

DATE OF RADIOGRAPH

MONTH DAY YEAR

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CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number

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ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING

A B P

FACILITY IDENTIFICATION

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Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

1. FILM QUALITY

<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation
<input type="checkbox"/> 2	<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor contrast	<input type="checkbox"/> Mottle
<input type="checkbox"/> 3	<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Other (please specify)
<input checked="" type="checkbox"/> U/R			

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

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

YES Complete Sections 2B and 2C NO Proceed to Section 3A

<p>2B. SMALL OPACITIES</p> <p>a. SHAPE/SIZE</p> <table border="0"> <tr> <td>PRIMARY</td> <td>SECONDARY</td> <td></td> </tr> <tr> <td><input type="checkbox"/> p</td> <td><input type="checkbox"/> s</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> t</td> <td><input checked="" type="checkbox"/> q</td> <td></td> </tr> <tr> <td><input type="checkbox"/> r</td> <td><input type="checkbox"/> u</td> <td></td> </tr> </table>	PRIMARY	SECONDARY		<input type="checkbox"/> p	<input type="checkbox"/> s		<input checked="" type="checkbox"/> t	<input checked="" type="checkbox"/> q		<input type="checkbox"/> r	<input type="checkbox"/> u		<p>b. ZONES</p> <table border="0"> <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 checked="" type="checkbox"/></td> <td><input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>c. PROFUSION</p> <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>2/2</td> <td><input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 3	3/2	3/3	3/+	<p>2C. LARGE OPACITIES</p> <p>SIZE <input type="checkbox"/> O <input checked="" type="checkbox"/> B <input type="checkbox"/> C</p> <p>Proceed to Section 3A</p>
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3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

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	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	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	> 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	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	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, 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 t

If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?

MONTH DAY YEAR

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

Proceed to Section 5

5. PHYSICIAN'S Social Security Number*

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

FILM READER'S INITIALS

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DATE OF READING

MONTH DAY YEAR

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LAST NAME - STREET ADDRESS

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

Old film should be obtained for comparison.

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

1 2 3 U/R

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

YES Complete Sections 2B and 2C NO Proceed to Section 3A

<p>2B. SMALL OPACITIES</p> <p>a. SHAPE/SIZE</p> <table border="1"> <tr> <th>PRIMARY</th><th>SECONDARY</th> </tr> <tr> <td>p <input checked="" type="checkbox"/></td><td>p <input checked="" type="checkbox"/></td> </tr> <tr> <td>q <input type="checkbox"/></td><td>q <input type="checkbox"/></td> </tr> <tr> <td>r <input type="checkbox"/></td><td>r <input type="checkbox"/></td> </tr> <tr> <td>t <input type="checkbox"/></td><td>t <input type="checkbox"/></td> </tr> <tr> <td>u <input type="checkbox"/></td><td>u <input type="checkbox"/></td> </tr> </table> <p>b. ZONES</p> <table border="1"> <tr> <th></th><th>R</th><th>L</th> </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 checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td> </tr> </table> <p>c. PROFUSION</p> <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>2/2</td><td>3/3</td> </tr> <tr> <td>3/2</td><td>3/3</td><td>3/+</td> </tr> </table>	PRIMARY	SECONDARY	p <input checked="" type="checkbox"/>	p <input checked="" type="checkbox"/>	q <input type="checkbox"/>	q <input type="checkbox"/>	r <input type="checkbox"/>	r <input type="checkbox"/>	t <input type="checkbox"/>	t <input type="checkbox"/>	u <input type="checkbox"/>	u <input type="checkbox"/>		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"/>	0/-	0/0	0/1	1/0	1/1	1/2	2/1	2/2	3/3	3/2	3/3	3/+	<p>2C. LARGE OPACITIES</p> <p>SIZE <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C</p> <p>Proceed to Section 3A</p>
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YES Complete Sections 3B, 3C NO Proceed to Section 4A

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

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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)
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4A. ANY OTHER ABNORMALITIES?

YES Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5

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OD If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?

MONTH DAY YEAR

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

Proceed to Section 5

MONTH DAY YEAR

5. PHYSICIAN'S Social Security Number*

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FILM READER'S INITIALS

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LAST NAME - STREET ADDRESS

CITY CDC/NIOSH (M) 2.8
REV. 6/02

STATE ZIP CODE

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

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- Azygos lobe
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- Nodule, nodular lesion

Miscellaneous Abnormalities

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

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

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-24, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

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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	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c
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Diaphragm	<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"/>	<input type="checkbox"/>
Other site(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3C. COSTOPHRENIC ANGLE OBLITERATION

Proceed to Section 3D NO Proceed to Section 4A

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

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4A. ANY OTHER ABNORMALITIES?

YES Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5

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OD If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?

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

Proceed to Section 5

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5. PHYSICIAN'S Social Security Number*

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LAST NAME - STREET ADDRESS

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CDC/NIOSH (M) 2.8
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WORKER'S Social Security Number

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ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING

A B P

FACILITY IDENTIFICATION

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Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

1. FILM 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 type="checkbox"/> Mottle
<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Other (please specify)

1 2 3 U/R

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

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

YES Complete Sections 2B and 2C NO Proceed to Section 3A

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

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

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)
	In profile	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> R L	(3mm minimum width required)
	Face on	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> R L	3 to 5 mm = a
	Diaphragm	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> R L	5 to 10 mm = b
Other site(s)	<input checked="" type="checkbox"/> R L	<input checked="" type="checkbox"/> R L	> 10 mm = c	<input type="checkbox"/> a <input checked="" type="checkbox"/> b <input checked="" type="checkbox"/> c

3C. COSTOPHRENIC ANGLE OBLITERATION

R 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)
	In profile	<input type="checkbox"/> R <input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> R	(3mm minimum width required)
	Face on	<input checked="" type="checkbox"/> R L	<input checked="" type="checkbox"/> R	3 to 5 mm = a
			> 1/2 of lateral chest wall = 3	5 to 10 mm = b
				> 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 em es fr hi ho ih kl pa pb pi px ra rp tb

If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?

MONTH DAY YEAR

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

Proceed to Section 5

5. PHYSICIAN'S Social Security Number*

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

FILM READER'S INITIALS

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DATE OF READING

MONTH DAY YEAR

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LAST NAME - STREET ADDRESS

CITY STATE ZIP CODE

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

Rule out mesothelioma. Suggest oblique projections.

DATE OF RADIOGRAPH

MONTH DAY YEAR

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CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number

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ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING

A B P

FACILITY IDENTIFICATION

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Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

1. FILM QUALITY

<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input 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 PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

YES Complete Sections 2B and 2C NO Proceed to Section 3A

<p>2B. SMALL OPACITIES</p> <p>a. SHAPE/SIZE</p> <table border="1"> <tr> <th>PRIMARY</th> <th>SECONDARY</th> </tr> <tr> <td><input checked="" 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 checked="" type="checkbox"/> t</td> <td><input type="checkbox"/> q</td> </tr> <tr> <td><input type="checkbox"/> r</td> <td><input checked="" type="checkbox"/> u</td> </tr> <tr> <td><input type="checkbox"/> u</td> <td><input type="checkbox"/> t</td> </tr> </table> <p>b. ZONES</p> <table border="1"> <tr> <th></th> <th>R</th> <th>L</th> </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 checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table> <p>c. PROFUSION</p> <table border="1"> <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>	PRIMARY	SECONDARY	<input checked="" type="checkbox"/> p	<input type="checkbox"/> p	<input type="checkbox"/> s	<input type="checkbox"/> s	<input checked="" type="checkbox"/> t	<input type="checkbox"/> q	<input type="checkbox"/> r	<input checked="" type="checkbox"/> u	<input type="checkbox"/> u	<input type="checkbox"/> t		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"/>	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/+	<p>2C. LARGE OPACITIES</p> <p>SIZE</p> <table border="1"> <tr> <td><input type="checkbox"/> O</td> <td><input type="checkbox"/> A</td> <td><input type="checkbox"/> B</td> <td><input checked="" type="checkbox"/></td> </tr> </table> <p>Proceed to Section 3A</p>	<input type="checkbox"/> O	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/>
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3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

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	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c						
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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"/> O	<input type="checkbox"/> L	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> c
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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> O	<input type="checkbox"/> L	<input type="checkbox"/> a	<input type="checkbox"/> b	<input type="checkbox"/> 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"/> O	<input type="checkbox"/> L	<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	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c						
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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"/> O	<input type="checkbox"/> L	<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 ad ca cg cn co cp cv ef eh es fr hi ho ih kl me pa pb pi px ra rp tb

If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?

MONTH DAY YEAR

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

Proceed to Section 5

MONTH DAY YEAR

5. PHYSICIAN'S Social Security Number*

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FILM READER'S INITIALS

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DATE OF READING

MONTH DAY YEAR

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LAST NAME - STREET ADDRESS

CITY STATE ZIP CODE

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

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- 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

Dextro-cardiac, congenital anomaly of the left fourth rib.

DATE OF RADIOGRAPH

MONTH DAY YEAR

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CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
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PO Box 4258
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WORKER'S Social Security Number

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ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A	B	P

FACILITY IDENTIFICATION

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Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

1. FILM QUALITY

<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation
<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> U/R <input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor contrast	<input type="checkbox"/> Mottle
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2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

YES Complete Sections 2B and 2C NO Proceed to Section 3A

<p>2B. SMALL OPACITIES</p> <p>a. SHAPE/SIZE</p> <table border="1"> <tr> <th>PRIMARY</th><th>SECONDARY</th> </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 type="checkbox"/> r <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 type="checkbox"/> r <input checked="" type="checkbox"/>	<p>b. ZONES</p> <table border="1"> <tr> <th></th><th>R</th><th>L</th> </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"/>	<p>c. PROFUSION</p> <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>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>2C. LARGE OPACITIES</p> <p>SIZE <input type="checkbox"/> O <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C</p> <p>Proceed to Section 3A</p>
PRIMARY	SECONDARY																																		
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3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

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	O	R	L	3 to 5 mm = a	
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Diaphragm	O	R	L	O	R	L	> 1/2 of lateral chest wall = 3	1	2	3	> 10 mm = c		
Other site(s)	O	R	L	O	R	L					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)			
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4A. ANY OTHER ABNORMALITIES?

YES Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)

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

OD If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?

MONTH DAY YEAR

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

Proceed to Section 5

MONTH DAY YEAR

5. PHYSICIAN'S Social Security Number*

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FILM READER'S INITIALS

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DATE OF READING

MONTH DAY YEAR

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LAST NAME - STREET ADDRESS

CITY CDC/NIOSH (M) 2.8
REV. 6/02

STATE ZIP CODE

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
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- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

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

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

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-24, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

DATE OF RADIOGRAPH
MONTH DAY YEAR
[][] [][] [][][][]

CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number
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ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING
A B P
[] [] []
A B P

FACILITY IDENTIFICATION
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1. FILM QUALITY
[] Overexposed (dark) [] Improper position [] Underinflation
[1] [] [3] [U/R] [] Underexposed (light) [] Poor contrast [] Mottle
(If not Grade 1, mark all boxes that apply) [] Artifacts [] Poor processing [] Other (please specify)
Film slightly underexposed for seeing upper lateral chest walls.

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

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

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?
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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 [] [] [] [] [] [] [] [] Up to 1/4 of lateral chest wall = 1
Face on [] [] [] [] [] [] [] [] 1/4 to 1/2 of lateral chest wall = 2
Diaphragm [] [] [] [] [] [] [] [] > 1/2 of lateral chest wall = 3
Other site(s) [] [] [] [] [] [] [] []
1 2 3 1 2 3 a b c a b c

3C. COSTOPHRENIC ANGLE OBLITERATION [] [] 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 [] [] [] [] [] [] [] [] Up to 1/4 of lateral chest wall = 1
Face on [] [] [] [] [] [] [] [] 1/4 to 1/2 of lateral chest wall = 2
[] [] [] [] [] [] [] [] > 1/2 of lateral chest wall = 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 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, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?
MONTH DAY YEAR

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

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.
FILM READER'S INITIALS [][][] DATE OF READING MONTH DAY YEAR [][][] [][][] [][][][][]

LAST NAME - STREET ADDRESS

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

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-24, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

DATE OF RADIOGRAPH

MONTH DAY YEAR

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CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number

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ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING

A B P

FACILITY IDENTIFICATION

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Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

1. FILM QUALITY

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

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

YES Complete Sections 2B and 2C NO Proceed to Section 3A

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

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

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	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	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	> 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	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	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, 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, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?

MONTH DAY YEAR

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

Proceed to Section 5

MONTH DAY YEAR

5. PHYSICIAN'S Social Security Number*

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

FILM READER'S INITIALS

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DATE OF READING

MONTH DAY YEAR

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LAST NAME - STREET ADDRESS

CITY CDC/NIOSH (M) 2.8
REV. 6/02

STATE ZIP CODE

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

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-24, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

DATE OF RADIOGRAPH
MONTH DAY YEAR
[][] [][] [][][][]

CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number
[][][][] [][][] [][][][][]

ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING
A [] B [] P []

FACILITY IDENTIFICATION
[][][][][][]

Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

1. FILM QUALITY
[] Overexposed (dark) [] Improper position [] Underinflation
[x] [2] [3] [U/R] [] Underexposed (light) [] Poor contrast [] Mottle
(If not Grade 1, mark all boxes that apply) [] Artifacts [] Poor processing [] Other (please specify)

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

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

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? 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)
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)
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
[O] [R] [L] [O] [R] [L] > 10 mm = c
1 2 3 1 2 3 a b c a b c

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] [x] [cg] [cn] [co] [cp] [cv] [di] [ef] [em] [es] [fr] [hi] [ho] [id] [ih] [kl] [me] [pa] [pb] [pi] [px] [ra] [rp] [tb]
[x] If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?
MONTH DAY YEAR

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

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.
FILM READER'S INITIALS [][][] DATE OF READING MONTH DAY YEAR [][][] [][][] [][][][]

LAST NAME - STREET ADDRESS

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

"ca"-nodule right costophrenic angle (? etiology) and one between right 5th and 6th anterior ribs (? nipple), need old films and/or nipple marker film. ? right upper zone opacity is a carcinoma rather than large opacity of pneumoconiosis.

DATE OF RADIOGRAPH

MONTH DAY YEAR

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CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number

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ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING

A B P

FACILITY IDENTIFICATION

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Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

1. FILM 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 type="checkbox"/> Mottle
<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Other (please specify)

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

1 2 U/R

Left scapula overlaps chest.

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

YES Complete Sections 2B and 2C NO Proceed to Section 3A

<p>2B. SMALL OPACITIES</p> <p>a. SHAPE/SIZE</p> <table border="0"> <tr> <td>PRIMARY</td> <td>SECONDARY</td> <td></td> </tr> <tr> <td>p s</td> <td>p s</td> <td></td> </tr> <tr> <td>q t</td> <td>q t</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> u</td> <td><input checked="" type="checkbox"/> r</td> <td></td> </tr> </table>	PRIMARY	SECONDARY		p s	p s		q t	q t		<input checked="" type="checkbox"/> u	<input checked="" type="checkbox"/> r		<p>b. ZONES</p> <table border="0"> <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 checked="" type="checkbox"/></td> <td><input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>c. PROFUSION</p> <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"/> 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	<input checked="" type="checkbox"/> 2/2	2/3	3/2	3/3	3/+	<p>2C. LARGE OPACITIES</p> <p>SIZE <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C</p> <p>Proceed to Section 3A</p>
PRIMARY	SECONDARY																																						
p s	p s																																						
q t	q t																																						
<input checked="" type="checkbox"/> u	<input checked="" type="checkbox"/> r																																						
	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"/>																																					
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 PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

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 type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Up to 1/4 of lateral chest wall = 1
	Face on	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1/4 to 1/2 of lateral chest wall = 2
	Diaphragm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	> 1/2 of lateral chest wall = 3
Other site(s)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

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"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Up to 1/4 of lateral chest wall = 1
	Face on	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1/4 to 1/2 of lateral chest wall = 2
			> 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 me pa pb pi px ra rp tb

OD If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?

MONTH DAY YEAR

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

Proceed to Section 5

MONTH DAY YEAR

5. PHYSICIAN'S Social Security Number*

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

FILM READER'S INITIALS

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DATE OF READING

MONTH DAY YEAR

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

LAST NAME - STREET ADDRESS

CITY CDC/NIOSH (M) 2.8
REV. 6/02

STATE ZIP CODE

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
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Bony Abnormalities

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

Lung Parenchymal Abnormalities

- Azygos lobe
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- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

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

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

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-24, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE

OMB No.: 0920-0020
Exp. Date: 05/31/2004

DATE OF RADIOGRAPH

MONTH DAY YEAR
[][] [][] [][][][]

CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
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Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number

[][][][] [][][] [][][][][]

ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING

[] [] []
A B P

FACILITY IDENTIFICATION

[][][][][]

Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

1. FILM QUALITY

Overexposed (dark) Improper position Underinflation
Underexposed (light) Poor contrast Mottle
Artifacts Poor processing Other (please specify)

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

YES [x] 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
p s p s UPPER [x] [x]
q t q t MIDDLE [x] [x]
r [x] [x] u LOWER [x] [x]
0/0 0/1 0/1
1/0 1/1 1/2
2/1 2/2 2/3
3/2 3/3 3/+

2C. LARGE OPACITIES

SIZE [] [x] [] [] Proceed to Section 3A

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

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)
In profile Face on Diaphragm Other site(s)

3C. COSTOPHRENIC ANGLE OBLITERATION

[] [] 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 Face on

4A. ANY OTHER ABNORMALITIES?

YES [x] Complete Sections 4B, 4C, 4D, 4E NO [] Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)

aa at ax [x] ca [x] cn co cp cv di ef em es fr hi ho [x] [x] [x] me pa pb pi px ra rp tb

[] If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?
MONTH DAY YEAR

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

[][][] [][][] [][][][]

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.

FILM READER'S INITIALS

[][][]

DATE OF READING

MONTH DAY YEAR
[][] [][] [][][][]

LAST NAME - STREET ADDRESS

CITY

CDC/NIOSH (M) 2.8
REV. 6/02

STATE

ZIP CODE

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

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-24, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

DATE OF RADIOGRAPH
MONTH DAY YEAR
[][] [][] [][][][]

CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number
[][][][] [][][] [][][][][]

ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING
A B P
[] [] []
A B P

FACILITY IDENTIFICATION
[][][][][]

Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

1. FILM QUALITY
[] Overexposed (dark) [] Improper position [] Underinflation
[x] [2] [3] [U/R] [] Underexposed (light) [] Poor contrast [] Mottle
(If not Grade 1, mark all boxes that apply) [] Artifacts [] Poor processing [] Other (please specify)

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

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

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? 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)
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)
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
[O] [R] [L] [O] [R] [L] > 10 mm = c 1 2 3 1 2 3 a b c a b c

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

4B. OTHER SYMBOLS (OBLIGATORY)
[aa] [at] [ax] [x] [ca] [cg] [cn] [co] [cp] [cv] [di] [ef] [em] [es] [fr] [hi] [ho] [id] [x] [kl] [me] [pa] [pb] [pi] [px] [ra] [rp] [tb]
[OD] If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?
MONTH DAY YEAR

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

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.
FILM READER'S INITIALS [][][] DATE OF READING MONTH DAY YEAR [][][] [][][] [][][][]

LAST NAME - STREET ADDRESS

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

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DATE OF RADIOGRAPH

MONTH DAY YEAR

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CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number

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ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING

A B P

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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FACILITY IDENTIFICATION

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Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

1. FILM QUALITY

<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation
<input type="checkbox"/> 2	<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor contrast	<input type="checkbox"/> Mottle
<input type="checkbox"/> 3	<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Other (please specify)
<input checked="" type="checkbox"/> U/R			

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

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

YES Complete Sections 2B and 2C NO Proceed to Section 3A

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

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

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	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	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	> 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	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	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, 4C, 4D, 4E NO Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)

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

OD If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?

MONTH DAY YEAR

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

Proceed to Section 5

MONTH DAY YEAR

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.

FILM READER'S INITIALS

--	--

DATE OF READING

MONTH DAY YEAR

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

LAST NAME - STREET ADDRESS

CITY CDC/NIOSH (M) 2.8
REV. 6/02

STATE ZIP CODE

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

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DATE OF RADIOGRAPH
MONTH DAY YEAR
[][] [][] [][][][]

CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number
[][][][] [][][] [][][][][]

ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING
A B P
[] [] []
A B P

FACILITY IDENTIFICATION
[][][][][]

Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

1. FILM QUALITY
[] Overexposed (dark) [] Improper position [] Underinflation
[x] [2] [3] [U/R] [] Underexposed (light) [] Poor contrast [] Mottle
(If not Grade 1, mark all boxes that apply) [] Artifacts [] Poor processing [] Other (please specify)

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

2B. SMALL OPACITIES
a. SHAPE/SIZE PRIMARY SECONDARY
p s [x] s
[x] t q t
r 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 1/2
2/1 2/2 2/3
[x] 3/2 3/3 3/+
2C. LARGE OPACITIES
SIZE [] [A] [x] [C] Proceed to Section 3A

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES [x] 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)
In profile [x] R L [x] R L Up to 1/4 of lateral chest wall = 1
Face on [x] R L [x] R L 1/4 to 1/2 of lateral chest wall = 2
Diaphragm [x] R L [x] R L > 1/2 of lateral chest wall = 3
Other site(s) [x] R L [x] R L
1 2 3 1 2 3 a b c a b c

3C. COSTOPHRENIC ANGLE OBLITERATION [x] [x] 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)
In profile [x] R L [x] R L Up to 1/4 of lateral chest wall = 1
Face on [x] R L [x] R L 1/4 to 1/2 of lateral chest wall = 2
[x] R [x] L > 10 mm = c
1 2 3 1 2 3 a b c a b c

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

4B. OTHER SYMBOLS (OBLIGATORY)
aa at ax [x] ca cg cn co cp cv di ef em es [x] hi ho [x] ih kl me pa pb pi px ra rp tb
[OD] If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?
MONTH DAY YEAR

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

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.
FILM READER'S INITIALS [][] DATE OF READING MONTH DAY YEAR [][] [][] [][][][]

LAST NAME - STREET ADDRESS

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)
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- Azygos lobe
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Miscellaneous Abnormalities

- Foreign body
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- Cyst

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- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

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DATE OF RADIOGRAPH
MONTH DAY YEAR
[][] [][] [][][][]

CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number
[][][][] [][][] [][][][][]

ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING
A B P
[] [] []
A B P

FACILITY IDENTIFICATION
[][][][][]

Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

1. FILM QUALITY
[] Overexposed (dark) [] Improper position [] Underinflation
[1] [2] [X] [U/R] [X] Underexposed (light) [] Poor contrast [] Mottle
(If not Grade 1, mark all boxes that apply) [] Artifacts [] Poor processing [] Other (please specify)

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

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

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?
YES [X] 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)
In profile [O] [R] [X] [X] [R] [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 [O] [R] [X] [O] [R] [X] > 1/2 of lateral chest wall = 3 > 10 mm = c
Other site(s) [O] [R] [X] [O] [R] [X] 1 [X] 3 1 2 [X] a b c a b [X]

3C. COSTOPHRENIC ANGLE OBLITERATION [R] [L] Proceed to Section 3D NO [X] 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)
In profile [O] [R] [L] [O] [R] [L] Up to 1/4 of lateral chest wall = 1 [O] [R] [O] [L] 3 to 5 mm = a
Face on [O] [R] [L] [O] [R] [L] 1/4 to 1/2 of lateral chest wall = 2 [1] [2] [3] [1] [2] [3] 5 to 10 mm = b
> 1/2 of lateral chest wall = 3 > 10 mm = c [O] [R] [O] [L] [O] [L] a b c a b c

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 di ef em es fr hi ho id ih kl me pa pb [X] px ra rp tb
[OD] If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?
MONTH DAY YEAR

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

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.
FILM READER'S INITIALS [][][] DATE OF READING MONTH DAY YEAR [][][] [][][] [][][][]

LAST NAME - STREET ADDRESS

CITY STATE ZIP CODE

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

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-24, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

DATE OF RADIOGRAPH
MONTH DAY YEAR
[][] [][] [][][][]

CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number
[][][][] [][][] [][][][][]

ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING
A B P
[] [] []
A B P

FACILITY IDENTIFICATION
[][][][][]

Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

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

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? 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
[p] [s] [p] [s] UPPER [] [] 0/- 0/0 0/1
[q] [t] [q] [t] MIDDLE [] [] 1/0 1/1 1/2
[r] [u] [r] [u] LOWER [] [] 2/1 2/2 2/3
3/2 3/3 3/+
2C. LARGE OPACITIES
SIZE [O] [A] [B] [C] Proceed to Section 3A

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? 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)
In profile [] [R] [L] [] [R] [L] Up to 1/4 of lateral chest wall = 1 3 to 5 mm = a
Face on [] [R] [L] [] [R] [L] 1/4 to 1/2 of lateral chest wall = 2 5 to 10 mm = b
Diaphragm [] [] [] [] [] [] > 1/2 of lateral chest wall = 3 > 10 mm = c
Other site(s) [] [R] [L] [] [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)
In profile [] [R] [L] [] [R] [L] Up to 1/4 of lateral chest wall = 1 3 to 5 mm = a
Face on [] [R] [L] [] [R] [L] 1/4 to 1/2 of lateral chest wall = 2 5 to 10 mm = b
> 10 mm = c
[] [R] [L] [] [R] [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] [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, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?
MONTH DAY YEAR

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

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.
FILM READER'S INITIALS [][][] DATE OF READING MONTH DAY YEAR [][][] [][][] [][][][]

LAST NAME - STREET ADDRESS

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

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DATE OF RADIOGRAPH
MONTH DAY YEAR
[][] [][] [][][][]

CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number
[][][][] [][][] [][][][][]

ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING
A B P
[] [] []
A B P

FACILITY IDENTIFICATION
[][][][][]

Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

1. FILM QUALITY
[] Overexposed (dark) [] Improper position [] Underinflation
[x] [2] [3] [U/R] [] Underexposed (light) [] Poor contrast [] Mottle
(If not Grade 1, mark all boxes that apply) [] Artifacts [] Poor processing [] Other (please specify)

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

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

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?
YES [x] 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)
In profile [O] [x] [x] [x] [R] [L] Up to 1/4 of lateral chest wall = 1 3 to 5 mm = a
Face on [O] [x] [x] [x] [R] [L] 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) [x] [R] [L] [x] [R] [L] 1 [x] 3 1 [x] 3 a [x] c a [x] c

3C. COSTOPHRENIC ANGLE OBLITERATION [R] [L] Proceed to Section 3D NO [x] 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)
In profile [O] [R] [L] [O] [R] [L] Up to 1/4 of lateral chest wall = 1 [O] [R] [O] [L] 3 to 5 mm = a
Face on [O] [R] [L] [O] [R] [L] 1/4 to 1/2 of lateral chest wall = 2 [1] [2] [3] [1] [2] [3] 5 to 10 mm = b
> 10 mm = c [O] [R] [O] [L] [O] [L] [O] [L]

4A. ANY OTHER ABNORMALITIES?
YES [] Complete Sections 4B, 4C, 4D, 4E NO [x] 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, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?
MONTH DAY YEAR

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

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.
FILM READER'S INITIALS [][][] DATE OF READING MONTH DAY YEAR [][][] [][][] [][][][]

LAST NAME - STREET ADDRESS

CITY STATE ZIP CODE

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

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- Hiatal hernia

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- Bronchovascular markings, heavy or increased
- Hyperinflation

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- Bony chest cage abnormality
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- 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

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DATE OF RADIOGRAPH
MONTH DAY YEAR
[][] [][] [][][][]

CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number
[][][][] [][][] [][][][][]

ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING
A B P
[] [] []
A B P

FACILITY IDENTIFICATION
[][][][][]

Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

1. FILM QUALITY
[1] [2] [3] [U/R] [X] Overexposed (dark) [] Improper position [] Underinflation
[] Underexposed (light) [] Poor contrast [] Mottle
(If not Grade 1, mark all boxes that apply) [] Artifacts [] Poor processing [] Other (please specify)

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

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

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES [X] 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)
In profile [O] [R] [X] [L] [X] [R] [L] Up to 1/4 of lateral chest wall = 1 3 to 5 mm = a
Face on [O] [X] [L] [L] [O] [X] [L] 1/4 to 1/2 of lateral chest wall = 2 5 to 10 mm = b
Diaphragm [O] [X] [L] [L] [X] [R] [L] > 1/2 of lateral chest wall = 3 > 10 mm = c
Other site(s) [X] [R] [L] [L] [X] [R] [L] [1] [X] [3] [1] [2] [X] [X] [R] [L] [X] [L] [a] [b] [c] [a] [X] [c]

3C. COSTOPHRENIC ANGLE OBLITERATION [X] [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)
In profile [O] [X] [L] [L] [X] [R] [L] Up to 1/4 of lateral chest wall = 1 3 to 5 mm = a
Face on [X] [R] [L] [L] [X] [R] [L] 1/4 to 1/2 of lateral chest wall = 2 5 to 10 mm = b
> 10 mm = c
[O] [X] [L] [L] [X] [R] [L] [1] [X] [3] [1] [2] [3] [O] [X] [L] [L] [X] [L] [a] [X] [c] [a] [b] [c]

4A. ANY OTHER ABNORMALITIES? YES [] Complete Sections 4B, 4C, 4D, 4E NO [X] 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, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?
MONTH DAY YEAR

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

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.
FILM READER'S INITIALS [][][] DATE OF READING MONTH DAY YEAR [][][] [][][] [][][][]

LAST NAME - STREET ADDRESS

CITY STATE ZIP CODE
CDC/NIOSH (M) 2.8 REV. 6/02

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

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DATE OF RADIOGRAPH
MONTH DAY YEAR
[][] [][] [][][][]

CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number
[][][][] [][][] [][][][][]

ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING
A B P
[] [] []
A B P

FACILITY IDENTIFICATION
[][][][][]

Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

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

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

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

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?
YES [x] 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)
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] [x] [x] [O] [x] [x] 1/4 to 1/2 of lateral chest wall = 2 5 to 10 mm = b
Diaphragm [O] [R] [x] [x] [R] [L] > 1/2 of lateral chest wall = 3 > 10 mm = c
Other site(s) [x] [R] [L] [x] [R] [L] 1 [x] 3 1 2 [x] a b [x] a b [x]

3C. COSTOPHRENIC ANGLE OBLITERATION [R] [L] Proceed to Section 3D NO [x] 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)
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] 3 to 5 mm = a
1 2 3 1 2 3 5 to 10 mm = b
a b c a b c > 10 mm = c

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] [di] [ef] [em] [es] [fr] [hi] [ho] [id] [ih] [kl] [me] [pa] [pb] [pi] [px] [ra] [rp] [tb]
[x] If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?
MONTH DAY YEAR

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

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.
FILM READER'S INITIALS [][][] DATE OF READING MONTH DAY YEAR [][][] [][][] [][][][][]

LAST NAME - STREET ADDRESS

CITY CDC/NIOSH (M) 2.8 REV. 6/02 STATE ZIP CODE

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

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- Eventration
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Lung Parenchymal Abnormalities

- Azygos lobe
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- Nodule, nodular lesion

Miscellaneous Abnormalities

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

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

? right mid paraspinal bulge.

DATE OF RADIOGRAPH
MONTH DAY YEAR
[][] [][] [][][][]

CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number
[][][][] [][][] [][][][][]

ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING
A B P

FACILITY IDENTIFICATION
[][][][][]

Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

1. FILM 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)

Scapula overlay, left

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?
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 t
r u r u
b. ZONES R L
UPPER [][] [][]
MIDDLE [][] [][]
LOWER [][] [][]
c. PROFUSION
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 O A B C
Proceed to Section 3A

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?
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)
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)
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O R L O R L > 10 mm = c 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 cn co cp cv di ef em es fr hi ho id ih kl me pa pb pi px ra rp tb
 If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?
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4E. Should worker see personal physician because of findings in section 4? YES NO
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FILM READER'S INITIALS [][][] DATE OF READING MONTH DAY YEAR [][][] [][][] [][][][][]

LAST NAME - STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

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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

The blood vessels on the right upper zone are not small rounded opacities.

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

Old fracture, left clavicle.

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DATE OF RADIOGRAPH

MONTH DAY YEAR

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CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number

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ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING

A B P

FACILITY IDENTIFICATION

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Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

1. FILM QUALITY

<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation
<input checked="" 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)

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

Some readers considered this film quality 3, and would classify.

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

YES Complete Sections 2B and 2C NO Proceed to Section 3A

<p>2B. SMALL OPACITIES</p> <p>a. SHAPE/SIZE</p> <table border="1"> <tr> <th>PRIMARY</th> <th>SECONDARY</th> </tr> <tr> <td>p s</td> <td>p s</td> </tr> <tr> <td>q t</td> <td>q t</td> </tr> <tr> <td>r u</td> <td>r u</td> </tr> </table> <p>b. ZONES</p> <table border="1"> <tr> <th></th> <th>R</th> <th>L</th> </tr> <tr> <td>UPPER</td> <td></td> <td></td> </tr> <tr> <td>MIDDLE</td> <td></td> <td></td> </tr> <tr> <td>LOWER</td> <td></td> <td></td> </tr> </table> <p>c. PROFUSION</p> <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>2/2</td> <td>2/3</td> </tr> <tr> <td>3/2</td> <td>3/3</td> <td>3/+</td> </tr> </table>	PRIMARY	SECONDARY	p s	p s	q t	q t	r u	r u		R	L	UPPER			MIDDLE			LOWER			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																																
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3/2	3/3	3/+																															

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

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)		
	O	R	L	O	R	L	1	2	3	a	b	c
In profile												
Face on												
Diaphragm												
Other site(s)												

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)		
	O	R	L	O	R	L	1	2	3	a	b	c
In profile												
Face on												

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, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?

MONTH DAY YEAR

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

Proceed to Section 5

MONTH DAY YEAR

5. PHYSICIAN'S Social Security Number*

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

FILM READER'S INITIALS

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DATE OF READING

MONTH DAY YEAR

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LAST NAME - STREET ADDRESS

CITY CDC/NIOSH (M) 2.8
REV. 6/02

STATE ZIP CODE

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

Pneumoconiosis is evident. An accurate classification is not possible due to

 underexposure.

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DATE OF RADIOGRAPH

MONTH DAY YEAR

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CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number

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ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING

A B P

FACILITY IDENTIFICATION

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1. FILM QUALITY

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<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Other (please specify)

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

1 2 U/R

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

YES Complete Sections 2B and 2C NO Proceed to Section 3A

<p>2B. SMALL OPACITIES</p> <p>a. SHAPE/SIZE</p> <table border="0"> <tr> <td>PRIMARY</td> <td>SECONDARY</td> <td></td> </tr> <tr> <td>p <input checked="" type="checkbox"/></td> <td>p <input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>q <input type="checkbox"/></td> <td>q <input type="checkbox"/></td> <td></td> </tr> <tr> <td>r <input type="checkbox"/></td> <td>r <input type="checkbox"/></td> <td></td> </tr> <tr> <td>t <input type="checkbox"/></td> <td>t <input type="checkbox"/></td> <td></td> </tr> <tr> <td>u <input type="checkbox"/></td> <td>u <input type="checkbox"/></td> <td></td> </tr> </table>	PRIMARY	SECONDARY		p <input checked="" type="checkbox"/>	p <input checked="" type="checkbox"/>		q <input type="checkbox"/>	q <input type="checkbox"/>		r <input type="checkbox"/>	r <input type="checkbox"/>		t <input type="checkbox"/>	t <input type="checkbox"/>		u <input type="checkbox"/>	u <input type="checkbox"/>		<p>b. ZONES</p> <table border="0"> <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 checked="" type="checkbox"/></td> <td><input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>c. PROFUSION</p> <table border="0"> <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"/> 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	<input checked="" type="checkbox"/> 2/2	2/3	3/2	3/3	3/+	<p>2C. LARGE OPACITIES</p> <p>SIZE <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C</p> <p>Proceed to Section 3A</p>
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3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

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 type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3 to 5 mm = a
	Face on	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Up to 1/4 of lateral chest wall = 1	5 to 10 mm = b
	Diaphragm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1/4 to 1/2 of lateral chest wall = 2	> 10 mm = c
Other site(s)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	> 1/2 of lateral chest wall = 3	<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"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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)
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			> 1/2 of lateral chest wall = 3	<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"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

4A. ANY OTHER ABNORMALITIES?

YES Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)

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

OD If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?

MONTH DAY YEAR

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

Proceed to Section 5

MONTH DAY YEAR

5. PHYSICIAN'S Social Security Number*

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

FILM READER'S INITIALS

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DATE OF READING

MONTH DAY YEAR

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LAST NAME - STREET ADDRESS

CITY CDC/NIOSH (M) 2.8
REV. 6/02

STATE ZIP CODE

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

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- 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

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DATE OF RADIOGRAPH
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ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING
A B P
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FACILITY IDENTIFICATION
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1. FILM QUALITY
[1] [2] [3] [4] [5] [6] [7] [8] [9] [10] [11] [12] [13] [14] [15] [16] [17] [18] [19] [20] [21] [22] [23] [24] [25] [26] [27] [28] [29] [30] [31] [32] [33] [34] [35] [36] [37] [38] [39] [40] [41] [42] [43] [44] [45] [46] [47] [48] [49] [50] [51] [52] [53] [54] [55] [56] [57] [58] [59] [60] [61] [62] [63] [64] [65] [66] [67] [68] [69] [70] [71] [72] [73] [74] [75] [76] [77] [78] [79] [80] [81] [82] [83] [84] [85] [86] [87] [88] [89] [90] [91] [92] [93] [94] [95] [96] [97] [98] [99] [100] [101] [102] [103] [104] [105] [106] [107] [108] [109] [110] [111] [112] [113] [114] [115] [116] [117] [118] [119] [120] [121] [122] [123] [124] [125] [126] [127] [128] [129] [130] [131] [132] [133] [134] [135] [136] [137] [138] [139] [140] [141] [142] [143] [144] [145] [146] [147] [148] [149] [150] [151] [152] [153] [154] [155] [156] [157] [158] [159] [160] [161] [162] [163] [164] [165] [166] [167] [168] [169] [170] [171] [172] [173] [174] [175] [176] [177] [178] [179] [180] [181] [182] [183] [184] 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[351] [352] [353] [354] [355] [356] [357] [358] [359] [360] [361] [362] [363] [364] [365] [366] [367] [368] [369] [370] [371] [372] [373] [374] [375] [376] [377] [378] [379] [380] [381] [382] [383] [384] [385] [386] [387] [388] [389] [390] [391] [392] [393] [394] [395] [396] [397] [398] [399] [400] [401] [402] [403] [404] [405] [406] [407] [408] [409] [410] [411] [412] [413] [414] [415] [416] [417] [418] [419] [420] [421] [422] [423] [424] [425] [426] [427] [428] [429] [430] [431] [432] [433] [434] [435] [436] [437] [438] [439] [440] [441] [442] [443] [444] [445] [446] [447] [448] [449] [450] [451] [452] [453] [454] [455] [456] [457] [458] [459] [460] [461] [462] [463] [464] [465] [466] [467] [468] [469] [470] [471] [472] [473] [474] [475] [476] [477] [478] [479] [480] [481] [482] [483] [484] [485] [486] [487] [488] [489] [490] [491] [492] [493] [494] [495] [496] [497] [498] [499] [500] [501] [502] [503] [504] [505] [506] [507] [508] [509] [510] [511] [512] [513] [514] [515] [516] 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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

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-24, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

DATE OF RADIOGRAPH

MONTH DAY YEAR

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CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number

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ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING

A B P

FACILITY IDENTIFICATION

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Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

1. FILM QUALITY

<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation
<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> U/R	<input checked="" 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"/> Other (please specify)	

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

YES Complete Sections 2B and 2C NO Proceed to Section 3A

<p>2B. SMALL OPACITIES</p> <p>a. SHAPE/SIZE</p> <table border="0"> <tr> <td>PRIMARY</td> <td>SECONDARY</td> <td></td> </tr> <tr> <td>p s</td> <td>p s</td> <td></td> </tr> <tr> <td>q t</td> <td><input checked="" type="checkbox"/> t</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> u</td> <td>r u</td> <td></td> </tr> </table>	PRIMARY	SECONDARY		p s	p s		q t	<input checked="" type="checkbox"/> t		<input checked="" type="checkbox"/> u	r u		<p>b. ZONES</p> <table border="0"> <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 checked="" type="checkbox"/></td> <td><input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>c. PROFUSION</p> <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"/> 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	<input checked="" type="checkbox"/> 2/2	2/3	3/2	3/3	3/+	<p>2C. LARGE OPACITIES</p> <p>SIZE <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C</p> <p>Proceed to Section 3A</p>
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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 PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

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 type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3 to 5 mm = a
	Face on	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Up to 1/4 of lateral chest wall = 1	5 to 10 mm = b
	Diaphragm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1/4 to 1/2 of lateral chest wall = 2	> 10 mm = c
Other site(s)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	> 1/2 of lateral chest wall = 3	<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"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3 to 5 mm = a
	Face on	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Up to 1/4 of lateral chest wall = 1	5 to 10 mm = b
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1/4 to 1/2 of lateral chest wall = 2	> 10 mm = c
			> 1/2 of lateral chest wall = 3	<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"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?

MONTH DAY YEAR

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

Proceed to Section 5

MONTH DAY YEAR

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.

FILM READER'S INITIALS

--	--	--

DATE OF READING

MONTH DAY YEAR

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

LAST NAME - STREET ADDRESS

CITY CDC/NIOSH (M) 2.8
REV. 6/02

STATE ZIP CODE

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

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-24, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

DATE OF RADIOGRAPH
MONTH DAY YEAR
[][] [][] [][][][]

CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number
[][][][] [][][] [][][][][]

ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING
A B P
[] [] []
A B P

FACILITY IDENTIFICATION
[][][][][]

Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

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

Scapula overlay

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? 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 t
r u r u
b. ZONES R L
UPPER [] []
MIDDLE [] []
LOWER [] []
c. PROFUSION
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 [O] [A] [B] [C] Proceed to Section 3A

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? 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)
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)
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
[O] [R] [L] [O] [R] [L] > 10 mm = c [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, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?
MONTH DAY YEAR

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

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.
FILM READER'S INITIALS [][][] DATE OF READING MONTH DAY YEAR [][][] [][][] [][][][]

LAST NAME - STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

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

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-24, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

DATE OF RADIOGRAPH
MONTH DAY YEAR
[][] [][] [][][][]

CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number
[][][][] [][][] [][][][][]

ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING
A B P
[] [] []
A B P

FACILITY IDENTIFICATION
[][][][][]

Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

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

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?
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
[p] [s] [p] [s] UPPER [] []
[q] [t] [q] [] MIDDLE [] []
[] [u] [r] [u] LOWER [] []
0/- 0/0 0/1
1/0 1/1 1/2
2/1 2/2 3/3
3/2 3/3 3/+

2C. LARGE OPACITIES
SIZE [] [] [] [] Proceed to Section 3A

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?
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)
In profile [] [] [] [] [] [] [] [] Up to 1/4 of lateral chest wall = 1
Face on [] [] [] [] [] [] [] [] 1/4 to 1/2 of lateral chest wall = 2
Diaphragm [] [] [] [] [] [] [] [] > 1/2 of lateral chest wall = 3
Other site(s) [] [] [] [] [] [] [] []
1 2 3 1 2 3 a b c a b c

3C. COSTOPHRENIC ANGLE OBLITERATION [] [] 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)
In profile [] [] [] [] [] [] [] [] Up to 1/4 of lateral chest wall = 1
Face on [] [] [] [] [] [] [] [] 1/4 to 1/2 of lateral chest wall = 2
[] [] [] [] [] [] [] [] > 10 mm = c
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] [at] [] [bu] [ca] [cg] [cn] [co] [cp] [cv] [] [ef] [em] [es] [fr] [hi] [ho] [id] [] [] [me] [pa] [pb] [] [px] [ra] [rp] [tb]
[OD] If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?
MONTH DAY YEAR

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

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.
FILM READER'S INITIALS [][][] DATE OF READING MONTH DAY YEAR [][][] [][][] [][][][]

LAST NAME - STREET ADDRESS

CITY STATE ZIP CODE

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

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-24, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

DATE OF RADIOGRAPH
MONTH DAY YEAR
[][] [][] [][][][]

CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number
[][][][] [][][] [][][][][]

ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING
A B P
[] [] []
A B P

FACILITY IDENTIFICATION
[][][][][]

Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

1. FILM QUALITY
[] Overexposed (dark) [] Improper position [] Underinflation
[x] [2] [3] [U/R] [] Underexposed (light) [] Poor contrast [] Mottle
(If not Grade 1, mark all boxes that apply) [] Artifacts [] Poor processing [] Other (please specify)

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

2B. SMALL OPACITIES
a. SHAPE/SIZE PRIMARY SECONDARY b. ZONES R L c. PROFUSION
[p] [s] [p] [s] UPPER [x] [x]
[q] [x] [x] [t] MIDDLE [x] [x]
[r] [u] [r] [u] LOWER [x] [x]
0/- 0/0 0/1
1/0 1/1 [x] 1/2
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 PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? 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)
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
Diaphragm [O] [R] [L] [O] [R] [L] > 1/2 of lateral chest wall = 3 5 to 10 mm = b
Other site(s) [O] [R] [L] [O] [R] [L] [1] [2] [3] [1] [2] [3] > 10 mm = 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) Width (in profile only)
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
[O] [R] [O] [L] 5 to 10 mm = b
[1] [2] [3] [1] [2] [3] > 10 mm = c
[a] [b] [c] [a] [b] [c]

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

4B. OTHER SYMBOLS (OBLIGATORY)
[aa] [at] [ax] [x] [x] [cg] [cn] [co] [cp] [cv] [di] [ef] [em] [es] [fr] [hi] [ho] [id] [ih] [kl] [me] [pa] [pb] [pi] [px] [ra] [rp] [tb]
[x] If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?
MONTH DAY YEAR

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

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.
FILM READER'S INITIALS [][][] DATE OF READING MONTH DAY YEAR [][][] [][][] [][][][][]

LAST NAME - STREET ADDRESS

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

Lesion left middle zone, carcinoma to be excluded.

DATE OF RADIOGRAPH
MONTH DAY YEAR
[][] [][] [][][][]

CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number
[][][][] [][][] [][][][][]

ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING
A B P
[] [] []
A B P

FACILITY IDENTIFICATION
[][][][][]

Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

1. FILM QUALITY
[] Overexposed (dark) [] Improper position [] Underinflation
[1] [2] [X] [U/R] [X] Underexposed (light) [] Poor contrast [] Mottle
(If not Grade 1, mark all boxes that apply) [] Artifacts [] Poor processing [] Other (please specify)

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

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

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? 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)
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)
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
[O] [R] [L] [O] [R] [L] > 10 mm = c
1 2 3 1 2 3 a b c a b c

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] [X] [cn] [co] [cp] [cv] [di] [ef] [em] [es] [fr] [hi] [ho] [id] [ih] [kl] [me] [pa] [pb] [pi] [px] [ra] [rp] [tb]
[X] If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?
MONTH DAY YEAR

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

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.
FILM READER'S INITIALS [][][] DATE OF READING MONTH DAY YEAR [][][] [][][] [][][][]

LAST NAME - STREET ADDRESS

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

Histoplasmosis

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-24, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

DATE OF RADIOGRAPH

MONTH DAY YEAR

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CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number

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ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A	B	P

FACILITY IDENTIFICATION

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Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

1. FILM QUALITY

<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation
<input type="checkbox"/> Underexposed (light)	<input checked="" type="checkbox"/> Poor contrast	<input type="checkbox"/> Mottle
<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Other (please specify)

1 2 3 U/R

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

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

YES Complete Sections 2B and 2C NO Proceed to Section 3A

<p>2B. SMALL OPACITIES</p> <p>a. SHAPE/SIZE</p> <table border="1"> <tr> <th>PRIMARY</th><th>SECONDARY</th> </tr> <tr> <td>p <input checked="" type="checkbox"/></td><td>p <input type="checkbox"/> s <input type="checkbox"/></td> </tr> <tr> <td>q <input type="checkbox"/> t <input type="checkbox"/></td><td>q <input type="checkbox"/> <input checked="" type="checkbox"/></td> </tr> <tr> <td>r <input type="checkbox"/> u <input type="checkbox"/></td><td>r <input type="checkbox"/> u <input type="checkbox"/></td> </tr> </table> <p>b. ZONES</p> <table border="1"> <tr> <th></th><th>R</th><th>L</th> </tr> <tr> <td>UPPER</td><td><input type="checkbox"/></td><td><input 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 checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td> </tr> </table> <p>c. PROFUSION</p> <table border="1"> <tr> <td>0/-</td><td>0/0</td><td>0/1</td> </tr> <tr> <td><input checked="" type="checkbox"/></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	p <input checked="" type="checkbox"/>	p <input type="checkbox"/> s <input type="checkbox"/>	q <input type="checkbox"/> t <input type="checkbox"/>	q <input type="checkbox"/> <input checked="" type="checkbox"/>	r <input type="checkbox"/> u <input type="checkbox"/>	r <input type="checkbox"/> u <input type="checkbox"/>		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"/>	<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 checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C</p> <p>Proceed to Section 3A</p>
PRIMARY	SECONDARY																																
p <input checked="" type="checkbox"/>	p <input type="checkbox"/> s <input type="checkbox"/>																																
q <input type="checkbox"/> t <input type="checkbox"/>	q <input type="checkbox"/> <input checked="" type="checkbox"/>																																
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	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																															
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<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 PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

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, 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 px ra rp tb

OD If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?

MONTH DAY YEAR

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

Proceed to Section 5

MONTH DAY YEAR

5. PHYSICIAN'S Social Security Number*

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

FILM READER'S INITIALS

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DATE OF READING

MONTH DAY YEAR

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

LAST NAME - STREET ADDRESS

CITY CDC/NIOSH (M) 2.8
REV. 6/02

STATE ZIP CODE

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

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-24, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

DATE OF RADIOGRAPH
MONTH DAY YEAR
[][] [][] [][][][]

CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number
[][][][] [][][] [][][][][]

ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING
A B P
[] [] []
A B P

FACILITY IDENTIFICATION
[][][][][]

Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

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

Scapula overlay

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

2B. SMALL OPACITIES
a. SHAPE/SIZE PRIMARY SECONDARY
p s p s
[x] t [x] t
r u r u
b. ZONES R L
UPPER [x] []
MIDDLE [] []
LOWER [] []
c. PROFUSION
0/- 0/0 [x] 1
1/0 1/1 1/2
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 PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? 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)
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)
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
O R L O R L > 10 mm = c
1 2 3 1 2 3 a b c a b c

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 di ef em es fr hi ho id ih kl me pa pb pi px ra rp tb
[x] If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?
MONTH DAY YEAR

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

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. FILM READER'S INITIALS [][][] DATE OF READING MONTH DAY YEAR [][][] [][][] [][][][]

LAST NAME - STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

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

There are a few "q" opacities in the right upper zone.

DATE OF RADIOGRAPH
MONTH DAY YEAR
[][] [][] [][][][]

CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number
[][][][] [][][] [][][][]

ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING
A B P
[] [] []
A B P

FACILITY IDENTIFICATION
[][][][][]

Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

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

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? 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
[] [s] [p] [] UPPER [] []
[q] [t] [q] [t] MIDDLE [] []
[r] [u] [r] [u] LOWER [] []
0/- 0/0 0/1
1/0 1/1 1/2
2/1 2/2 3/3
3/2 3/3 3/+

2C. LARGE OPACITIES
SIZE [] [A] [B] [C] Proceed to Section 3A

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? 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)
In profile [] [R] [L] [] [R] [L] Up to 1/4 of lateral chest wall = 1
Face on [] [R] [L] [] [R] [L] 1/4 to 1/2 of lateral chest wall = 2
Diaphragm [] [R] [] [] [R] [] [] [L] > 1/2 of lateral chest wall = 3
Other site(s) [] [R] [L] [] [R] [L] 1 2 3 1 2 3 a b c a b c

3C. COSTOPHRENIC ANGLE OBLITERATION [] [] 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)
In profile [] [R] [L] [] [R] [L] Up to 1/4 of lateral chest wall = 1
Face on [] [R] [L] [] [R] [L] 1/4 to 1/2 of lateral chest wall = 2
[] [R] [] [] [L] > 1/2 of lateral chest wall = 3
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 at ax bu ca cg cn [] cp cv di ef em es fr hi ho id ih kl me pa pb [] px ra rp tb
[] If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?
MONTH DAY YEAR

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

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.
FILM READER'S INITIALS [][] DATE OF READING MONTH DAY YEAR [][] [][] [][][][]

LAST NAME - STREET ADDRESS

CITY CDC/NIOSH (M) 2.8 REV. 6/02 STATE ZIP CODE

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

Cardiac enlargement

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-24, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

DATE OF RADIOGRAPH

MONTH DAY YEAR

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CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number

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ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING

A B P

FACILITY IDENTIFICATION

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Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

1. FILM 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 type="checkbox"/> Mottle
<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Other (please specify)

Right costophrenic angle cut off.

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

YES Complete Sections 2B and 2C NO Proceed to Section 3A

<p>2B. SMALL OPACITIES</p> <p>a. SHAPE/SIZE</p> <table border="1"> <tr> <th>PRIMARY</th> <th>SECONDARY</th> </tr> <tr> <td>p s</td> <td>p s</td> </tr> <tr> <td>q <input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/> t</td> </tr> <tr> <td>r u</td> <td>r u</td> </tr> </table>	PRIMARY	SECONDARY	p s	p s	q <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> t	r u	r u	<p>b. ZONES</p> <table border="1"> <tr> <th></th> <th>R</th> <th>L</th> </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 checked="" type="checkbox"/></td> <td><input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>c. PROFUSION</p> <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><input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 2/1	2/2	2/3	3/2	3/3	3/+	<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																																		
p s	p s																																		
q <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> t																																		
r u	r u																																		
	R	L																																	
UPPER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																																	
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0/-	0/0	0/1																																	
1/0	1/1	1/2																																	
<input checked="" type="checkbox"/> 2/1	2/2	2/3																																	
3/2	3/3	3/+																																	

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

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, 4C, 4D, 4E NO Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)

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

OD If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?

MONTH DAY YEAR

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

Proceed to Section 5

MONTH DAY YEAR

5. PHYSICIAN'S Social Security Number*

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

FILM READER'S INITIALS

--	--

DATE OF READING

MONTH DAY YEAR

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

LAST NAME - STREET ADDRESS

CITY CDC/NIOSH (M) 2.8
REV. 6/02

STATE ZIP CODE

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
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- Fracture, not healed (non-rib)
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- 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

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-24, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

DATE OF RADIOGRAPH

MONTH DAY YEAR

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CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number

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ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A	B	P

FACILITY IDENTIFICATION

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Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

1. FILM QUALITY

<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation
<input checked="" 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)

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

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

YES Complete Sections 2B and 2C NO Proceed to Section 3A

<p>2B. SMALL OPACITIES</p> <p>a. SHAPE/SIZE</p> <table border="1"> <tr> <th>PRIMARY</th><th>SECONDARY</th><th colspan="2">b. ZONES</th><th colspan="3">c. PROFUSION</th> </tr> <tr> <td></td><td></td><td>R</td><td>L</td><td>0/-</td><td>0/0</td><td>0/1</td> </tr> <tr> <td>p</td><td>s</td><td></td><td></td><td>1/0</td><td>1/1</td><td>1/2</td> </tr> <tr> <td>q</td><td>t</td><td></td><td></td><td>2/1</td><td>2/2</td><td>2/3</td> </tr> <tr> <td>r</td><td>u</td><td></td><td></td><td>3/2</td><td>3/3</td><td>3/+</td> </tr> </table>	PRIMARY	SECONDARY	b. ZONES		c. PROFUSION					R	L	0/-	0/0	0/1	p	s			1/0	1/1	1/2	q	t			2/1	2/2	2/3	r	u			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	b. ZONES		c. PROFUSION																																
		R	L	0/-	0/0	0/1																														
p	s			1/0	1/1	1/2																														
q	t			2/1	2/2	2/3																														
r	u			3/2	3/3	3/+																														

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

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	O	R	L	3 to 5 mm = a	
Face on	O	R	L	O	R	L	1/4 to 1/2 of lateral chest wall = 2	O	R	L	5 to 10 mm = b		
Diaphragm	O	R	L	O	R	L	> 1/2 of lateral chest wall = 3	1	2	3	> 10 mm = c		
Other site(s)	O	R	L	O	R	L		1	2	3	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	O	R	L	3 to 5 mm = a
Face on	O	R	L	O	R	L	1/4 to 1/2 of lateral chest wall = 2	O	R	L	5 to 10 mm = b	
							> 1/2 of lateral chest wall = 3	1	2	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, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?

MONTH DAY YEAR

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

Proceed to Section 5

MONTH DAY YEAR

5. PHYSICIAN'S Social Security Number*

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

FILM READER'S INITIALS

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DATE OF READING

MONTH DAY YEAR

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

LAST NAME - STREET ADDRESS

CITY CDC/NIOSH (M) 2.8
REV. 6/02

STATE ZIP CODE

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

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-24, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

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

Abnormalities of the Diaphragm

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Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

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DATE OF RADIOGRAPH

MONTH DAY YEAR

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CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number

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ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A	B	P

FACILITY IDENTIFICATION

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Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

1. FILM 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 type="checkbox"/> Mottle
<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Other (please specify)

Right costophrenic angle cut off.

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES

a. SHAPE/SIZE

PRIMARY	SECONDARY
<input type="checkbox"/> p	<input type="checkbox"/> s
<input checked="" type="checkbox"/> t	<input type="checkbox"/> q
<input type="checkbox"/> r	<input 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 type="checkbox"/>	<input type="checkbox"/>

c. PROFUSION

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"/>

2C. LARGE OPACITIES

SIZE A B C Proceed to Section 3A

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

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	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c				
	In profile	O	R	L	O	R		L	O	R	L	
Face on	O	R	L	O	R	L				O	R	L
Diaphragm	O	R	L	O	R	L	1	2	3	O	L	
Other site(s)	O	R	L	O	R	L	1	2	3	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	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c				
	In profile	O	R	L	O	R		L	O	R	L	
Face on	O	R	L	O	R	L				O	R	L
	O	R	L	O	R	L	1	2	3	O	L	
	O	R	L	O	R	L	1	2	3	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 px ra rp tb

OD If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?

MONTH DAY YEAR

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

Proceed to Section 5

MONTH DAY YEAR

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.

FILM READER'S INITIALS

--	--	--

DATE OF READING

MONTH DAY YEAR

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

LAST NAME - STREET ADDRESS

CITY STATE ZIP CODE

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

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-24, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

DATE OF RADIOGRAPH

MONTH DAY YEAR
[][] [][] [][][][]

CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number

[][][][] [][][] [][][][][]

ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING

[] [] []
A B P

FACILITY IDENTIFICATION

[][][][][]

Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

1. FILM QUALITY

[1] [2] [3] [U/R]

Overexposed (dark) [] Improper position [] Underinflation []
Underexposed (light) [x] Poor contrast [] Mottle []
Artifacts [] Poor processing [] Other (please specify) []

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

YES [x] Complete Sections 2B and 2C NO [] Proceed to Section 3A

2B. SMALL OPACITIES

a. SHAPE/SIZE
PRIMARY SECONDARY
p q r u t s q t r u

b. ZONES
R L
UPPER MIDDLE LOWER

c. PROFUSION
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 [x] A B C Proceed to Section 3A

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

YES [x] Complete Sections 3B, 3C NO [] Proceed to Section 4A

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

Chest wall In profile Face on Diaphragm Other site(s)
Site Calcification Extent Width (in profile only)

3C. COSTOPHRENIC ANGLE OBLITERATION

R L Proceed to Section 3D NO [x] Proceed to Section 4A

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

Chest wall In profile Face on
Site Calcification Extent Width (in profile only)

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 di ef em es fr hi ho id ih kl me pa pb px ra rp tb

[x] If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?

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

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.

FILM READER'S INITIALS

[][][]

DATE OF READING

MONTH DAY YEAR

LAST NAME - STREET ADDRESS

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

Abnormalities of the Diaphragm

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Lung Parenchymal Abnormalities

- Azygos lobe
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- Nodule, nodular lesion

Miscellaneous Abnormalities

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

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

Good example of serratus muscle shadows on the left.

DATE OF RADIOGRAPH

MONTH DAY YEAR

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CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number

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ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING

A B P

FACILITY IDENTIFICATION

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Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

1. FILM QUALITY

<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation
<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> U/R	<input checked="" 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"/> Other (please specify)	

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

YES Complete Sections 2B and 2C NO Proceed to Section 3A

<p>2B. SMALL OPACITIES</p> <p>a. SHAPE/SIZE</p> <table border="0"> <tr> <td>PRIMARY</td> <td>SECONDARY</td> <td></td> </tr> <tr> <td>p s</td> <td>p s</td> <td></td> </tr> <tr> <td>q t</td> <td>q t</td> <td></td> </tr> <tr> <td>r u</td> <td>r u</td> <td></td> </tr> </table>	PRIMARY	SECONDARY		p s	p s		q t	q t		r u	r u		<p>b. ZONES</p> <table border="0"> <tr> <td></td> <td>R</td> <td>L</td> </tr> <tr> <td>UPPER</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>MIDDLE</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>LOWER</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		R	L	UPPER	<input type="checkbox"/>	<input type="checkbox"/>	MIDDLE	<input type="checkbox"/>	<input type="checkbox"/>	LOWER	<input type="checkbox"/>	<input type="checkbox"/>	<p>c. PROFUSION</p> <table border="0"> <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>2C. LARGE OPACITIES</p> <p>SIZE <input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C</p> <p>Proceed to Section 3A</p>
PRIMARY	SECONDARY																																						
p s	p s																																						
q t	q t																																						
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0/-	0/0	0/1																																					
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2/1	2/2	2/3																																					
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3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

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"/> F <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"/> F <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 type="checkbox"/> O <input checked="" type="checkbox"/> F <input checked="" type="checkbox"/> L	<input type="checkbox"/> R <input checked="" 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 type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input checked="" 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 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, 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 ih kl me pa pb pi px ra rp tb

OD If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?

MONTH DAY YEAR

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

Proceed to Section 5

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.

FILM READER'S INITIALS

--	--

DATE OF READING

MONTH DAY YEAR

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

LAST NAME - STREET ADDRESS

CITY STATE ZIP CODE

CDC/NIOSH (M) 2.8
REV. 6/02

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

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- 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

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DATE OF RADIOGRAPH
MONTH DAY YEAR
[][] [][] [][][][]

CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number
[][][][] [][][] [][][][][]

ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING
A B P
[] [] []
A B P

FACILITY IDENTIFICATION
[][][][][]

Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

1. FILM QUALITY
[] Overexposed (dark) [] Improper position [] Underinflation
[x] [2] [3] [U/R] [] Underexposed (light) [] Poor contrast [] Mottle
(If not Grade 1, mark all boxes that apply) [] Artifacts [] Poor processing [] Other (please specify)

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

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

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? 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)
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)
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
[O] [R] [L] [O] [R] [L] > 10 mm = c
1 2 3 1 2 3 a b c a b c

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 [x] cn co cp cv di ef em es fr hi ho id ih kl me pa pb pi px ra rp [x]
[x] If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?
MONTH DAY YEAR

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

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.
FILM READER'S INITIALS [][][] DATE OF READING MONTH DAY YEAR [][][] [][][] [][][][]

LAST NAME - STREET ADDRESS

CITY CDC/NIOSH (M) 2.8 REV. 6/02 STATE ZIP CODE

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

"p" opacities may represent miliary tuberculosis.

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 suggestings for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

DATE OF RADIOGRAPH
MONTH DAY YEAR
[][] [][] [][][][]

CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number
[][][][] [][][] [][][][][]

ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING
A B P
[] [] []
A B P

FACILITY IDENTIFICATION
[][][][][]

Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

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

Slight rotation

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

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

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? 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)
In profile Face on Diaphragm Other site(s)

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)

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

4B. OTHER SYMBOLS (OBLIGATORY)
aa at [x] bu ca cg cn co cp cv di ef em es fr hi [x] id ih [x] me pa pb [x] px ra rp tb
[OD] If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?

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

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.
FILM READER'S INITIALS [][][] DATE OF READING MONTH DAY YEAR [][][] [][][] [][][][]

LAST NAME - STREET ADDRESS

CITY CDC/NIOSH (M) 2.8 REV. 6/02 STATE ZIP CODE

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

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-24, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

DATE OF RADIOGRAPH

MONTH DAY YEAR

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CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number

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ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING

A B P

FACILITY IDENTIFICATION

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Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

1. FILM QUALITY

<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation
<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> U/R	<input checked="" 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"/> Other (please specify)	

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES	2C. LARGE OPACITIES																																								
<p>a. SHAPE/SIZE</p> <table border="0"> <tr> <td>PRIMARY</td> <td>SECONDARY</td> <td></td> </tr> <tr> <td>p s</td> <td>p s</td> <td></td> </tr> <tr> <td>q t</td> <td><input checked="" type="checkbox"/> t</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> u</td> <td>r u</td> <td></td> </tr> </table> <p>b. ZONES</p> <table border="0"> <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 checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table> <p>c. PROFUSION</p> <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>2/2</td> <td><input checked="" type="checkbox"/> 3</td> </tr> <tr> <td>3/2</td> <td>3/3</td> <td>3/+</td> </tr> </table>	PRIMARY	SECONDARY		p s	p s		q t	<input checked="" type="checkbox"/> t		<input checked="" type="checkbox"/> u	r u			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"/>	0/-	0/0	0/1	1/0	1/1	1/2	2/1	2/2	<input checked="" type="checkbox"/> 3	3/2	3/3	3/+	<p>SIZE</p> <table border="0"> <tr> <td><input type="checkbox"/> O</td> <td><input type="checkbox"/> A</td> <td><input type="checkbox"/> B</td> <td><input checked="" type="checkbox"/></td> </tr> </table> <p>Proceed to Section 3A</p>	<input type="checkbox"/> O	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/>
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3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

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	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	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	> 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	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	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, 4C, 4D, 4E NO Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)

aa at ac lu ca cg cn co cp cv ef em es fr hi ho id ih l me pa pb pi px ra rp tb

OD If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?

MONTH DAY YEAR

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

Proceed to Section 5

MONTH DAY YEAR

5. PHYSICIAN'S Social Security Number*

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

FILM READER'S INITIALS

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DATE OF READING

MONTH DAY YEAR

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LAST NAME - STREET ADDRESS

CITY STATE ZIP CODE

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

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DATE OF RADIOGRAPH

MONTH DAY YEAR

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CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
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PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number

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ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING

A B P

FACILITY IDENTIFICATION

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1. FILM QUALITY

<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation
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(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 PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

YES Complete Sections 2B and 2C NO Proceed to Section 3A

<p>2B. SMALL OPACITIES</p> <p>a. SHAPE/SIZE</p> <table border="0"> <tr> <td>PRIMARY</td> <td>SECONDARY</td> <td></td> </tr> <tr> <td><input type="checkbox"/> p <input type="checkbox"/> s</td> <td><input type="checkbox"/> p <input type="checkbox"/> s</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> t</td> <td><input type="checkbox"/> q <input type="checkbox"/> t</td> <td></td> </tr> <tr> <td><input type="checkbox"/> r <input type="checkbox"/> u</td> <td><input checked="" type="checkbox"/> u</td> <td></td> </tr> </table>	PRIMARY	SECONDARY		<input type="checkbox"/> p <input type="checkbox"/> s	<input type="checkbox"/> p <input 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 checked="" type="checkbox"/> u		<p>b. ZONES</p> <table border="0"> <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 checked="" type="checkbox"/></td> <td><input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>c. PROFUSION</p> <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"/> 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	<input checked="" type="checkbox"/> 2/2	2/3	3/2	3/3	3/+	<p>2C. LARGE OPACITIES</p> <p>SIZE <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C</p> <p>Proceed to Section 3A</p>
PRIMARY	SECONDARY																																						
<input type="checkbox"/> p <input type="checkbox"/> s	<input type="checkbox"/> p <input type="checkbox"/> s																																						
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3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

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	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	5 to 10 mm = b
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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)
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	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	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, 4C, 4D, 4E NO Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)

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

If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?

MONTH DAY YEAR

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

Proceed to Section 5

5. PHYSICIAN'S Social Security Number*

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FILM READER'S INITIALS

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DATE OF READING

MONTH DAY YEAR

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LAST NAME - STREET ADDRESS

CITY CDC/NIOSH (M) 2.8
REV. 6/02

STATE ZIP CODE

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
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Bony Abnormalities

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- Azygos lobe
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- Nodule, nodular lesion

Miscellaneous Abnormalities

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

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

This is an excellent example of eggshell calcifications.

1544192534

70

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE

OMB No.: 0920-0020
Exp. Date: 05/31/2004

DATE OF RADIOGRAPH

MONTH DAY YEAR
[][] [][] [][][][]

CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
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PO Box 4258
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ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING

[] [] []
A B P

FACILITY IDENTIFICATION

[][][][][]

Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

1. FILM QUALITY

1 2 3 U/R

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

Overexposed (dark) Improper position Underinflation
 Underexposed (light) Poor contrast Mottle
 Artifacts Poor processing Other (please specify)

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

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 t
r u r u

b. ZONES
R L
UPPER
MIDDLE
LOWER

c. PROFUSION
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 [O] [A] [B] [C] Proceed to Section 3A

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

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)

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 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, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified? MONTH DAY YEAR

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

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.

FILM READER'S INITIALS

[][][]

DATE OF READING

MONTH DAY YEAR
[][] [][] [][][][]

LAST NAME - STREET ADDRESS

CITY

CDC/NIOSH (M) 2.8
REV. 6/02

STATE

ZIP CODE

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

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-24, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

DATE OF RADIOGRAPH

MONTH DAY YEAR

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CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number

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ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING

A B P

FACILITY IDENTIFICATION

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Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

1. FILM QUALITY

<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation
<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> U/R	<input checked="" type="checkbox"/> Underexposed (light)	<input checked="" type="checkbox"/> Poor contrast
<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Mottle
<input type="checkbox"/> Other (please specify)		

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

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

YES Complete Sections 2B and 2C NO Proceed to Section 3A

<p>2B. SMALL OPACITIES</p> <p>a. SHAPE/SIZE</p> <table border="1"> <tr> <th>PRIMARY</th> <th>SECONDARY</th> </tr> <tr> <td>p s</td> <td>p s</td> </tr> <tr> <td>q t</td> <td>q t</td> </tr> <tr> <td>r u</td> <td>r u</td> </tr> </table> <p>b. ZONES</p> <table border="1"> <tr> <th></th> <th>R</th> <th>L</th> </tr> <tr> <td>UPPER</td> <td></td> <td></td> </tr> <tr> <td>MIDDLE</td> <td></td> <td></td> </tr> <tr> <td>LOWER</td> <td></td> <td></td> </tr> </table> <p>c. PROFUSION</p> <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>2/2</td> <td>2/3</td> </tr> <tr> <td>3/2</td> <td>3/3</td> <td>3/+</td> </tr> </table>	PRIMARY	SECONDARY	p s	p s	q t	q t	r u	r u		R	L	UPPER			MIDDLE			LOWER			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</p> <p>Proceed to Section 3A</p>
PRIMARY	SECONDARY																																
p s	p s																																
q t	q t																																
r u	r u																																
	R	L																															
UPPER																																	
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 PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

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	Face on	Diaphragm	Other site(s)	Other site(s)	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 checked="" type="checkbox"/> L	<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 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 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3	3 to 5 mm = a 5 to 10 mm = b > 10 mm = c
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<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	<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	Face on	Diaphragm	Other site(s)	Other site(s)	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"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<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"/> O <input type="checkbox"/> R <input type="checkbox"/> 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	3 to 5 mm = a 5 to 10 mm = b > 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"/> 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	<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 ke pa pb pi px ra rp tb

If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?

MONTH DAY YEAR

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

Proceed to Section 5

MONTH DAY YEAR

5. PHYSICIAN'S Social Security Number*

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

FILM READER'S INITIALS

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DATE OF READING

MONTH DAY YEAR

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LAST NAME - STREET ADDRESS

CITY STATE ZIP CODE

CDC/NIOSH (M) 2.8
REV. 6/02

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

1.) Rule out mesothelioma.

2.) Unable to classify for small opacities with accuracy.

Film should be taken again.

DATE OF RADIOGRAPH

MONTH DAY YEAR

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CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number

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ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A	B	P

FACILITY IDENTIFICATION

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Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

1. FILM QUALITY

<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input 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 PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

YES Complete Sections 2B and 2C NO Proceed to Section 3A

<p>2B. SMALL OPACITIES</p> <p>a. SHAPE/SIZE</p> <table border="1"> <tr> <th>PRIMARY</th><th>SECONDARY</th> </tr> <tr> <td>p s</td><td>p s</td> </tr> <tr> <td>q t</td><td>q t</td> </tr> <tr> <td>r u</td><td>r u</td> </tr> </table>	PRIMARY	SECONDARY	p s	p s	q t	q t	r u	r u	<p>b. ZONES</p> <table border="1"> <tr> <th>R</th><th>L</th> </tr> <tr> <td></td><td></td> </tr> <tr> <td></td><td></td> </tr> <tr> <td></td><td></td> </tr> </table>	R	L							<p>c. PROFUSION</p> <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>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>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																													
	p s	p s																													
	q t	q t																													
r u	r u																														
R	L																														
0/-	0/0	0/1																													
1/0	1/1	1/2																													
2/1	2/2	2/3																													
3/2	3/3	3/+																													
UPPER																															
MIDDLE																															
LOWER																															

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

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	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c	
	In profile	R	L	In profile	R	L			
Face on	<input type="checkbox"/> O	<input type="checkbox"/> R	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> R	<input type="checkbox"/> R	<input type="checkbox"/> L	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Diaphragm	<input type="checkbox"/> O	<input checked="" type="checkbox"/> R	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> R	<input type="checkbox"/> R	<input type="checkbox"/> L	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Other site(s)	<input checked="" type="checkbox"/> R	<input type="checkbox"/> R	<input type="checkbox"/> L	<input checked="" type="checkbox"/> R	<input type="checkbox"/> R	<input type="checkbox"/> L	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

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	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c	
	In profile	R	L	In profile	R	L			
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"/> 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

4A. ANY OTHER ABNORMALITIES?

YES Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)

aa at ax ad 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, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?

MONTH DAY YEAR

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

Proceed to Section 5

MONTH DAY YEAR

5. PHYSICIAN'S Social Security Number*

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FILM READER'S INITIALS

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DATE OF READING

MONTH DAY YEAR

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LAST NAME - STREET ADDRESS

CITY CDC/NIOSH (M) 2.8
REV. 6/02

STATE ZIP CODE

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

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DATE OF RADIOGRAPH

MONTH DAY YEAR

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CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
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PO Box 4258
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ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING

A B P

FACILITY IDENTIFICATION

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1. FILM QUALITY

<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation
<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> U/R	<input checked="" 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"/> Other (please specify)	

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

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 t	
r u	r u	

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

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 O A B C

Proceed to Section 3A

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

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 checked="" type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1
	Face on	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2
	Diaphragm	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	> 1/2 of lateral chest wall = 3
Other site(s)	<input checked="" type="checkbox"/> R <input type="checkbox"/> L	<input checked="" type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

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)
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			> 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 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, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?

MONTH DAY YEAR

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

Proceed to Section 5

MONTH DAY YEAR

5. PHYSICIAN'S Social Security Number*

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FILM READER'S INITIALS

DATE OF READING

MONTH DAY YEAR

LAST NAME - STREET ADDRESS

CITY CDC/NIOSH (M) 2.8
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4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

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- Aorta, anomaly of
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MONTH DAY YEAR
[][] [][] [][][][]

CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number
[][][][] [][][] [][][][][]

ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING
A B P
[] [] []
A B P

FACILITY IDENTIFICATION
[][][][][]

Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

1. FILM QUALITY
[] Overexposed (dark) [] Improper position [] Underinflation
[x] [2] [3] [U/R] [] Underexposed (light) [] Poor contrast [] Mottle
(If not Grade 1, mark all boxes that apply) [] Artifacts [] Poor processing [] Other (please specify)

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

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

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? 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)
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)
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
O R L O R L > 10 mm = c
1 2 3 1 2 3 a b c a b c

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

4B. OTHER SYMBOLS (OBLIGATORY)
aa at ax [x] ca cg cn co cp cv di ef em es fr hi [x] [x] [x] kl me pa pb pi px ra rp tb
[x] If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?
MONTH DAY YEAR

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

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.
FILM READER'S INITIALS [][][] DATE OF READING MONTH DAY YEAR [][][] [][][] [][][][]

LAST NAME - STREET ADDRESS

CITY STATE ZIP CODE

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

Cardiac pacemaker-electrode not in right ventricle. Post-cardiac surgery-sternal sutures. The apparent linear density overlying the left hemi-diaphragms is thought to represent super imposed shadows.

DATE OF RADIOGRAPH

MONTH DAY YEAR

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National Institute for Occupational Safety and Health
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ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING

A B P

FACILITY IDENTIFICATION

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1. FILM 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"/> 4	<input checked="" 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"/> Other (please specify)	

Badly underexposed. The presence or absence of pneum. cannot be determined.

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

YES Complete Sections 2B and 2C NO Proceed to Section 3A

<p>2B. SMALL OPACITIES</p> <p>a. SHAPE/SIZE</p> <table border="0"> <tr> <td>PRIMARY</td> <td>SECONDARY</td> <td></td> </tr> <tr> <td>p s</td> <td>p s</td> <td></td> </tr> <tr> <td>q t</td> <td>q t</td> <td></td> </tr> <tr> <td>r u</td> <td>r u</td> <td></td> </tr> </table> <p>b. ZONES</p> <table border="0"> <tr> <td></td> <td>R</td> <td>L</td> </tr> <tr> <td>UPPER</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>MIDDLE</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>LOWER</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>c. PROFUSION</p> <table border="0"> <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		p s	p s		q t	q t		r u	r 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</p> <p>Proceed to Section 3A</p>
PRIMARY	SECONDARY																																				
p s	p s																																				
q t	q t																																				
r u	r 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 PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

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	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	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	> 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	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	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, 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, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?

MONTH DAY YEAR

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

Proceed to Section 5

MONTH DAY YEAR

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.

FILM READER'S INITIALS

--	--	--

DATE OF READING

MONTH DAY YEAR

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

LAST NAME - STREET ADDRESS

CITY

CDC/NIOSH (M) 2.8
REV. 6/02

STATE

ZIP CODE

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

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Airway Disorders

- Bronchovascular markings, heavy or increased
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Bony Abnormalities

- Bony chest cage abnormality
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- 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

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-24, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.

DATE OF RADIOGRAPH
MONTH DAY YEAR
[][] [][] [][][][]

CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number
[][][][] [][][] [][][][][]

ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING
A B P
[] [] []
A B P

FACILITY IDENTIFICATION
[][][][][]

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

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

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

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?
YES [x] 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)
In profile [x] R L [x] R L Up to 1/4 of lateral chest wall = 1 3 to 5 mm = a
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Diaphragm [x] R L [x] R L > 1/2 of lateral chest wall = 3 > 10 mm = c
Other site(s) [x] R L [x] R L [] O [x] R L [x] L
[] 2 3 [] 1 2 3 [] a b c [] a b c

3C. COSTOPHRENIC ANGLE OBLITERATION [] R [] L Proceed to Section 3D NO [x] 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)
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, 4C, 4D, 4E NO [x] 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, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?
MONTH DAY YEAR

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

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.
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LAST NAME - STREET ADDRESS

CITY STATE ZIP CODE
CDC/NIOSH (M) 2.8 REV. 6/02

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

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Bony Abnormalities

- Bony chest cage abnormality
- Fracture, healed (non-rib)
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- 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

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ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING
A B P
[] [] []
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FACILITY IDENTIFICATION
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(If not Grade 1, mark all boxes that apply) [] Artifacts [] Poor processing [] Other (please specify)

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

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

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

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

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

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aa at ax bu ca [X] g cn co cp cv di ef em es fr hi ho id ih kl me pa pb pi px ra rp tb
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- Fracture, not healed (non-rib)
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- 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

There is a small plaque on the right diaphragm.

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
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Miscellaneous Abnormalities

- Foreign body
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- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

Carcinoma, left lung. Do not confuse this with a large opacity of pneumoconiosis.

There is not a background of small opacities.

DATE OF RADIOGRAPH
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2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES [] Complete Sections 2B and 2C NO [x] Proceed to Section 3A

2B. SMALL OPACITIES
a. SHAPE/SIZE PRIMARY SECONDARY
p s p s
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LOWER [] []
c. PROFUSION
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1/0 1/1 1/2
2/1 2/2 2/3
3/2 3/3 3/+

2C. LARGE OPACITIES
SIZE [O] [A] [B] [C] Proceed to Section 3A

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES [x] 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)
In profile [x] [R] [L] [x] [R] [L] Up to 1/4 of lateral chest wall = 1 3 to 5 mm = a
Face on [x] [R] [L] [x] [R] [L] 1/4 to 1/2 of lateral chest wall = 2 5 to 10 mm = b
Diaphragm [O] [x] [x] [x] [R] [L] > 1/2 of lateral chest wall = 3 > 10 mm = c
Other site(s) [x] [R] [L] [x] [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 [x] Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)
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1 2 3 1 2 3 a b c a b c

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 di ef em es fr hi ho id ih kl me pa pb pi px ra rp tb
[x] If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?
MONTH DAY YEAR

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

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.
FILM READER'S INITIALS [][][] DATE OF READING MONTH DAY YEAR [][][] [][][] [][][][]

LAST NAME - STREET ADDRESS

CITY CDC/NIOSH (M) 2.8 REV. 6/02 STATE ZIP CODE

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

A small plaque on the left diaphragm is questionable.

DATE OF RADIOGRAPH
MONTH DAY YEAR

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CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number

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ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING

A B P

FACILITY IDENTIFICATION

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Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

1. FILM QUALITY

<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation
<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor contrast	<input type="checkbox"/> Mottle
<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input checked="" type="checkbox"/> Other (please specify)

Scapula overlay _____

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

YES Complete Sections 2B and 2C NO Proceed to Section 3A

<p>2B. SMALL OPACITIES</p> <p>a. SHAPE/SIZE</p> <table border="0"> <tr> <td>PRIMARY</td> <td>SECONDARY</td> <td></td> </tr> <tr> <td>p s</td> <td>p s</td> <td></td> </tr> <tr> <td>q t</td> <td>q t</td> <td></td> </tr> <tr> <td>r u</td> <td>r u</td> <td></td> </tr> </table> <p>b. ZONES</p> <table border="0"> <tr> <td></td> <td>R</td> <td>L</td> </tr> <tr> <td>UPPER</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>MIDDLE</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>LOWER</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>c. PROFUSION</p> <table border="0"> <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		p s	p s		q t	q t		r u	r 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																																				
p s	p s																																				
q t	q t																																				
r u	r 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 PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

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	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	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	> 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	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	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)

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

If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?

MONTH DAY YEAR

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

Proceed to Section 5

MONTH DAY YEAR

5. PHYSICIAN'S Social Security Number*

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

FILM READER'S INITIALS

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DATE OF READING

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

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Miscellaneous Abnormalities

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

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

Histoplasmosis

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-24, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.