - should be recorded only if the length of the heart border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
- Fracture, healed (non-rib)
- Fracture, not healed (non-rib)
- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
- Density, lung
- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

READER'S INITIALS

--	--	--

DATE OF READING (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

--	--

STATE

--	--	--	--	--	--

ZIP CODE

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

CHEST RADIOGRAPH CLASSIFICATION
FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

Coal Workers' Health Surveillance Program
 National Institute for Occupational Safety and Health
 1095 Willowdale Road, MS LB208
 Morgantown, WV 26505

CDC/NIOSH (M) 2.8
 REV. 12/2013

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

EXAMINEE'S Social Security Number

		-			-				
--	--	---	--	--	---	--	--	--	--

TYPE OF READING A B F

FACILITY ID#

			5	2
--	--	--	---	---

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

<p>1. IMAGE QUALITY <input type="checkbox"/> Overexposed (dark) <input checked="" type="checkbox"/> Improper position <input type="checkbox"/> Underinflation</p> <p><input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Poor contrast <input type="checkbox"/> Mottle</p> <p><input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input checked="" type="checkbox"/> Other (please specify)</p>	<p>scapula overlay _____</p> <p>_____</p> <p>_____</p>
---	--

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

<p>2B. SMALL OPACITIES</p> <p>a. SHAPE/SIZE</p> <table style="width:100%;"> <tr> <td style="width:50%;">PRIMARY</td> <td style="width:50%;">SECONDARY</td> </tr> <tr> <td> <table border="1" style="width:100%; text-align:center;"> <tr><td>p</td><td>s</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>t</td></tr> <tr><td>r</td><td>u</td></tr> </table> </td> <td> <table border="1" style="width:100%; text-align:center;"> <tr><td>p</td><td>s</td></tr> <tr><td>q</td><td>t</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>u</td></tr> </table> </td> </tr> </table> <p>b. ZONES</p> <table style="width:100%;"> <tr> <td style="width:50%;">R</td> <td style="width:50%;">L</td> </tr> <tr> <td>UPPER</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>MIDDLE</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>LOWER</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table> <p>c. PROFUSION</p> <table border="1" style="width:100%; text-align:center;"> <tr> <td>0/-</td> <td>0/0</td> <td>0/1</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2/1</td> <td>2/2</td> <td>2/3</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3/2</td> <td>3/3</td> <td>3/+</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	PRIMARY	SECONDARY	<table border="1" style="width:100%; text-align:center;"> <tr><td>p</td><td>s</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>t</td></tr> <tr><td>r</td><td>u</td></tr> </table>	p	s	<input checked="" type="checkbox"/>	t	r	u	<table border="1" style="width:100%; text-align:center;"> <tr><td>p</td><td>s</td></tr> <tr><td>q</td><td>t</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>u</td></tr> </table>	p	s	q	t	<input checked="" type="checkbox"/>	u	R	L	UPPER	<input checked="" type="checkbox"/> <input type="checkbox"/>	MIDDLE	<input type="checkbox"/> <input type="checkbox"/>	LOWER	<input type="checkbox"/> <input type="checkbox"/>	0/-	0/0	0/1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2/1	2/2	2/3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3/2	3/3	3/+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>2C. LARGE OPACITIES</p> <p>SIZE <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Proceed to Section 3A</p>
PRIMARY	SECONDARY																																										
<table border="1" style="width:100%; text-align:center;"> <tr><td>p</td><td>s</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>t</td></tr> <tr><td>r</td><td>u</td></tr> </table>	p	s	<input checked="" type="checkbox"/>	t	r	u	<table border="1" style="width:100%; text-align:center;"> <tr><td>p</td><td>s</td></tr> <tr><td>q</td><td>t</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>u</td></tr> </table>	p	s	q	t	<input checked="" type="checkbox"/>	u																														
p	s																																										
<input checked="" type="checkbox"/>	t																																										
r	u																																										
p	s																																										
q	t																																										
<input checked="" type="checkbox"/>	u																																										
R	L																																										
UPPER	<input checked="" type="checkbox"/> <input type="checkbox"/>																																										
MIDDLE	<input type="checkbox"/> <input type="checkbox"/>																																										
LOWER	<input type="checkbox"/> <input type="checkbox"/>																																										
0/-	0/0	0/1																																									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																									
2/1	2/2	2/3																																									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																									
3/2	3/3	3/+																																									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																									

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)

aa	at	ax	bu	ca	cg	cn	co	cp	cv	di	ef	em	es	fr	hi	ho	id	ih	kl	me	pa	pb	<input checked="" type="checkbox"/> px	ra	rp	tb
----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	--	----	----	----

OD If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D)
 (See reverse for other symbol definitions.)

Date Physician or Worker notified? (mm-dd-yyyy)

4E. Should worker see personal physician because of findings in section 4? YES NO

		-			-				
--	--	---	--	--	---	--	--	--	--

4B. Other Symbol Definitions

Each of the following definition of symbols assumes an introductory qualifying word or phrase such as "changes indicative of" or "opacities suggestive of", or "suspect."

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae(e)	ih	ill-defined heart border - should be recorded only if the length of the heart border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
- Fracture, healed (non-rib)
- Fracture, not healed (non-rib)
- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
- Density, lung
- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

READER'S INITIALS

--	--	--

DATE OF READING (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

--	--

STATE

--	--	--	--	--	--

ZIP CODE

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

CHEST RADIOGRAPH CLASSIFICATION
 FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

Coal Workers' Health Surveillance Program
 National Institute for Occupational Safety and Health
 1095 Willowdale Road, MS LB208
 Morgantown, WV 26505

CDC/NIOSH (M) 2.8
 REV. 12/2013

DATE OF RADIOGRAPH (mm-dd-yyyy)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FACILITY ID#

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TYPE OF READING A B F

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY

<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> U/R	<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation
(If not Grade 1, mark all boxes that apply)				<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor contrast	<input type="checkbox"/> Mottle
				<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Other (please specify)

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B, 2C NO Proceed to Section 3A

<p>2B. SMALL OPACITIES</p> <p>a. SHAPE/SIZE</p> <table style="width:100%;"> <tr> <td style="width:50%;">PRIMARY</td> <td style="width:50%;">SECONDARY</td> </tr> <tr> <td><input type="checkbox"/> p</td> <td><input type="checkbox"/> p</td> </tr> <tr> <td><input type="checkbox"/> s</td> <td><input type="checkbox"/> s</td> </tr> <tr> <td><input type="checkbox"/> q</td> <td><input type="checkbox"/> q</td> </tr> <tr> <td><input type="checkbox"/> t</td> <td><input type="checkbox"/> t</td> </tr> <tr> <td><input type="checkbox"/> r</td> <td><input type="checkbox"/> r</td> </tr> <tr> <td><input type="checkbox"/> u</td> <td><input type="checkbox"/> u</td> </tr> </table> <p>b. ZONES</p> <table style="width:100%;"> <tr> <td style="width:50%;">R</td> <td style="width:50%;">L</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>c. PROFUSION</p> <table style="width:100%;"> <tr> <td style="width:33%;"><input type="checkbox"/> 0/-</td> <td style="width:33%;"><input type="checkbox"/> 0/0</td> <td style="width:33%;"><input type="checkbox"/> 0/1</td> </tr> <tr> <td><input type="checkbox"/> 1/0</td> <td><input type="checkbox"/> 1/1</td> <td><input type="checkbox"/> 1/2</td> </tr> <tr> <td><input type="checkbox"/> 2/1</td> <td><input type="checkbox"/> 2/2</td> <td><input type="checkbox"/> 2/3</td> </tr> <tr> <td><input type="checkbox"/> 3/2</td> <td><input type="checkbox"/> 3/3</td> <td><input type="checkbox"/> 3/+</td> </tr> </table>	PRIMARY	SECONDARY	<input type="checkbox"/> p	<input type="checkbox"/> p	<input type="checkbox"/> s	<input type="checkbox"/> s	<input type="checkbox"/> q	<input type="checkbox"/> q	<input type="checkbox"/> t	<input type="checkbox"/> t	<input type="checkbox"/> r	<input type="checkbox"/> r	<input type="checkbox"/> u	<input type="checkbox"/> u	R	L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0/-	<input type="checkbox"/> 0/0	<input type="checkbox"/> 0/1	<input type="checkbox"/> 1/0	<input type="checkbox"/> 1/1	<input type="checkbox"/> 1/2	<input type="checkbox"/> 2/1	<input type="checkbox"/> 2/2	<input type="checkbox"/> 2/3	<input type="checkbox"/> 3/2	<input type="checkbox"/> 3/3	<input type="checkbox"/> 3/+	<p>2C. LARGE OPACITIES</p> <p>SIZE <input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Proceed to Section 3A</p>
PRIMARY	SECONDARY																																		
<input type="checkbox"/> p	<input type="checkbox"/> p																																		
<input type="checkbox"/> s	<input type="checkbox"/> s																																		
<input type="checkbox"/> q	<input type="checkbox"/> q																																		
<input type="checkbox"/> t	<input type="checkbox"/> t																																		
<input type="checkbox"/> r	<input type="checkbox"/> r																																		
<input type="checkbox"/> u	<input type="checkbox"/> u																																		
R	L																																		
<input type="checkbox"/>	<input type="checkbox"/>																																		
<input type="checkbox"/>	<input type="checkbox"/>																																		
<input type="checkbox"/>	<input type="checkbox"/>																																		
<input type="checkbox"/> 0/-	<input type="checkbox"/> 0/0	<input type="checkbox"/> 0/1																																	
<input type="checkbox"/> 1/0	<input type="checkbox"/> 1/1	<input type="checkbox"/> 1/2																																	
<input type="checkbox"/> 2/1	<input type="checkbox"/> 2/2	<input type="checkbox"/> 2/3																																	
<input type="checkbox"/> 3/2	<input type="checkbox"/> 3/3	<input type="checkbox"/> 3/+																																	

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	<input type="checkbox"/> O <input type="checkbox"/> R	3 to 5 mm = a
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	<input type="checkbox"/> O <input type="checkbox"/> L	5 to 10 mm = b
Diaphragm	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	> 10 mm = c
Other site(s)	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	<input type="checkbox"/> O <input type="checkbox"/> R	3 to 5 mm = a
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	<input type="checkbox"/> O <input type="checkbox"/> L	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	> 10 mm = c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)

aa at ax bu ca cg cn co cp cv di ef em es fr hi ho id ih kl me pa pb pi px ra rp tb

OD If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D) (See reverse for other symbol definitions.)

Date Physician or Worker notified? (mm-dd-yyyy)

4E. Should worker see personal physician because of findings in section 4? YES NO Proceed to Section 5

4B. Other Symbol Definitions

Each of the following definition of symbols assumes an introductory qualifying word or phrase such as "changes indicative of" or "opacities suggestive of", or "suspect."

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae(e)	ih	ill-defined heart border - should be recorded only if the length of the heart border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
- Fracture, healed (non-rib)
- Fracture, not healed (non-rib)
- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
- Density, lung
- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

READER'S INITIALS

--	--	--

DATE OF READING (mm-dd-yyyy)

--	--	--	--	--	--	--	--	--	--	--	--

SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

--	--

STATE

--	--	--	--	--	--

ZIP CODE

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

CHEST RADIOGRAPH CLASSIFICATION
FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

Coal Workers' Health Surveillance Program
 National Institute for Occupational Safety and Health
 1095 Willowdale Road, MS LB208
 Morgantown, WV 26505

CDC/NIOSH (M) 2.8
 REV. 12/2013

EXAMINEE'S Social Security Number

		-			-				
--	--	---	--	--	---	--	--	--	--

TYPE OF READING A B F

FACILITY ID#

			5	4
--	--	--	---	---

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY <input type="checkbox"/> Overexposed (dark) <input type="checkbox"/> Improper position <input type="checkbox"/> Underinflation <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> U/R <input type="checkbox"/> Underexposed (light) <input checked="" type="checkbox"/> Poor contrast <input checked="" type="checkbox"/> Mottle (If not Grade 1, mark all boxes that apply) <input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input type="checkbox"/> Other (please specify)	_____ _____ _____
---	-------------------------

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES a. SHAPE/SIZE <table style="width:100%;"> <tr> <td style="width:33%;">PRIMARY</td> <td style="width:33%;">SECONDARY</td> <td style="width:34%;">b. ZONES</td> </tr> <tr> <td style="text-align:center;">p s</td> <td style="text-align:center;">p s</td> <td style="text-align:center;">R L</td> </tr> <tr> <td style="text-align:center;">q t</td> <td style="text-align:center;">q <input checked="" type="checkbox"/></td> <td style="text-align:center;">UPPER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align:center;"><input checked="" type="checkbox"/> u</td> <td style="text-align:center;">r u</td> <td style="text-align:center;">MIDDLE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td style="text-align:center;">LOWER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></td> </tr> </table> c. PROFUSION <table style="width:100%; text-align:center;"> <tr> <td>0/-</td> <td>0/0</td> <td>0/1</td> </tr> <tr> <td>1/0</td> <td>1/1</td> <td>1/2</td> </tr> <tr> <td>2/1</td> <td>2/2</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>3/2</td> <td>3/3</td> <td>3/+</td> </tr> </table>	PRIMARY	SECONDARY	b. ZONES	p s	p s	R L	q t	q <input checked="" type="checkbox"/>	UPPER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> u	r u	MIDDLE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>			LOWER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	0/-	0/0	0/1	1/0	1/1	1/2	2/1	2/2	<input checked="" type="checkbox"/>	3/2	3/3	3/+	2C. LARGE OPACITIES SIZE <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Proceed to Section 3A
PRIMARY	SECONDARY	b. ZONES																										
p s	p s	R L																										
q t	q <input checked="" type="checkbox"/>	UPPER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>																										
<input checked="" type="checkbox"/> u	r u	MIDDLE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>																										
		LOWER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>																										
0/-	0/0	0/1																										
1/0	1/1	1/2																										
2/1	2/2	<input checked="" type="checkbox"/>																										
3/2	3/3	3/+																										

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	O R L	O R L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	O R L	O R L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	O R L	O R L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	O R L	O R L	O R L O L	O R O L
			1 2 3 1 2 3	a b c a b c

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	O R L	O R L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	O R L	O R L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c
			O R O L	O R O L
			1 2 3 1 2 3	a b c a b c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)
 aa bu ca cg cn co cp cv di ef em es fr hi ho id kl me pa pb pi ra rp

OD If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D)
 (See reverse for other symbol definitions.)

Date Physician or Worker notified? (mm-dd-yyyy)

4E. Should worker see personal physician because of findings in section 4? YES NO _____ - _____ - _____

4B. Other Symbol Definitions

Each of the following definition of symbols assumes an introductory qualifying word or phrase such as "changes indicative of" or "opacities suggestive of", or "suspect."

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae	ih	ill-defined heart border - should be recorded only if the length of the heart border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
- Fracture, healed (non-rib)
- Fracture, not healed (non-rib)
- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
- Density, lung
- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

READER'S INITIALS

--	--	--

DATE OF READING (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

--	--

STATE

--	--	--	--	--	--

ZIP CODE

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

4B. Other Symbol Definitions

Each of the following definition of symbols assumes an introductory qualifying word or phrase such as "changes indicative of" or "opacities suggestive of", or "suspect."

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae(e)	ih	ill-defined heart border - should be recorded only if the length of the heart border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
- Fracture, healed (non-rib)
- Fracture, not healed (non-rib)
- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
- Density, lung
- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

Pacemaker noted projecting over left chest.

5. PHYSICIAN'S Social Security Number*

					-			-				
--	--	--	--	--	---	--	--	---	--	--	--	--

* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

READER'S INITIALS

--	--	--

DATE OF READING (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

--	--

STATE

--	--	--	--	--

ZIP CODE

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

CHEST RADIOGRAPH CLASSIFICATION

FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL & PREVENTION

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--

Full SSN is optional, last 4 digits are required.

Coal Workers' Health Surveillance Program
National Institute for Occupational Safety and Health
1000 Frederick Lane, MS LB208
Morgantown, WV 26508
FAX: 304-285-6058

FACILITY Number - Unit Number

						-			
--	--	--	--	--	--	---	--	--	--

EXAMINEE'S Name (Last, First MI)

56

TYPE OF READING

A B F

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY	<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation	<input type="checkbox"/> Scapula Overlay
<input checked="" type="checkbox"/> 2	<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor contrast	<input type="checkbox"/> Mottle	Other (please specify)
<input type="checkbox"/> 3	<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Excessive Edge Enhancement	
(If not Grade 1, mark all boxes that apply)				

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES	b. ZONES	c. PROFUSION	2C. LARGE OPACITIES
a. SHAPE/SIZE	R L	0/- 0/0 0/1	SIZE
PRIMARY SECONDARY		1/0 1/1 <input checked="" type="checkbox"/>	O A <input checked="" type="checkbox"/> C
p s p <input checked="" type="checkbox"/>	UPPER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	2/1 2/2 2/3	Proceed to Section 3A
q t q t	MIDDLE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	3/2 3/3 3/+	
<input checked="" type="checkbox"/> u r u	LOWER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	O R <input checked="" type="checkbox"/>	O R <input checked="" type="checkbox"/>	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input checked="" type="checkbox"/> R L	<input checked="" type="checkbox"/> R L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	<input checked="" type="checkbox"/> R L	<input checked="" type="checkbox"/> R L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	<input checked="" type="checkbox"/> R L	<input checked="" type="checkbox"/> R L	<input checked="" type="checkbox"/> R <input type="checkbox"/> O <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> R <input type="checkbox"/> O <input checked="" type="checkbox"/>
			1 2 3 <input checked="" type="checkbox"/> 2 3	a b c <input checked="" type="checkbox"/> b c

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	O R L	O R L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	O R L	O R L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c
			O R O L	O R O L
			1 2 3 1 2 3	a b c a b c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B-E and 5. NO Complete Section 5.

5. NIOSH Reader ID	READER'S INITIALS	DATE OF READING (mm-dd-yyyy)
		07 - 17 - 2023
(Leave ID Number blank if you are not a NIOSH A or B Reader)		
SIGNATURE	PRINTED NAME (LAST, FIRST MIDDLE)	
STREET ADDRESS	CITY	STATE ZIP CODE

56

4B. OTHER SYMBOLS (OBLIGATORY)

aa at ax bu ca cg cn co cp cv di ef em es fr hi ho id ih kl me pa pb pi px ra rp tb

Grid of checkboxes for symbols, with some marked 'X'.

Table mapping symbols to descriptions: aa atherosclerotic aorta, at significant apical pleural thickening, ax coalescence of small opacities, bu bulla(e), ca cancer, thoracic malignancies, cg calcified non-pneumoconiotic nodules, cn calcification in small pneumoconiotic opacities, co abnormality of cardiac size or shape, cp cor pulmonale, cv cavity, di marked distortion of an intrathoracic structure, ef pleural effusion, em emphysema, es eggshell calcification of hilar or mediastinal lymph nodes, fr fractured rib(s), hi enlargement of non-calcified hilar or mediastinal lymph nodes, ho honeycomb lung, id ill-defined diaphragm border, ih ill-defined heart border, kl septal (Kerley) lines, me mesothelioma, pa plate atelectasis, pb parenchymal bands, pi pleural thickening of an interlobar fissure, px pneumothorax, ra rounded atelectasis, rp rheumatoid pneumoconiosis, tb tuberculosis.

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
Fracture, healed (non-rib)
Fracture, not healed (non-rib)
Scoliosis
Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
Density, lung
Infiltrate
Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
Post-surgical changes/sternal wire
Cyst

Vascular Disorders

- Aorta, anomaly of
Vascular abnormality

Date Physician or Worker notified? (mm-dd-yyyy)

4E. Should worker see personal physician because of findings? YES [] NO [X] []-[]-[]-[]-[]-[]

4D. OTHER COMMENTS

Five horizontal lines for handwritten comments.

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0020). Do not send the completed form to this address.

CHEST RADIOGRAPH CLASSIFICATION
FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

Coal Workers' Health Surveillance Program
National Institute for Occupational Safety and Health
1095 Willowdale Road, MS LB208
Morgantown, WV 26505

CDC/NIOSH (M) 2.8
REV. 12/2013

EXAMINEE'S Social Security Number

		-			-				
--	--	---	--	--	---	--	--	--	--

TYPE OF READING A B F

FACILITY ID#

				5	7
--	--	--	--	---	---

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY <input type="checkbox"/> Overexposed (dark) <input type="checkbox"/> Improper position <input type="checkbox"/> Underinflation <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> U/R <input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Poor contrast <input type="checkbox"/> Mottle (If not Grade 1, mark all boxes that apply) <input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input type="checkbox"/> Other (please specify) _____																																																
2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES <input checked="" type="checkbox"/> Complete Sections 2B and 2C NO <input type="checkbox"/> Proceed to Section 3A																																																
2B. SMALL OPACITIES a. SHAPE/SIZE PRIMARY SECONDARY <table style="width: 100%; text-align: center;"><tr><td style="width: 20px;">p</td><td style="width: 20px;">s</td><td style="width: 20px;">x</td><td style="width: 20px;">s</td></tr><tr><td>x</td><td>t</td><td>q</td><td>t</td></tr><tr><td>r</td><td>u</td><td>r</td><td>u</td></tr></table>		p	s	x	s	x	t	q	t	r	u	r	u	b. ZONES R L UPPER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> MIDDLE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> LOWER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>																																		
p	s	x	s																																													
x	t	q	t																																													
r	u	r	u																																													
		c. PROFUSION <table style="width: 100%; text-align: center;"><tr><td style="width: 20px;">0/-</td><td style="width: 20px;">0/0</td><td style="width: 20px;">0/1</td></tr><tr><td>1/0</td><td>1/1</td><td>1/2</td></tr><tr><td>2/1</td><td>x</td><td>2/3</td></tr><tr><td>3/2</td><td>3/3</td><td>3/+</td></tr></table>		0/-	0/0	0/1	1/0	1/1	1/2	2/1	x	2/3	3/2	3/3	3/+																																	
0/-	0/0	0/1																																														
1/0	1/1	1/2																																														
2/1	x	2/3																																														
3/2	3/3	3/+																																														
2C. LARGE OPACITIES SIZE <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Proceed to Section 3A																																																
3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES <input type="checkbox"/> Complete Sections 3B, 3C NO <input checked="" type="checkbox"/> Proceed to Section 4A																																																
3B. PLEURAL PLAQUES (mark site, calcification, extent, and width) Chest wall Site Calcification Extent (chest wall; combined for in profile and face on) Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3 Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c <table style="width: 100%; text-align: center;"><tr><td style="width: 20px;">O</td><td style="width: 20px;">R</td><td style="width: 20px;">L</td><td style="width: 20px;">O</td><td style="width: 20px;">R</td><td style="width: 20px;">L</td><td style="width: 20px;">O</td><td style="width: 20px;">R</td><td style="width: 20px;">L</td><td style="width: 20px;">O</td><td style="width: 20px;">L</td></tr><tr><td>O</td><td>R</td><td>L</td><td>O</td><td>R</td><td>L</td><td>O</td><td>R</td><td>L</td><td>O</td><td>L</td></tr><tr><td>O</td><td>R</td><td>L</td><td>O</td><td>R</td><td>L</td><td>O</td><td>R</td><td>L</td><td>O</td><td>L</td></tr><tr><td>O</td><td>R</td><td>L</td><td>O</td><td>R</td><td>L</td><td>1</td><td>2</td><td>3</td><td>1</td><td>2</td><td>3</td></tr></table>				O	R	L	O	R	L	O	R	L	O	L	O	R	L	O	R	L	O	R	L	O	L	O	R	L	O	R	L	O	R	L	O	L	O	R	L	O	R	L	1	2	3	1	2	3
O	R	L	O	R	L	O	R	L	O	L																																						
O	R	L	O	R	L	O	R	L	O	L																																						
O	R	L	O	R	L	O	R	L	O	L																																						
O	R	L	O	R	L	1	2	3	1	2	3																																					
3C. COSTOPHRENIC ANGLE OBLITERATION <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L Proceed to Section 3D NO <input type="checkbox"/> Proceed to Section 4A																																																
3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width) Chest wall Site Calcification Extent (chest wall; combined for in profile and face on) Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3 Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c <table style="width: 100%; text-align: center;"><tr><td style="width: 20px;">O</td><td style="width: 20px;">R</td><td style="width: 20px;">L</td><td style="width: 20px;">O</td><td style="width: 20px;">R</td><td style="width: 20px;">L</td><td style="width: 20px;">O</td><td style="width: 20px;">R</td><td style="width: 20px;">L</td><td style="width: 20px;">O</td><td style="width: 20px;">L</td></tr><tr><td>O</td><td>R</td><td>L</td><td>O</td><td>R</td><td>L</td><td>O</td><td>R</td><td>L</td><td>O</td><td>L</td></tr><tr><td>O</td><td>R</td><td>L</td><td>O</td><td>R</td><td>L</td><td>1</td><td>2</td><td>3</td><td>1</td><td>2</td><td>3</td></tr></table>				O	R	L	O	R	L	O	R	L	O	L	O	R	L	O	R	L	O	R	L	O	L	O	R	L	O	R	L	1	2	3	1	2	3											
O	R	L	O	R	L	O	R	L	O	L																																						
O	R	L	O	R	L	O	R	L	O	L																																						
O	R	L	O	R	L	1	2	3	1	2	3																																					
4A. ANY OTHER ABNORMALITIES? YES <input checked="" type="checkbox"/> Complete Sections 4B, 4C, 4D, 4E NO <input type="checkbox"/> Proceed to Section 5																																																
4B. OTHER SYMBOLS (OBLIGATORY) <input checked="" type="checkbox"/> at <input type="checkbox"/> ax <input type="checkbox"/> bu <input type="checkbox"/> ca <input type="checkbox"/> cg <input type="checkbox"/> cn <input type="checkbox"/> co <input type="checkbox"/> cp <input type="checkbox"/> cv <input type="checkbox"/> di <input type="checkbox"/> ef <input type="checkbox"/> em <input type="checkbox"/> es <input type="checkbox"/> fr <input type="checkbox"/> hi <input type="checkbox"/> ho <input type="checkbox"/> id <input type="checkbox"/> ih <input type="checkbox"/> kl <input type="checkbox"/> me <input type="checkbox"/> pa <input type="checkbox"/> pb <input type="checkbox"/> pi <input type="checkbox"/> px <input type="checkbox"/> ra <input type="checkbox"/> rp <input type="checkbox"/> tb <input type="checkbox"/> OD If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D) (See reverse for other symbol definitions.) Date Physician or Worker notified? (mm-dd-yyyy)																																																
4E. Should worker see personal physician because of findings in section 4? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <table style="width: 100%; text-align: center;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;">-</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;">-</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table>						-			-																																							
		-			-																																											

4B. Other Symbol Definitions

Each of the following definition of symbols assumes an introductory qualifying word or phrase such as "changes indicative of" or "opacities suggestive of", or "suspect."

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae(e)	ih	ill-defined heart border - should be recorded only if the length of the heart border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
- Fracture, healed (non-rib)
- Fracture, not healed (non-rib)
- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
- Density, lung
- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

READER'S INITIALS

--	--	--

DATE OF READING (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

--	--

STATE

--	--	--	--	--	--

ZIP CODE

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

4B. Other Symbol Definitions

Each of the following definition of symbols assumes an introductory qualifying word or phrase such as "changes indicative of" or "opacities suggestive of", or "suspect."

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae(e)	ih	ill-defined heart border - should be recorded only if the length of the heart border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
- Fracture, healed (non-rib)
- Fracture, not healed (non-rib)
- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
- Density, lung
- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

					-			-				
--	--	--	--	--	---	--	--	---	--	--	--	--

* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

READER'S INITIALS

--	--	--

DATE OF READING (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

STATE

ZIP CODE

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

CHEST RADIOGRAPH CLASSIFICATION

FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL & PREVENTION

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--

Full SSN is optional, last 4 digits are required.

Coal Workers' Health Surveillance Program
National Institute for Occupational Safety and Health
1000 Frederick Lane, MS LB208
Morgantown, WV 26508
FAX: 304-285-6058

FACILITY Number - Unit Number

						-			
--	--	--	--	--	--	---	--	--	--

EXAMINEE'S Name (Last, First MI)

59

TYPE OF READING

A B F

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY	<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation	<input type="checkbox"/> Scapula Overlay
<input checked="" type="checkbox"/> 2	<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor contrast	<input type="checkbox"/> Mottle	Other (please specify)
<input type="checkbox"/> 3	<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Excessive Edge Enhancement	<input type="checkbox"/>
(If not Grade 1, mark all boxes that apply)				

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES	b. ZONES	c. PROFUSION	2C. LARGE OPACITIES
a. SHAPE/SIZE	R L	0/- 0/0 0/1	SIZE
PRIMARY SECONDARY		1/0 1/2	O <input checked="" type="checkbox"/> B C
p s p s	UPPER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	2/1 2/2 2/3	Proceed to Section 3A
<input checked="" type="checkbox"/> t q t	MIDDLE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	3/2 3/3 3/4	
r u <input checked="" type="checkbox"/> u	LOWER <input type="checkbox"/> <input type="checkbox"/>		

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	O R L	O R L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	O R L	O R L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	O R L	O R L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	O R L	O R L		
			1 2 3 1 2 3	a b c a b c

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	O R L	O R L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	O R L	O R L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c
			1 2 3 1 2 3	a b c a b c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B-E and 5. NO Complete Section 5.

5. NIOSH Reader ID	READER'S INITIALS	DATE OF READING (mm-dd-yyyy)
<input type="text"/>	<input type="text"/>	07 - 17 - 2023
(Leave ID Number blank if you are not a NIOSH A or B Reader)		
<input type="text"/>	<input type="text"/>	
SIGNATURE	PRINTED NAME (LAST, FIRST MIDDLE)	
<input type="text"/>	<input type="text"/>	
STREET ADDRESS	CITY	STATE ZIP CODE

59

4B. OTHER SYMBOLS (OBLIGATORY)

aa at ax bu ca cg cn co cp cv di ef em es fr hi ho id ih kl me pa pb pi px ra rp tb

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae(e)	ih	ill-defined heart border - should be recorded only if the length of the heart border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
- Fracture, healed (non-rib)
- Fracture, not healed (non-rib)
- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
- Density, lung
- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

Date Physician or Worker notified? (mm-dd-yyyy)

4E. Should worker see personal physician because of findings? YES NO - -

4D. OTHER COMMENTS

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0020). Do not send the completed form to this address.

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

CHEST RADIOGRAPH CLASSIFICATION

FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL & PREVENTION

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--

Full SSN is optional, last 4 digits are required.

Coal Workers' Health Surveillance Program
National Institute for Occupational Safety and Health
1000 Frederick Lane, MS LB208
Morgantown, WV 26508
FAX: 304-285-6058

FACILITY Number - Unit Number

						-			
--	--	--	--	--	--	---	--	--	--

EXAMINEE'S Name (Last, First MI)

60

TYPE OF READING

A B F

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY	<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation	<input type="checkbox"/> Scapula Overlay
<input checked="" type="checkbox"/> 2	<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor contrast	<input type="checkbox"/> Mottle	Other (please specify)
<input type="checkbox"/> 3	<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Excessive Edge Enhancement	<input type="checkbox"/>
(If not Grade 1, mark all boxes that apply)				

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES	b. ZONES	c. PROFUSION	2C. LARGE OPACITIES
a. SHAPE/SIZE	R L	0/- 0/0 0/1	SIZE
PRIMARY SECONDARY		1/0 1/1 1/2	<input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
p s p s	UPPER <input type="checkbox"/> <input type="checkbox"/>	2/1 2/2 2/3	Proceed to Section 3A
q t q t	MIDDLE <input type="checkbox"/> <input type="checkbox"/>	3/2 3/3 3/+	
r u r u	LOWER <input type="checkbox"/> <input type="checkbox"/>		

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input checked="" type="checkbox"/> R <input type="checkbox"/> L	<input checked="" type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> O <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input checked="" type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	<input type="checkbox"/> O <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L	<input type="checkbox"/> O <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	<input type="checkbox"/> O <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L	<input type="checkbox"/> O <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L	<input type="checkbox"/> 0 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c
			<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input checked="" type="checkbox"/> c

3C. COSTOPHRENIC ANGLE OBLITERATION L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input checked="" type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input checked="" type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input checked="" type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input checked="" type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c
			<input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input checked="" type="checkbox"/> c
			<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B-E and 5. NO Complete Section 5.

5. NIOSH Reader ID	READER'S INITIALS	DATE OF READING (mm-dd-yyyy)
<input type="checkbox"/>	<input type="checkbox"/>	07 - 17 - 2023
(Leave ID Number blank if you are not a NIOSH A or B Reader)		
<input type="checkbox"/>		
SIGNATURE	PRINTED NAME (LAST, FIRST MIDDLE)	
<input type="checkbox"/>	<input type="checkbox"/>	
STREET ADDRESS	CITY	STATE ZIP CODE

CHEST RADIOGRAPH CLASSIFICATION
FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

Coal Workers' Health Surveillance Program
 National Institute for Occupational Safety and Health
 1095 Willowdale Road, MS LB208
 Morgantown, WV 26505

CDC/NIOSH (M) 2.8
 REV. 12/2013

EXAMINEE'S Social Security Number

		-			-				
--	--	---	--	--	---	--	--	--	--

TYPE OF READING A B F

FACILITY ID#

			6	7
--	--	--	---	---

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY <input type="checkbox"/> Overexposed (dark) <input type="checkbox"/> Improper position <input type="checkbox"/> Underinflation <input checked="" type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> U/R <input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Poor contrast <input type="checkbox"/> Mottle (If not Grade 1, mark all boxes that apply) <input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input type="checkbox"/> Other (please specify)	
--	--

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES a. SHAPE/SIZE PRIMARY SECONDARY <table style="width:100%; text-align:center;"> <tr> <td style="width:10px;">p</td><td style="width:10px;">s</td><td style="width:10px;">p</td><td style="width:10px;">s</td> </tr> <tr> <td>q</td><td>t</td><td>q</td><td>t</td> </tr> <tr> <td>r</td><td>u</td><td>r</td><td>u</td> </tr> </table> b. ZONES R L UPPER <input type="checkbox"/> <input type="checkbox"/> MIDDLE <input type="checkbox"/> <input type="checkbox"/> LOWER <input type="checkbox"/> <input type="checkbox"/>	p	s	p	s	q	t	q	t	r	u	r	u	c. PROFUSION <table style="width:100%; text-align:center;"> <tr> <td style="width:10px;">0/-</td><td style="width:10px;">0/0</td><td style="width:10px;">0/1</td> </tr> <tr> <td>1/0</td><td>1/1</td><td>1/2</td> </tr> <tr> <td>2/1</td><td>2/2</td><td>2/3</td> </tr> <tr> <td>3/2</td><td>3/3</td><td>3/+</td> </tr> </table>	0/-	0/0	0/1	1/0	1/1	1/2	2/1	2/2	2/3	3/2	3/3	3/+
p	s	p	s																						
q	t	q	t																						
r	u	r	u																						
0/-	0/0	0/1																							
1/0	1/1	1/2																							
2/1	2/2	2/3																							
3/2	3/3	3/+																							
2C. LARGE OPACITIES SIZE <input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Proceed to Section 3A																									

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)									
Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on) Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3						
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c						
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L							
Diaphragm	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> L							
Other site(s)	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3							
			<table style="width:100%; text-align:center;"> <tr> <td style="width:10px;">a</td><td style="width:10px;">b</td><td style="width:10px;">c</td> <td style="width:10px;">a</td><td style="width:10px;">b</td><td style="width:10px;">c</td> </tr> </table>	a	b	c	a	b	c
a	b	c	a	b	c				

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)								
Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on) Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3					
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c					
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L						
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3						
		<table style="width:100%; text-align:center;"> <tr> <td style="width:10px;">a</td><td style="width:10px;">b</td><td style="width:10px;">c</td> <td style="width:10px;">a</td><td style="width:10px;">b</td><td style="width:10px;">c</td> </tr> </table>		a	b	c	a	b
a	b	c	a	b	c			

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)
 aa at ax bu ca cg cn co cp cv di ef em es fr hi ho id ih kl me pa pb pi px ra rp tb

OD If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D)
 (See reverse for other symbol definitions.)

Date Physician or Worker notified? (mm-dd-yyyy)

4E. Should worker see personal physician because of findings in section 4? YES NO

		-			-				
--	--	---	--	--	---	--	--	--	--

4B. Other Symbol Definitions

Each of the following definition of symbols assumes an introductory qualifying word or phrase such as "changes indicative of" or "opacities suggestive of", or "suspect."

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae(e)	ih	ill-defined heart border - should be recorded only if the length of the heart border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
- Fracture, healed (non-rib)
- Fracture, not healed (non-rib)
- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
- Density, lung
- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

					-			-						
--	--	--	--	--	---	--	--	---	--	--	--	--	--	--

* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

READER'S INITIALS

--	--	--

DATE OF READING (mm-dd-yyyy)

		-			-					
--	--	---	--	--	---	--	--	--	--	--

SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

--	--

STATE

--	--	--	--	--	--

ZIP CODE

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

CHEST RADIOGRAPH CLASSIFICATION

FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL & PREVENTION

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--	--	--

Full SSN is optional, last 4 digits are required.

Coal Workers' Health Surveillance Program
National Institute for Occupational Safety and Health
1000 Frederick Lane, MS LB208
Morgantown, WV 26508
FAX: 304-285-6058

FACILITY Number - Unit Number

						-			
--	--	--	--	--	--	---	--	--	--

EXAMINEE'S Name (Last, First MI)

68

TYPE OF READING

A B F

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY	<input type="checkbox"/> Overexposed (dark)	<input checked="" type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation	<input checked="" type="checkbox"/> Scapula Overlay
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Poor contrast	<input type="checkbox"/> Mottle	<input type="checkbox"/> Other (please specify)
(If not Grade 1, mark all boxes that apply)	<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Excessive Edge Enhancement	<input type="checkbox"/>
	<input type="checkbox"/> Artifacts			

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES	b. ZONES	c. PROFUSION	2C. LARGE OPACITIES
a. SHAPE/SIZE	R L	0/- 0/0 0/1	SIZE
PRIMARY SECONDARY		1/0 1/1 <input checked="" type="checkbox"/>	<input type="checkbox"/> O <input type="checkbox"/> A <input checked="" type="checkbox"/> C
<input type="checkbox"/> p <input type="checkbox"/> s	UPPER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	2/1 2/2 2/3	Proceed to Section 3A
<input checked="" type="checkbox"/> t	MIDDLE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	3/2 3/3 3/+	
<input type="checkbox"/> r <input type="checkbox"/> u	LOWER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		
<input type="checkbox"/> p <input type="checkbox"/> s			
<input type="checkbox"/> q <input type="checkbox"/> t			
<input checked="" type="checkbox"/> u			

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B-E and 5. NO Complete Section 5.

5. NIOSH Reader ID	READER'S INITIALS	DATE OF READING (mm-dd-yyyy)
<input type="checkbox"/>	<input type="checkbox"/>	07 - 17 - 2023
(Leave ID Number blank if you are not a NIOSH A or B Reader)		
<input type="checkbox"/>		
SIGNATURE	PRINTED NAME (LAST, FIRST MIDDLE)	
STREET ADDRESS	CITY	STATE ZIP CODE

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

CHEST RADIOGRAPH CLASSIFICATION

FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL & PREVENTION

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--

Full SSN is optional, last 4 digits are required.

Coal Workers' Health Surveillance Program
National Institute for Occupational Safety and Health
1000 Frederick Lane, MS LB208
Morgantown, WV 26508
FAX: 304-285-6058

FACILITY Number - Unit Number

						-			
--	--	--	--	--	--	---	--	--	--

EXAMINEE'S Name (Last, First MI)

70

TYPE OF READING

A B F

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY	<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Improper position	<input checked="" type="checkbox"/> Underinflation	<input type="checkbox"/> Scapula Overlay
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor contrast	<input type="checkbox"/> Mottle
<input type="checkbox"/> U/R	<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Excessive Edge Enhancement	<input type="checkbox"/> Other (please specify)
(If not Grade 1, mark all boxes that apply)				

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES	b. ZONES	c. PROFUSION	2C. LARGE OPACITIES
a. SHAPE/SIZE	R L	0/- 0/0 0/1	SIZE
PRIMARY SECONDARY		1/0 1/1 1/2	<input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
<input type="checkbox"/> p <input type="checkbox"/> s	UPPER <input type="checkbox"/> <input type="checkbox"/>	2/1 2/2 2/3	Proceed to Section 3A
<input type="checkbox"/> q <input type="checkbox"/> t	MIDDLE <input type="checkbox"/> <input type="checkbox"/>	3/2 3/3 3/+	
<input type="checkbox"/> r <input type="checkbox"/> u	LOWER <input type="checkbox"/> <input type="checkbox"/>		

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B-E and 5. NO Complete Section 5.

5. NIOSH Reader ID	READER'S INITIALS	DATE OF READING (mm-dd-yyyy)
<input type="checkbox"/>	<input type="checkbox"/>	07 - 17 - 2023
(Leave ID Number blank if you are not a NIOSH A or B Reader)		
<input type="checkbox"/>		
SIGNATURE	PRINTED NAME (LAST, FIRST MIDDLE)	
STREET ADDRESS	CITY	STATE ZIP CODE

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

CHEST RADIOGRAPH CLASSIFICATION

FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL & PREVENTION

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--

Full SSN is optional, last 4 digits are required.

Coal Workers' Health Surveillance Program
National Institute for Occupational Safety and Health
1000 Frederick Lane, MS LB208
Morgantown, WV 26508
FAX: 304-285-6058

FACILITY Number - Unit Number

						-			
--	--	--	--	--	--	---	--	--	--

EXAMINEE'S Name (Last, First MI)

71

TYPE OF READING

A B F

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY	<input type="checkbox"/> Overexposed (dark)	<input checked="" type="checkbox"/> Improper position	<input checked="" type="checkbox"/> Underinflation	<input type="checkbox"/> Scapula Overlay
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/>	<input type="checkbox"/> Other (please specify)
(If not Grade 1, mark all boxes that apply)	<input checked="" type="checkbox"/> Underexposed (light)	<input checked="" type="checkbox"/> Poor contrast	<input checked="" type="checkbox"/> Mottle	<input type="checkbox"/>
	<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Excessive Edge Enhancement	<input type="checkbox"/>

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES	b. ZONES	c. PROFUSION	2C. LARGE OPACITIES
a. SHAPE/SIZE	R L	0/- 0/0 0/1	SIZE
PRIMARY SECONDARY		1/0 1/1 1/2	<input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
<input type="checkbox"/> p <input type="checkbox"/> s <input type="checkbox"/> q <input type="checkbox"/> t <input type="checkbox"/> r <input type="checkbox"/> u	UPPER MIDDLE LOWER	2/1 2/2 2/3 3/2 3/3 3/+	Proceed to Section 3A

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B-E and 5. NO Complete Section 5.

5. NIOSH Reader ID	READER'S INITIALS	DATE OF READING (mm-dd-yyyy)
<input type="checkbox"/>	<input type="checkbox"/>	07 - 17 - 2023
(Leave ID Number blank if you are not a NIOSH A or B Reader)		
<input type="checkbox"/>		
SIGNATURE	PRINTED NAME (LAST, FIRST MIDDLE)	
STREET ADDRESS	CITY	STATE ZIP CODE

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

CHEST RADIOGRAPH CLASSIFICATION

FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL & PREVENTION

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--	--	--

Full SSN is optional, last 4 digits are required.

Coal Workers' Health Surveillance Program
National Institute for Occupational Safety and Health
1000 Frederick Lane, MS LB208
Morgantown, WV 26508
FAX: 304-285-6058

FACILITY Number - Unit Number

						-			
--	--	--	--	--	--	---	--	--	--

EXAMINEE'S Name (Last, First MI)

75

TYPE OF READING

A B F

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY	<input type="checkbox"/> Overexposed (dark)	<input checked="" type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation	<input type="checkbox"/> Scapula Overlay
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Poor contrast	<input type="checkbox"/> Mottle	<input type="checkbox"/> Other (please specify)
(If not Grade 1, mark all boxes that apply)	<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Excessive Edge Enhancement	<input checked="" type="checkbox"/> Slightly rotated LA

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES	b. ZONES	c. PROFUSION	2C. LARGE OPACITIES
a. SHAPE/SIZE	R L	0/- 0/0 0/1	SIZE
PRIMARY SECONDARY	UPPER	1/0 <input checked="" type="checkbox"/> 1/2	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
<input type="checkbox"/> p <input checked="" type="checkbox"/> t	MIDDLE	2/1 2/2 2/3	Proceed to Section 3A
<input type="checkbox"/> q <input checked="" type="checkbox"/> u	LOWER	3/2 3/3 3/+	

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> R L	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> a <input checked="" type="checkbox"/> c

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B-E and 5. NO Complete Section 5.

5. NIOSH Reader ID	READER'S INITIALS	DATE OF READING (mm-dd-yyyy)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	07 - 18 - 2023
(Leave ID Number blank if you are not a NIOSH A or B Reader)		
<input type="text"/>	<input type="text"/>	
SIGNATURE	PRINTED NAME (LAST, FIRST MIDDLE)	
<input type="text"/>	<input type="text"/>	
STREET ADDRESS	CITY	STATE ZIP CODE

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

CHEST RADIOGRAPH CLASSIFICATION

FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL & PREVENTION

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--

Full SSN is optional, last 4 digits are required.

Coal Workers' Health Surveillance Program
National Institute for Occupational Safety and Health
1000 Frederick Lane, MS LB208
Morgantown, WV 26508
FAX: 304-285-6058

FACILITY Number - Unit Number

						-			
--	--	--	--	--	--	---	--	--	--

EXAMINEE'S Name (Last, First MI)

76

TYPE OF READING

A B F

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY	<input type="checkbox"/> Overexposed (dark)	<input checked="" type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation	<input checked="" type="checkbox"/> Scapula Overlay
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> U/R	<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor contrast
(If not Grade 1, mark all boxes that apply)		<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Mottle
		<input type="checkbox"/> Excessive Edge Enhancement	<input type="checkbox"/> Other (please specify)	

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES	b. ZONES	c. PROFUSION	2C. LARGE OPACITIES
a. SHAPE/SIZE	R L	0/- 0/0 0/1	SIZE <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
PRIMARY SECONDARY	UPPER	1/0 1/1 1/2	Proceed to Section 3A
<input type="checkbox"/> p <input checked="" type="checkbox"/> t	MIDDLE	2/1 <input checked="" type="checkbox"/> 2/3	
<input type="checkbox"/> q <input type="checkbox"/> s	LOWER	3/2 3/3 3/4	
<input type="checkbox"/> r <input type="checkbox"/> u			

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B-E and 5. NO Complete Section 5.

5. NIOSH Reader ID	READER'S INITIALS	DATE OF READING (mm-dd-yyyy)
<input type="checkbox"/>	<input type="checkbox"/>	07 - 18 - 2023
(Leave ID Number blank if you are not a NIOSH A or B Reader)		
<input type="checkbox"/>		
SIGNATURE	PRINTED NAME (LAST, FIRST MIDDLE)	
STREET ADDRESS	CITY	STATE ZIP CODE

DATE OF RADIOGRAPH (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

CHEST RADIOGRAPH CLASSIFICATION

FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL & PREVENTION

EXAMINEE'S Social Security Number

--	--	--	--	--	--	--	--	--	--

Full SSN is optional, last 4 digits are required.

Coal Workers' Health Surveillance Program
National Institute for Occupational Safety and Health
1000 Frederick Lane, MS LB208
Morgantown, WV 26508
FAX: 304-285-6058

FACILITY Number - Unit Number

						-			
--	--	--	--	--	--	---	--	--	--

EXAMINEE'S Name (Last, First MI)

77

TYPE OF READING

A B F

Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY	<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation	<input type="checkbox"/> Scapula Overlay
<input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> U/R	<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor contrast	<input type="checkbox"/> Mottle	Other (please specify)
(If not Grade 1, mark all boxes that apply)	<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Excessive Edge Enhancement	<input type="checkbox"/>

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES	b. ZONES	c. PROFUSION	2C. LARGE OPACITIES
a. SHAPE/SIZE	R L	0/- 0/0 0/1	SIZE <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Proceed to Section 3A
PRIMARY SECONDARY	UPPER	1/0 <input checked="" type="checkbox"/> 1/2	
p s p s	MIDDLE	2/1 2/2 2/3	
q <input checked="" type="checkbox"/> q <input checked="" type="checkbox"/>	LOWER	3/2 3/3 3/4	
r u r u			

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	O <input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> R L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input checked="" type="checkbox"/> R L	<input checked="" type="checkbox"/> R L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	<input checked="" type="checkbox"/> R L	<input checked="" type="checkbox"/> R L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	<input checked="" type="checkbox"/> R L	<input checked="" type="checkbox"/> R L	O <input checked="" type="checkbox"/> 1 2 3	O <input checked="" type="checkbox"/> L
			1 <input checked="" type="checkbox"/> 3 1 2 3	<input checked="" type="checkbox"/> b c a b c

3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	O R L	O R L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	O R L	O R L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c
			O R O L	O R O L
			1 2 3 1 2 3	a b c a b c

4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B-E and 5. NO Complete Section 5.

5. NIOSH Reader ID	READER'S INITIALS	DATE OF READING (mm-dd-yyyy)
<input type="text"/>	<input type="text"/>	07 - 18 - 2023
(Leave ID Number blank if you are not a NIOSH A or B Reader)		
<input type="text"/>	<input type="text"/>	
SIGNATURE	PRINTED NAME (LAST, FIRST MIDDLE)	
<input type="text"/>	<input type="text"/>	
STREET ADDRESS	CITY	STATE ZIP CODE

4B. Other Symbol Definitions

Each of the following definition of symbols assumes an introductory qualifying word or phrase such as "changes indicative of" or "opacities suggestive of", or "suspect."

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae(e)	ih	ill-defined heart border - should be recorded only if the length of the heart border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

- Bony chest cage abnormality
- Fracture, healed (non-rib)
- Fracture, not healed (non-rib)
- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

- Azygos lobe
- Density, lung
- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

READER'S INITIALS

--	--	--

DATE OF READING (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

--	--

STATE

--	--	--	--	--	--

ZIP CODE

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

