

4B. Other Symbol Definitions

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

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

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

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

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

Lung Parenchymal Abnormalities

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

Miscellaneous Abnormalities

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

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

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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.

READER'S INITIALS

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DATE OF READING (mm-dd-yyyy)

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SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

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STATE

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ZIP CODE

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

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

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

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

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

EXAMINEE'S Social Security Number

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TYPE OF READING A B F

FACILITY ID#

			2	1
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Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

<p>1. IMAGE QUALITY <input type="checkbox"/> Overexposed (dark) <input checked="" type="checkbox"/> Improper position <input type="checkbox"/> Underinflation</p> <p><input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Poor contrast <input type="checkbox"/> Mottle</p> <p><input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input checked="" type="checkbox"/> Other (please specify)</p>	<p><u>Slightly rotated LAO</u></p> <hr/> <hr/>
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2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

<p>2B. SMALL OPACITIES</p> <p>a. SHAPE/SIZE</p> <table style="width:100%;"> <tr> <td style="width:33%;">PRIMARY</td> <td style="width:33%;">SECONDARY</td> <td style="width:33%;">b. ZONES</td> </tr> <tr> <td> <table style="width:100%;"> <tr> <td style="width:50%;">p <input checked="" type="checkbox"/></td> <td style="width:50%;">p <input type="checkbox"/></td> </tr> <tr> <td>q <input type="checkbox"/></td> <td>q <input checked="" type="checkbox"/></td> </tr> <tr> <td>r <input type="checkbox"/></td> <td>r <input type="checkbox"/></td> </tr> </table> </td> <td> <table style="width:100%;"> <tr> <td style="width:50%;">s <input type="checkbox"/></td> <td style="width:50%;">t <input checked="" type="checkbox"/></td> </tr> <tr> <td>u <input type="checkbox"/></td> <td>u <input type="checkbox"/></td> </tr> </table> </td> <td> <table style="width:100%;"> <tr> <td style="width:33%;">R</td> <td style="width:33%;">L</td> </tr> <tr> <td>UPPER <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>MIDDLE <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>LOWER <input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table> </td> </tr> </table> <p>c. PROFUSION</p> <table style="width:100%;"> <tr> <td>0/-</td> <td>0/0</td> <td>0/1</td> </tr> <tr> <td>1/0</td> <td><input checked="" type="checkbox"/></td> <td>1/2</td> </tr> <tr> <td>2/1</td> <td>2/2</td> <td>2/3</td> </tr> <tr> <td>3/2</td> <td>3/3</td> <td>3/+</td> </tr> </table>	PRIMARY	SECONDARY	b. ZONES	<table style="width:100%;"> <tr> <td style="width:50%;">p <input checked="" type="checkbox"/></td> <td style="width:50%;">p <input type="checkbox"/></td> </tr> <tr> <td>q <input type="checkbox"/></td> <td>q <input checked="" type="checkbox"/></td> </tr> <tr> <td>r <input type="checkbox"/></td> <td>r <input type="checkbox"/></td> </tr> </table>	p <input checked="" type="checkbox"/>	p <input type="checkbox"/>	q <input type="checkbox"/>	q <input checked="" type="checkbox"/>	r <input type="checkbox"/>	r <input type="checkbox"/>	<table style="width:100%;"> <tr> <td style="width:50%;">s <input type="checkbox"/></td> <td style="width:50%;">t <input checked="" type="checkbox"/></td> </tr> <tr> <td>u <input type="checkbox"/></td> <td>u <input type="checkbox"/></td> </tr> </table>	s <input type="checkbox"/>	t <input checked="" type="checkbox"/>	u <input type="checkbox"/>	u <input type="checkbox"/>	<table style="width:100%;"> <tr> <td style="width:33%;">R</td> <td style="width:33%;">L</td> </tr> <tr> <td>UPPER <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>MIDDLE <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>LOWER <input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	R	L	UPPER <input type="checkbox"/>	<input type="checkbox"/>	MIDDLE <input type="checkbox"/>	<input type="checkbox"/>	LOWER <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0/-	0/0	0/1	1/0	<input checked="" type="checkbox"/>	1/2	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>
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3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

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

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

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

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

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
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			<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> 1 2 3 <input type="checkbox"/> 1 2 3	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> a b c <input type="checkbox"/> 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	<input checked="" type="checkbox"/>	cg	cn	<input checked="" type="checkbox"/>	cp	cv	di	ef	em	es	fr	hi	ho	id	ih	kl	me	pa	pb	pi	px	ra	rp	tb
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If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D)
 (See reverse for other symbol definitions.) Date Physician or Worker notified? (mm-dd-yyyy)

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 REV. 12/2013

EXAMINEE'S Social Security Number

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TYPE OF READING A B F

FACILITY ID#

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

<p>1. IMAGE QUALITY <input type="checkbox"/> Overexposed (dark) <input checked="" type="checkbox"/> Improper position <input type="checkbox"/> Underinflation</p> <p><input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Poor contrast <input type="checkbox"/> Mottle</p> <p><input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input checked="" type="checkbox"/> Other (please specify)</p>	<p><u>Rotated LAO, left scapula overlay</u></p>
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2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

<p>2B. SMALL OPACITIES</p> <p>a. SHAPE/SIZE</p> <table style="width:100%;"> <tr> <td style="width:50%;">PRIMARY</td> <td style="width:50%;">SECONDARY</td> </tr> <tr> <td><input type="checkbox"/> p <input type="checkbox"/> s</td> <td><input type="checkbox"/> p <input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> q <input checked="" type="checkbox"/></td> <td><input type="checkbox"/> q <input type="checkbox"/> t</td> </tr> <tr> <td><input type="checkbox"/> r <input type="checkbox"/> u</td> <td><input type="checkbox"/> r <input type="checkbox"/> u</td> </tr> </table> <p>b. ZONES</p> <table style="width:100%;"> <tr> <td style="width:50%;">R</td> <td style="width:50%;">L</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table> <p>c. PROFUSION</p> <table style="width:100%;"> <tr> <td>0/-</td> <td>0/0</td> <td>0/1</td> </tr> <tr> <td>1/0</td> <td>1/1</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>2/1</td> <td>2/2</td> <td>2/3</td> </tr> <tr> <td>3/2</td> <td>3/3</td> <td>3/+</td> </tr> </table>	PRIMARY	SECONDARY	<input type="checkbox"/> p <input type="checkbox"/> s	<input type="checkbox"/> p <input checked="" type="checkbox"/>	<input type="checkbox"/> q <input checked="" type="checkbox"/>	<input type="checkbox"/> q <input type="checkbox"/> t	<input type="checkbox"/> r <input type="checkbox"/> u	<input type="checkbox"/> r <input type="checkbox"/> u	R	L	<input checked="" type="checkbox"/>	0/-	0/0	0/1	1/0	1/1	<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>					
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3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

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

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
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			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/>	<input type="checkbox"/> a <input type="checkbox"/> b <input checked="" type="checkbox"/>
			<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 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)

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

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

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

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

Proceed to Section 5

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4B. Other Symbol Definitions

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

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

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

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

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

Lung Parenchymal Abnormalities

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

Miscellaneous Abnormalities

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

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

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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.

READER'S INITIALS

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DATE OF READING (mm-dd-yyyy)

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SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

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STATE

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ZIP CODE

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

4B. Other Symbol Definitions

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

Table with 4 columns: Symbol, Definition, Symbol, Definition. Includes terms like atherosclerotic aorta, significant apical pleural thickening, enlargement of non-calcified hilar or mediastinal lymph nodes, etc.

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

Abnormalities of the Diaphragm

- Eventration
Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
Hyperinflation

Bony Abnormalities

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

Lung Parenchymal Abnormalities

- Azygos lobe
Density, lung
Infiltrate
Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
Post-surgical changes/sternal wire
Cyst

Vascular Disorders

- Aorta, anomaly of
Vascular abnormality

4D. OTHER COMMENTS

Multiple horizontal lines for handwritten comments.

5. PHYSICIAN'S Social Security Number*

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

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

READER'S INITIALS

Grid for Reader's Initials.

DATE OF READING (mm-dd-yyyy)

Grid for Date of Reading with dashes in the 3rd and 5th positions.

SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

Grids for SIGNATURE, PRINTED NAME, STATE, and ZIP CODE.

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Save Form

Print

4B. Other Symbol Definitions

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

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

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Airway Disorders

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- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

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

Miscellaneous Abnormalities

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

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

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READER'S INITIALS

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DATE OF READING (mm-dd-yyyy)

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SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

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STATE

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ZIP CODE

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

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

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

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

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

EXAMINEE'S Social Security Number

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TYPE OF READING A B F

FACILITY ID#

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

1. IMAGE QUALITY <input type="checkbox"/> Overexposed (dark) <input checked="" type="checkbox"/> Improper position <input type="checkbox"/> Underinflation <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> U/R <input type="checkbox"/> Underexposed (light) <input checked="" type="checkbox"/> Poor contrast <input type="checkbox"/> Mottle (If not Grade 1, mark all boxes that apply) <input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input type="checkbox"/> Other (please specify)	Scapula overlay _____ _____ _____
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2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

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

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

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

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

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

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

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

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

4B. OTHER SYMBOLS (OBLIGATORY)

<input type="checkbox"/> aa	<input type="checkbox"/> at	<input type="checkbox"/> ax	<input type="checkbox"/> bu	<input type="checkbox"/> ca	<input type="checkbox"/> cg	<input type="checkbox"/> cn	<input type="checkbox"/> co	<input type="checkbox"/> cp	<input type="checkbox"/> cv	<input type="checkbox"/> di	<input type="checkbox"/> ef	<input type="checkbox"/> em	<input type="checkbox"/> es	<input type="checkbox"/> fr	<input type="checkbox"/> hi	<input type="checkbox"/> ho	<input type="checkbox"/> id	<input type="checkbox"/> ih	<input type="checkbox"/> kl	<input type="checkbox"/> me	<input type="checkbox"/> pa	<input type="checkbox"/> pb	<input type="checkbox"/> pi	<input type="checkbox"/> px	<input type="checkbox"/> ra	<input type="checkbox"/> rp	<input type="checkbox"/> tb
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If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D)
 (See reverse for other symbol definitions.)

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

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

		-			-				
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4B. Other Symbol Definitions

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

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
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ef	pleural effusion	rp	rheumatoid pneumoconiosis
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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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Lung Parenchymal Abnormalities

- Azygos lobe
- Density, lung
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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

5. PHYSICIAN'S Social Security Number*

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READER'S INITIALS

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DATE OF READING (mm-dd-yyyy)

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SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

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STATE

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

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

Grid for date entry: [][] - [][] - [][][][]

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

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

EXAMINEE'S Social Security Number

Grid for Social Security Number: [][][] - [][][] - [][][][][]

FACILITY ID#

Grid for Facility ID: [][][][] 3 0

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

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

1. IMAGE QUALITY [] Overexposed (dark) [] Improper position [] Underinflation [X] 1 [X] 3 [] U/R [] Underexposed (light) [] Poor contrast [] Mottle [X] Artifacts [] Poor processing [X] Other (please specify) Digital artifact

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

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

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

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

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

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

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

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

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

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

4B. Other Symbol Definitions

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

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Vascular abnormality

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5. PHYSICIAN'S Social Security Number*

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

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Grid for Reader's Initials.

DATE OF READING (mm-dd-yyyy)

Grid for Date of Reading with dashes in the 3rd and 5th positions.

SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

Grids for STREET ADDRESS, CITY, STATE, and ZIP CODE.

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Save Form

Print

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

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

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

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

EXAMINEE'S Social Security Number

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TYPE OF READING A B F

FACILITY ID#

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<p>1. IMAGE QUALITY <input type="checkbox"/> Overexposed (dark) <input type="checkbox"/> Improper position <input checked="" type="checkbox"/> Underinflation</p> <p><input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Poor contrast <input checked="" type="checkbox"/> Mottle</p> <p><input checked="" type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input type="checkbox"/> Other (please specify)</p>	<p>Digital artifact _____</p> <p>_____</p> <p>_____</p>
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2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

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

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

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

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

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

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

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

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

4B. OTHER SYMBOLS (OBLIGATORY)

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

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

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

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

4B. Other Symbol Definitions

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

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

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

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

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

Lung Parenchymal Abnormalities

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

Miscellaneous Abnormalities

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

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

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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.

READER'S INITIALS

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DATE OF READING (mm-dd-yyyy)

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SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

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STATE

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ZIP CODE

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

4B. Other Symbol Definitions

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

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

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

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

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

Lung Parenchymal Abnormalities

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

Miscellaneous Abnormalities

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

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

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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.

READER'S INITIALS

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DATE OF READING (mm-dd-yyyy)

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SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

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STATE

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ZIP CODE

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

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

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

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

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

EXAMINEE'S Social Security Number

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TYPE OF READING A B F

FACILITY ID#

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

<p>1. IMAGE QUALITY <input type="checkbox"/> Overexposed (dark) <input checked="" type="checkbox"/> Improper position <input type="checkbox"/> Underinflation</p> <p><input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Poor contrast <input type="checkbox"/> Mottle</p> <p><input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input type="checkbox"/> Other (please specify) _____</p> <p>(If not Grade 1, mark all boxes that apply)</p>	<p>Scapula overlay _____</p> <p>_____</p> <p>_____</p>
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2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

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

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

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

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

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

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

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

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

4B. OTHER SYMBOLS (OBLIGATORY)

<input type="checkbox"/> aa	<input type="checkbox"/> at	<input checked="" type="checkbox"/> bu	<input checked="" type="checkbox"/> ca	<input checked="" type="checkbox"/> co	<input type="checkbox"/> cp	<input type="checkbox"/> cv	<input type="checkbox"/> di	<input type="checkbox"/> ef	<input type="checkbox"/> em	<input type="checkbox"/> es	<input checked="" type="checkbox"/> hi	<input type="checkbox"/> ho	<input type="checkbox"/> id	<input type="checkbox"/> ih	<input type="checkbox"/> kl	<input type="checkbox"/> me	<input type="checkbox"/> pa	<input type="checkbox"/> pb	<input type="checkbox"/> pi	<input type="checkbox"/> px	<input type="checkbox"/> ra	<input type="checkbox"/> rp	<input type="checkbox"/> tb
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If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D)
 (See reverse for other symbol definitions.)

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

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

4B. Other Symbol Definitions

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

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

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

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

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

Lung Parenchymal Abnormalities

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

Miscellaneous Abnormalities

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

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

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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.

READER'S INITIALS

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DATE OF READING (mm-dd-yyyy)

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SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

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STATE

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ZIP CODE

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

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

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

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

DATE OF RADIOGRAPH (mm-dd-yyyy)

Grid for date entry: [][] - [][] - [][][][]

EXAMINEE'S Social Security Number

Grid for Social Security Number: [][][] - [][][] - [][][][][]

FACILITY ID#

Grid for Facility ID: [][][][] 3 5

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

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

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

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES?
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 CLASSIFIABLE PLEURAL ABNORMALITIES?
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] [R] [X] [O] [R] [X] 1/4 to 1/2 of lateral chest wall = 2 5 to 10 mm = b
Diaphragm [O] [R] [X] [O] [R] [X] > 1/2 of lateral chest wall = 3 > 10 mm = c
Other site(s) [X] [R] [L] [X] [R] [L] [O] [X] [O] [X] [O] [X] [X] [b] [c] [X] [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
[O] [R] [O] [L] [O] [L] [O] [R] [O] [L] [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 (OD), findings must be recorded on reverse. (section 4C/4D)
(See reverse for other symbol definitions.) Date Physician or Worker notified? (mm-dd-yyyy)

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

4B. Other Symbol Definitions

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

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

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

Abnormalities of the Diaphragm

- Eventration
Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
Hyperinflation

Bony Abnormalities

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

Lung Parenchymal Abnormalities

- Azygos lobe
Density, lung
Infiltrate
Nodule, nodular lesion

Miscellaneous Abnormalities

- Foreign body
Post-surgical changes/sternal wire
Cyst

Vascular Disorders

- Aorta, anomaly of
Vascular abnormality

4D. OTHER COMMENTS

Elevated left hemidiaphragm
[Blank lines for additional comments]

5. PHYSICIAN'S Social Security Number*

[Social Security Number input box]

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

READER'S INITIALS

[Reader's Initials input box]

DATE OF READING (mm-dd-yyyy)

[Date of Reading input box]

SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

[Signature and Name lines]
[State and ZIP Code boxes]

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Save Form

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4B. Other Symbol Definitions

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

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
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fr	fractured rib(s) (acute or healed)		

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

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

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- Scoliosis
- Vertebral column abnormality

Lung Parenchymal Abnormalities

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

Miscellaneous Abnormalities

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

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

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SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

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STATE

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

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

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

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

EXAMINEE'S Social Security Number

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TYPE OF READING A B F

FACILITY ID#

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

1. IMAGE QUALITY

<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation
<input checked="" type="checkbox"/> 2	<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor contrast	<input type="checkbox"/> Mottle
<input checked="" 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 CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

<p>2B. SMALL OPACITIES</p> <p>a. SHAPE/SIZE</p> <table style="width:100%;"> <tr> <td style="width:33%;">PRIMARY</td> <td style="width:33%;">SECONDARY</td> <td style="width:34%;"></td> </tr> <tr> <td><input type="checkbox"/> p</td> <td><input type="checkbox"/> s</td> <td></td> </tr> <tr> <td><input type="checkbox"/> q</td> <td><input type="checkbox"/> t</td> <td></td> </tr> <tr> <td><input type="checkbox"/> r</td> <td><input type="checkbox"/> u</td> <td></td> </tr> </table> <p>b. ZONES</p> <table style="width:100%;"> <tr> <td style="width:33%;">R</td> <td style="width:33%;">L</td> <td style="width:34%;"></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> </table> <p>c. PROFUSION</p> <table style="width:100%;"> <tr> <td style="width:33%;">0/-</td> <td style="width:33%;">0/0</td> <td style="width:34%;">0/1</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	PRIMARY	SECONDARY		<input type="checkbox"/> p	<input type="checkbox"/> s		<input type="checkbox"/> q	<input type="checkbox"/> t		<input type="checkbox"/> r	<input type="checkbox"/> u		R	L		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		0/-	0/0	0/1	<input type="checkbox"/>	<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>								
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3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

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

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

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

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

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

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

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4B. Other Symbol Definitions

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

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4D. OTHER COMMENTS

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TYPE OF READING A B F

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

2B. SMALL OPACITIES a. SHAPE/SIZE PRIMARY SECONDARY <table style="width:100%;"> <tr> <td style="width:15%; text-align:center;"> <input checked="" type="checkbox"/> s <input type="checkbox"/> q <input type="checkbox"/> r </td> <td style="width:15%; text-align:center;"> <input type="checkbox"/> t <input type="checkbox"/> u </td> <td style="width:15%; text-align:center;"> <input type="checkbox"/> p <input type="checkbox"/> q <input type="checkbox"/> r </td> <td style="width:15%; text-align:center;"> <input checked="" type="checkbox"/> t <input type="checkbox"/> u </td> </tr> </table> b. ZONES R L UPPER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> MIDDLE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> LOWER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> s <input type="checkbox"/> q <input type="checkbox"/> r	<input type="checkbox"/> t <input type="checkbox"/> u	<input type="checkbox"/> p <input type="checkbox"/> q <input type="checkbox"/> r	<input checked="" type="checkbox"/> t <input type="checkbox"/> u	c. PROFUSION <table style="width:100%;"> <tr> <td style="width:33%; text-align:center;">0/-</td> <td style="width:33%; text-align:center;">0/0</td> <td style="width:33%; text-align:center;">0/1</td> </tr> <tr> <td style="text-align:center;">1/0</td> <td style="text-align:center;"><input checked="" type="checkbox"/> 1/2</td> <td style="text-align:center;">1/2</td> </tr> <tr> <td style="text-align:center;">2/1</td> <td style="text-align:center;">2/2</td> <td style="text-align:center;">2/3</td> </tr> <tr> <td style="text-align:center;">3/2</td> <td style="text-align:center;">3/3</td> <td style="text-align:center;">3/+</td> </tr> </table>	0/-	0/0	0/1	1/0	<input checked="" type="checkbox"/> 1/2	1/2	2/1	2/2	2/3	3/2	3/3	3/+	2C. LARGE OPACITIES SIZE <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Proceed to Section 3A
<input checked="" type="checkbox"/> s <input type="checkbox"/> q <input type="checkbox"/> r	<input type="checkbox"/> t <input type="checkbox"/> u	<input type="checkbox"/> p <input type="checkbox"/> q <input type="checkbox"/> r	<input checked="" type="checkbox"/> t <input type="checkbox"/> u															
0/-	0/0	0/1																
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3/2	3/3	3/+																

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

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

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

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

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

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input checked="" type="checkbox"/> R <input type="checkbox"/> L	<input checked="" type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input checked="" type="checkbox"/> R <input type="checkbox"/> L	<input checked="" type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c
			<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <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 <input checked="" 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	<input checked="" type="checkbox"/> cn	co	cp	cv	di	ef	em	es	fr	hi	ho	id	ih	kl	me	pa	pb	pi	px	ra	rp	tb
----	----	----	----	----	--	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

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

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

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

4B. Other Symbol Definitions

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

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

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

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

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

Lung Parenchymal Abnormalities

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

Miscellaneous Abnormalities

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

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

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READER'S INITIALS

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DATE OF READING (mm-dd-yyyy)

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SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

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STATE

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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

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- Density, lung
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- Nodule, nodular lesion

Miscellaneous Abnormalities

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- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

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

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

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

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

EXAMINEE'S Social Security Number

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TYPE OF READING A B F

FACILITY ID#

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

<p>1. IMAGE QUALITY <input checked="" type="checkbox"/> Overexposed (dark) <input type="checkbox"/> Improper position <input checked="" type="checkbox"/> Underinflation</p> <p><input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Poor contrast <input checked="" type="checkbox"/> Mottle</p> <p><input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input checked="" type="checkbox"/> Other (please specify) _____</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> U/R <input type="checkbox"/> J/R</p> <p>(If not Grade 1, mark all boxes that apply)</p>	<p>gridlines _____</p> <p>_____</p> <p>_____</p>																									
<p>2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES <input checked="" type="checkbox"/> Complete Sections 2B and 2C NO <input type="checkbox"/> Proceed to Section 3A</p>																										
<p>2B. SMALL OPACITIES</p> <p>a. SHAPE/SIZE</p> <table style="width:100%; text-align:center;"> <tr> <td style="width:20%;">PRIMARY</td> <td style="width:20%;">SECONDARY</td> <td style="width:20%;">b. ZONES</td> <td style="width:20%;">c. PROFUSION</td> </tr> <tr> <td></td> <td></td> <td>R L</td> <td>0/- 0/0 0/1</td> </tr> <tr> <td><input type="checkbox"/> p <input type="checkbox"/> s</td> <td><input type="checkbox"/> p <input type="checkbox"/> s</td> <td>UPPER</td> <td><input type="checkbox"/> 1/0 <input checked="" type="checkbox"/> 1/1 <input type="checkbox"/> 1/2</td> </tr> <tr> <td><input checked="" type="checkbox"/> t <input type="checkbox"/> t</td> <td><input checked="" type="checkbox"/> t <input type="checkbox"/> t</td> <td>MIDDLE</td> <td><input type="checkbox"/> 2/1 <input type="checkbox"/> 2/2 <input type="checkbox"/> 2/3</td> </tr> <tr> <td><input type="checkbox"/> r <input type="checkbox"/> u</td> <td><input type="checkbox"/> r <input type="checkbox"/> u</td> <td>LOWER</td> <td><input type="checkbox"/> 3/2 <input type="checkbox"/> 3/3 <input type="checkbox"/> 3/+</td> </tr> </table>	PRIMARY	SECONDARY	b. ZONES	c. PROFUSION			R L	0/- 0/0 0/1	<input type="checkbox"/> p <input type="checkbox"/> s	<input type="checkbox"/> p <input type="checkbox"/> s	UPPER	<input type="checkbox"/> 1/0 <input checked="" type="checkbox"/> 1/1 <input type="checkbox"/> 1/2	<input checked="" type="checkbox"/> t <input type="checkbox"/> t	<input checked="" type="checkbox"/> t <input type="checkbox"/> t	MIDDLE	<input type="checkbox"/> 2/1 <input type="checkbox"/> 2/2 <input type="checkbox"/> 2/3	<input type="checkbox"/> r <input type="checkbox"/> u	<input type="checkbox"/> r <input type="checkbox"/> u	LOWER	<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 Proceed to Section 3A</p>					
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<p>3C. COSTOPHRENIC ANGLE OBLITERATION <input type="checkbox"/> R <input type="checkbox"/> L Proceed to Section 3D NO <input type="checkbox"/> Proceed to Section 4A</p>																										
<p>3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">Chest wall</th> <th style="width:15%;">Site</th> <th style="width:15%;">Calcification</th> <th style="width:25%;">Extent (chest wall; combined for in profile and face on)</th> <th style="width:30%;">Width (in profile only) (3mm minimum width required)</th> </tr> <tr> <td>In profile</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td>Up to 1/4 of lateral chest wall = 1</td> <td>3 to 5 mm = a</td> </tr> <tr> <td>Face on</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td>1/4 to 1/2 of lateral chest wall = 2</td> <td>5 to 10 mm = b</td> </tr> <tr> <td></td> <td></td> <td></td> <td>> 1/2 of lateral chest wall = 3</td> <td>> 10 mm = c</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</td> <td><input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c</td> </tr> </table>		Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)	In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a	Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b				> 1/2 of lateral chest wall = 3	> 10 mm = c				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c
Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)																						
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a																						
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b																						
			> 1/2 of lateral chest wall = 3	> 10 mm = c																						
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c																						
<p>4A. ANY OTHER ABNORMALITIES? YES <input checked="" type="checkbox"/> Complete Sections 4B, 4C, 4D, 4E NO <input type="checkbox"/> Proceed to Section 5</p>																										
<p>4B. OTHER SYMBOLS (OBLIGATORY)</p> <p><input type="checkbox"/> aa <input type="checkbox"/> at <input type="checkbox"/> ax <input type="checkbox"/> bu <input type="checkbox"/> ca <input type="checkbox"/> cg <input type="checkbox"/> cn <input type="checkbox"/> co <input type="checkbox"/> cp <input type="checkbox"/> cv <input type="checkbox"/> di <input type="checkbox"/> ef <input type="checkbox"/> em <input type="checkbox"/> es <input type="checkbox"/> fr <input checked="" type="checkbox"/> ho <input type="checkbox"/> id <input type="checkbox"/> ih <input type="checkbox"/> kl <input type="checkbox"/> me <input type="checkbox"/> pa <input type="checkbox"/> pb <input type="checkbox"/> pi <input type="checkbox"/> px <input type="checkbox"/> ra <input type="checkbox"/> rp <input type="checkbox"/> tb</p> <p><input type="checkbox"/> OD If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D) (See reverse for other symbol definitions.)</p> <p align="right">Date Physician or Worker notified? (mm-dd-yyyy)</p>																										
<p>4E. Should worker see personal physician because of findings in section 4? YES <input type="checkbox"/> NO <input type="checkbox"/> _____ - _____ - _____</p> <p>Proceed to Section 5</p>																										

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

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

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

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

EXAMINEE'S Social Security Number

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FACILITY ID#

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TYPE OF READING A B F

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

<p>1. IMAGE QUALITY <input checked="" type="checkbox"/> Overexposed (dark) <input checked="" type="checkbox"/> Improper position <input type="checkbox"/> Underinflation</p> <p><input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Poor contrast <input type="checkbox"/> Mottle</p> <p><input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input type="checkbox"/> Other (please specify)</p>	<p>Slight scapula overlay right</p> <hr/> <hr/> <hr/>
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2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

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

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

<p>3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)</p> <table style="width:100%;"> <tr> <td style="width: 25%;">Chest wall</td> <td style="width: 25%;">Site</td> <td style="width: 25%;">Calcification</td> <td style="width: 25%;">Extent (chest wall; combined for in profile and face on)</td> </tr> <tr> <td>In profile</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td>Up to 1/4 of lateral chest wall = 1</td> </tr> <tr> <td>Face on</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td>1/4 to 1/2 of lateral chest wall = 2</td> </tr> <tr> <td>Diaphragm</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td>> 1/2 of lateral chest wall = 3</td> </tr> <tr> <td>Other site(s)</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</td> </tr> </table>	Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	Diaphragm	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3	Other site(s)	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<p>Width (in profile only) (3mm minimum width required)</p> <p>3 to 5 mm = a</p> <p>5 to 10 mm = b</p> <p>> 10 mm = c</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> O <input type="checkbox"/> R</td> <td><input type="checkbox"/> O <input type="checkbox"/> L</td> </tr> <tr> <td><input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c</td> <td><input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c</td> </tr> </table>	<input type="checkbox"/> O <input type="checkbox"/> R	<input type="checkbox"/> O <input type="checkbox"/> L	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c
Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)																						
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<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

<p>3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)</p> <table style="width:100%;"> <tr> <td style="width: 25%;">Chest wall</td> <td style="width: 25%;">Site</td> <td style="width: 25%;">Calcification</td> <td style="width: 25%;">Extent (chest wall; combined for in profile and face on)</td> </tr> <tr> <td>In profile</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td>Up to 1/4 of lateral chest wall = 1</td> </tr> <tr> <td>Face on</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td>1/4 to 1/2 of lateral chest wall = 2</td> </tr> <tr> <td></td> <td></td> <td></td> <td>> 1/2 of lateral chest wall = 3</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</td> </tr> </table>	Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2				> 1/2 of lateral chest wall = 3				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<p>Width (in profile only) (3mm minimum width required)</p> <p>3 to 5 mm = a</p> <p>5 to 10 mm = b</p> <p>> 10 mm = c</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> O <input type="checkbox"/> R</td> <td><input type="checkbox"/> O <input type="checkbox"/> L</td> </tr> <tr> <td><input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c</td> <td><input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c</td> </tr> </table>	<input type="checkbox"/> O <input type="checkbox"/> R	<input type="checkbox"/> O <input type="checkbox"/> L	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c
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<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c																								

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

4B. OTHER SYMBOLS (OBLIGATORY)

<input type="checkbox"/> aa	<input type="checkbox"/> at	<input type="checkbox"/> ax	<input type="checkbox"/> bu	<input type="checkbox"/> ca	<input type="checkbox"/> cg	<input type="checkbox"/> cn	<input type="checkbox"/> co	<input type="checkbox"/> cp	<input type="checkbox"/> cv	<input type="checkbox"/> di	<input type="checkbox"/> ef	<input type="checkbox"/> em	<input type="checkbox"/> es	<input type="checkbox"/> fr	<input type="checkbox"/> hi	<input type="checkbox"/> ho	<input type="checkbox"/> id	<input type="checkbox"/> ih	<input type="checkbox"/> kl	<input type="checkbox"/> me	<input type="checkbox"/> pa	<input type="checkbox"/> pb	<input type="checkbox"/> pi	<input type="checkbox"/> px	<input type="checkbox"/> ra	<input type="checkbox"/> rp	<input type="checkbox"/> tb
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OD If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D)
 (See reverse for other symbol definitions.) Date Physician or Worker notified? (mm-dd-yyyy)

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

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

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

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Coal Workers' Health Surveillance Program
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 REV. 12/2013

EXAMINEE'S Social Security Number

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FACILITY ID#

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TYPE OF READING A B F

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

1. IMAGE QUALITY <input type="checkbox"/> Overexposed (dark) <input type="checkbox"/> Improper position <input type="checkbox"/> Underinflation <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> U/R <input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Poor contrast <input type="checkbox"/> Mottle (If not Grade 1, mark all boxes that apply) <input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input type="checkbox"/> Other (please specify) _____	
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2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

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

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

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width) Chest wall Site Calcification Extent (chest wall; combined for in profile and face on) Width (in profile only) (3mm minimum width required) In profile <table style="display: inline-table;"><tr><td style="border: 1px solid black; padding: 2px;">O</td><td style="border: 1px solid black; padding: 2px;">R</td><td style="border: 1px solid black; padding: 2px;">L</td></tr></table> <table style="display: inline-table;"><tr><td style="border: 1px solid black; padding: 2px;">O</td><td style="border: 1px solid black; padding: 2px;">R</td><td style="border: 1px solid black; padding: 2px;">L</td></tr></table> Up to 1/4 of lateral chest wall = 1 Face on <table style="display: inline-table;"><tr><td style="border: 1px solid black; padding: 2px;">O</td><td style="border: 1px solid black; padding: 2px;">R</td><td style="border: 1px solid black; padding: 2px;">L</td></tr></table> <table style="display: inline-table;"><tr><td style="border: 1px solid black; padding: 2px;">O</td><td style="border: 1px solid black; padding: 2px;">R</td><td style="border: 1px solid black; padding: 2px;">L</td></tr></table> 1/4 to 1/2 of lateral chest wall = 2 Diaphragm <table style="display: inline-table;"><tr><td style="border: 1px solid black; padding: 2px;">O</td><td style="border: 1px solid black; padding: 2px;">R</td><td style="border: 1px solid black; padding: 2px;">L</td></tr></table> <table style="display: inline-table;"><tr><td style="border: 1px solid black; padding: 2px;">O</td><td style="border: 1px solid black; padding: 2px;">R</td><td style="border: 1px solid black; padding: 2px;">L</td></tr></table> > 1/2 of lateral chest wall = 3 Other site(s) <table style="display: inline-table;"><tr><td style="border: 1px solid black; padding: 2px;">O</td><td style="border: 1px solid black; padding: 2px;">R</td><td style="border: 1px solid black; padding: 2px;">L</td></tr></table> <table style="display: inline-table;"><tr><td style="border: 1px solid black; padding: 2px;">O</td><td style="border: 1px solid black; padding: 2px;">R</td><td style="border: 1px solid black; padding: 2px;">L</td></tr></table>	O	R	L	O	R	L	O	R	L	O	R	L	O	R	L	O	R	L	O	R	L	O	R	L		
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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) In profile <table style="display: inline-table;"><tr><td style="border: 1px solid black; padding: 2px;">O</td><td style="border: 1px solid black; padding: 2px;">R</td><td style="border: 1px solid black; padding: 2px;">L</td></tr></table> <table style="display: inline-table;"><tr><td style="border: 1px solid black; padding: 2px;">O</td><td style="border: 1px solid black; padding: 2px;">R</td><td style="border: 1px solid black; padding: 2px;">L</td></tr></table> Up to 1/4 of lateral chest wall = 1 Face on <table style="display: inline-table;"><tr><td style="border: 1px solid black; padding: 2px;">O</td><td style="border: 1px solid black; padding: 2px;">R</td><td style="border: 1px solid black; padding: 2px;">L</td></tr></table> <table style="display: inline-table;"><tr><td style="border: 1px solid black; padding: 2px;">O</td><td style="border: 1px solid black; padding: 2px;">R</td><td style="border: 1px solid black; padding: 2px;">L</td></tr></table> 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3	O	R	L	O	R	L	O	R	L	O	R	L		
O	R	L												
O	R	L												
O	R	L												
O	R	L												

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

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

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

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

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

4B. Other Symbol Definitions

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

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

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

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

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

Lung Parenchymal Abnormalities

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

Miscellaneous Abnormalities

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

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

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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.

READER'S INITIALS

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DATE OF READING (mm-dd-yyyy)

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SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

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STATE

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ZIP CODE

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

4B. Other Symbol Definitions

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

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

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

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

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

Lung Parenchymal Abnormalities

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

Miscellaneous Abnormalities

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

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

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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.

READER'S INITIALS

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DATE OF READING (mm-dd-yyyy)

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SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

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STATE

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ZIP CODE

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

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

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

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

EXAMINEE'S Social Security Number

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TYPE OF READING A B F

FACILITY ID#

		4	2	B
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Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

<p>1. IMAGE QUALITY <input type="checkbox"/> Overexposed (dark) <input checked="" type="checkbox"/> Improper position <input type="checkbox"/> Underinflation</p> <p><input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> U/R <input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Poor contrast <input type="checkbox"/> Mottle</p> <p>(If not Grade 1, mark all boxes that apply) <input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input checked="" type="checkbox"/> Other (please specify)</p>	<p>scapular overlay _____</p> <p>_____</p> <p>_____</p>
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2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

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

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

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

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

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

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

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

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

4B. OTHER SYMBOLS (OBLIGATORY)

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

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

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

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4B. Other Symbol Definitions

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

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
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cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cn	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp	cor pulmonale	pi	pleural thickening of an interlobar fissure
cv	cavity	px	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rheumatoid pneumoconiosis
em	emphysema	tb	tuberculosis
es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

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

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

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

Lung Parenchymal Abnormalities

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

Miscellaneous Abnormalities

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

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

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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.

READER'S INITIALS

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DATE OF READING (mm-dd-yyyy)

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SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

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STATE

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ZIP CODE

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

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

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

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

DATE OF RADIOGRAPH (mm-dd-yyyy)

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EXAMINEE'S Social Security Number

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TYPE OF READING A B F

FACILITY ID#

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

<p>1. IMAGE QUALITY</p> <p><input type="checkbox"/> Overexposed (dark) <input checked="" type="checkbox"/> Improper position <input type="checkbox"/> Underinflation</p> <p><input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Poor contrast <input type="checkbox"/> Mottle</p> <p><input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input checked="" type="checkbox"/> Other (please specify)</p>	<p>scapular overlay _____</p> <p>_____</p> <p>_____</p>
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2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

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

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

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

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

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

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

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

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

4B. OTHER SYMBOLS (OBLIGATORY)

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

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

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

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

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

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

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

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

DATE OF RADIOGRAPH (mm-dd-yyyy)

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EXAMINEE'S Social Security Number

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TYPE OF READING A B F

FACILITY ID#

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

1. IMAGE QUALITY

<input type="checkbox"/> Overexposed (dark)	<input checked="" type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation
<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor contrast	<input 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 CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

<p>2B. SMALL OPACITIES</p> <p>a. SHAPE/SIZE</p> <table style="width:100%;"> <tr> <td>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>UPPER</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td>1/0 <input checked="" type="checkbox"/> 1/2</td> </tr> <tr> <td>MIDDLE</td> <td></td> <td><input checked="" type="checkbox"/> <input checked="" type="checkbox"/></td> <td>2/1 2/2 2/3</td> </tr> <tr> <td>LOWER</td> <td></td> <td><input checked="" type="checkbox"/> <input checked="" type="checkbox"/></td> <td>3/2 3/3 3/+</td> </tr> </table>	PRIMARY	SECONDARY	b. ZONES	c. PROFUSION			R L	0/- 0/0 0/1	UPPER		<input type="checkbox"/> <input type="checkbox"/>	1/0 <input checked="" type="checkbox"/> 1/2	MIDDLE		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	2/1 2/2 2/3	LOWER		<input checked="" type="checkbox"/> <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 Proceed to Section 3A</p>
PRIMARY	SECONDARY	b. ZONES	c. PROFUSION																		
		R L	0/- 0/0 0/1																		
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3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

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

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <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	3 to 5 mm = a
Face on	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" 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	5 to 10 mm = b
Diaphragm	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <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	> 10 mm = c
Other site(s)	<input checked="" 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 type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" 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"/>	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
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4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)

<input type="checkbox"/> aa	<input type="checkbox"/> at	<input type="checkbox"/> ax	<input type="checkbox"/> bu	<input type="checkbox"/> ca	<input type="checkbox"/> cg	<input type="checkbox"/> cn	<input type="checkbox"/> co	<input type="checkbox"/> cp	<input type="checkbox"/> cv	<input type="checkbox"/> di	<input type="checkbox"/> ef	<input type="checkbox"/> em	<input type="checkbox"/> es	<input type="checkbox"/> fr	<input type="checkbox"/> hi	<input type="checkbox"/> ho	<input type="checkbox"/> id	<input type="checkbox"/> ih	<input type="checkbox"/> kl	<input type="checkbox"/> me	<input type="checkbox"/> pa	<input type="checkbox"/> pb	<input type="checkbox"/> pi	<input type="checkbox"/> px	<input type="checkbox"/> ra	<input type="checkbox"/> rp	<input type="checkbox"/> tb
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CHEST RADIOGRAPH CLASSIFICATION
FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
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CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

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

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

EXAMINEE'S Social Security Number

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TYPE OF READING A B F

FACILITY ID#

		4	3	A
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2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B, 2C NO Proceed to Section 3A

2B. SMALL OPACITIES a. SHAPE/SIZE <table style="width:100%;"> <tr> <td style="width:50%;">PRIMARY</td> <td style="width:50%;">SECONDARY</td> </tr> <tr> <td><input type="checkbox"/> p <input type="checkbox"/> s</td> <td><input type="checkbox"/> p <input type="checkbox"/> s</td> </tr> <tr> <td><input type="checkbox"/> q <input type="checkbox"/> t</td> <td><input type="checkbox"/> q <input type="checkbox"/> t</td> </tr> <tr> <td><input type="checkbox"/> r <input type="checkbox"/> u</td> <td><input type="checkbox"/> r <input type="checkbox"/> u</td> </tr> </table> b. ZONES <table style="width:100%;"> <tr> <td style="width:50%;">R</td> <td style="width:50%;">L</td> </tr> <tr> <td>UPPER</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>MIDDLE</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>LOWER</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table> c. PROFUSION <table style="width:100%;"> <tr> <td><input type="checkbox"/> 0/-</td> <td><input type="checkbox"/> 0/0</td> <td><input type="checkbox"/> 0/1</td> </tr> <tr> <td><input type="checkbox"/> 1/0</td> <td><input type="checkbox"/> 1/1</td> <td><input type="checkbox"/> 1/2</td> </tr> <tr> <td><input type="checkbox"/> 2/1</td> <td><input type="checkbox"/> 2/2</td> <td><input type="checkbox"/> 2/3</td> </tr> <tr> <td><input type="checkbox"/> 3/2</td> <td><input type="checkbox"/> 3/3</td> <td><input type="checkbox"/> 3/+</td> </tr> </table>	PRIMARY	SECONDARY	<input type="checkbox"/> p <input type="checkbox"/> s	<input type="checkbox"/> p <input type="checkbox"/> s	<input type="checkbox"/> q <input type="checkbox"/> t	<input type="checkbox"/> q <input type="checkbox"/> t	<input type="checkbox"/> r <input type="checkbox"/> u	<input type="checkbox"/> r <input type="checkbox"/> u	R	L	UPPER	<input type="checkbox"/> <input type="checkbox"/>	MIDDLE	<input type="checkbox"/> <input type="checkbox"/>	LOWER	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 0/-	<input type="checkbox"/> 0/0	<input type="checkbox"/> 0/1	<input type="checkbox"/> 1/0	<input type="checkbox"/> 1/1	<input type="checkbox"/> 1/2	<input type="checkbox"/> 2/1	<input type="checkbox"/> 2/2	<input type="checkbox"/> 2/3	<input type="checkbox"/> 3/2	<input type="checkbox"/> 3/3	<input type="checkbox"/> 3/+	2C. LARGE OPACITIES SIZE <input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Proceed to Section 3A
PRIMARY	SECONDARY																												
<input type="checkbox"/> p <input type="checkbox"/> s	<input type="checkbox"/> p <input type="checkbox"/> s																												
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3B. PLEURAL PLAQUES <i>(mark site, calcification, extent, and width)</i> <table style="width:100%;"> <tr> <td style="width:25%;">Chest wall</td> <td style="width:25%;">Site</td> <td style="width:25%;">Calcification</td> <td style="width:25%;">Extent (chest wall; combined for in profile and face on)</td> </tr> <tr> <td>In profile</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td>Up to 1/4 of lateral chest wall = 1</td> </tr> <tr> <td>Face on</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td>1/4 to 1/2 of lateral chest wall = 2</td> </tr> <tr> <td>Diaphragm</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td>> 1/2 of lateral chest wall = 3</td> </tr> <tr> <td>Other site(s)</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</td> </tr> </table>	Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	Diaphragm	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3	Other site(s)	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c <table style="width:100%;"> <tr> <td><input type="checkbox"/> O <input type="checkbox"/> R</td> <td><input type="checkbox"/> O <input type="checkbox"/> L</td> </tr> <tr> <td><input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c</td> <td><input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c</td> </tr> </table>	<input type="checkbox"/> O <input type="checkbox"/> R	<input type="checkbox"/> O <input type="checkbox"/> L	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c
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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	1/4 to 1/2 of lateral chest wall = 2																						
Diaphragm	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3																						
Other site(s)	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																						
<input type="checkbox"/> O <input type="checkbox"/> R	<input type="checkbox"/> O <input type="checkbox"/> L																								
<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c																								

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

3D. DIFFUSE PLEURAL THICKENING <i>(mark site, calcification, extent, and width)</i> <table style="width:100%;"> <tr> <td style="width:25%;">Chest wall</td> <td style="width:25%;">Site</td> <td style="width:25%;">Calcification</td> <td style="width:25%;">Extent (chest wall; combined for in profile and face on)</td> </tr> <tr> <td>In profile</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td>Up to 1/4 of lateral chest wall = 1</td> </tr> <tr> <td>Face on</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td>1/4 to 1/2 of lateral chest wall = 2</td> </tr> <tr> <td></td> <td></td> <td></td> <td>> 1/2 of lateral chest wall = 3</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</td> </tr> </table>	Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2				> 1/2 of lateral chest wall = 3				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c <table style="width:100%;"> <tr> <td><input type="checkbox"/> O <input type="checkbox"/> R</td> <td><input type="checkbox"/> O <input type="checkbox"/> L</td> </tr> <tr> <td><input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c</td> <td><input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c</td> </tr> </table>	<input type="checkbox"/> O <input type="checkbox"/> R	<input type="checkbox"/> O <input type="checkbox"/> L	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c
Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)																						
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<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c																								

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

4B. OTHER SYMBOLS (OBLIGATORY)

<input type="checkbox"/> aa	<input type="checkbox"/> at	<input type="checkbox"/> ax	<input type="checkbox"/> bu	<input type="checkbox"/> ca	<input type="checkbox"/> cg	<input type="checkbox"/> cn	<input type="checkbox"/> co	<input type="checkbox"/> cp	<input type="checkbox"/> cv	<input type="checkbox"/> di	<input type="checkbox"/> ef	<input type="checkbox"/> em	<input type="checkbox"/> es	<input type="checkbox"/> fr	<input type="checkbox"/> hi	<input type="checkbox"/> ho	<input type="checkbox"/> id	<input type="checkbox"/> ih	<input type="checkbox"/> kl	<input type="checkbox"/> me	<input type="checkbox"/> pa	<input type="checkbox"/> pb	<input type="checkbox"/> pi	<input type="checkbox"/> px	<input type="checkbox"/> ra	<input type="checkbox"/> rp	<input type="checkbox"/> tb
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OD If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D)
 (See reverse for other symbol definitions.)

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

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

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4B. Other Symbol Definitions

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

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

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

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

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

Lung Parenchymal Abnormalities

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

Miscellaneous Abnormalities

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

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

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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.

READER'S INITIALS

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DATE OF READING (mm-dd-yyyy)

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SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

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STATE

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ZIP CODE

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

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

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

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

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

EXAMINEE'S Social Security Number

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FACILITY ID#

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TYPE OF READING A B F

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

1. IMAGE QUALITY Overexposed (dark) Improper position Underinflation
 1 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 CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

<p>2B. SMALL OPACITIES</p> <p>a. SHAPE/SIZE</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">PRIMARY</td> <td style="width: 50%; text-align: center;">SECONDARY</td> </tr> <tr> <td style="text-align: center;">p s</td> <td style="text-align: center;">p s</td> </tr> <tr> <td style="text-align: center;">q <input checked="" type="checkbox"/></td> <td style="text-align: center;">q <input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">r u</td> <td style="text-align: center;">r u</td> </tr> </table> <p>b. ZONES</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">R</td> <td style="width: 50%; text-align: center;">L</td> </tr> <tr> <td style="text-align: center;">UPPER</td> <td style="text-align: center;">UPPER</td> </tr> <tr> <td style="text-align: center;">MIDDLE</td> <td style="text-align: center;">MIDDLE</td> </tr> <tr> <td style="text-align: center;">LOWER</td> <td style="text-align: center;">LOWER</td> </tr> </table> <p>c. PROFUSION</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">0/-</td> <td style="text-align: center;">0/0</td> <td style="text-align: center;">0/1</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">2/1</td> <td style="text-align: center;">2/2</td> <td style="text-align: center;">2/3</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">3/2</td> <td style="text-align: center;">3/3</td> <td style="text-align: center;">3/+</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	PRIMARY	SECONDARY	p s	p s	q <input checked="" type="checkbox"/>	q <input checked="" type="checkbox"/>	r u	r u	R	L	UPPER	UPPER	MIDDLE	MIDDLE	LOWER	LOWER	0/-	0/0	0/1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2/1	2/2	2/3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3/2	3/3	3/+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>2C. LARGE OPACITIES</p> <p>SIZE <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Proceed to Section 3A</p>
PRIMARY	SECONDARY																																		
p s	p s																																		
q <input checked="" type="checkbox"/>	q <input checked="" type="checkbox"/>																																		
r u	r u																																		
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3/2	3/3	3/+																																	
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3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

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

	Site	Calcification	Extent (chest wall; combined for in profile and face on) 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
Chest wall	In profile	Face on	Diaphragm	Other site(s)
	O R L	O R L	O R	O L
	O R L	O R L	1 2 3	1 2 3
	O R L	O R L	a b c	a b c

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

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

	Site	Calcification	Extent (chest wall; combined for in profile and face on) 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
Chest wall	In profile	Face on	Diaphragm	Other site(s)
	O R L	O R L	O R	O L
	O R L	O R L	1 2 3	1 2 3
	O R L	O R L	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)

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

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

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

4B. Other Symbol Definitions

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

aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
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es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

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

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- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
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Bony Abnormalities

- 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

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.

READER'S INITIALS

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DATE OF READING (mm-dd-yyyy)

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SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

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STATE

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ZIP CODE

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

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

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Coal Workers' Health Surveillance Program
 National Institute for Occupational Safety and Health
 1095 Willowdale Road, MS LB208
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CDC/NIOSH (M) 2.8
 REV. 12/2013

EXAMINEE'S Social Security Number

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TYPE OF READING A B F

FACILITY ID#

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

<p>1. IMAGE QUALITY <input checked="" type="checkbox"/> Overexposed (dark) <input checked="" type="checkbox"/> Improper position <input type="checkbox"/> Underinflation</p> <p><input type="checkbox"/> Underexposed (light) <input checked="" type="checkbox"/> Poor contrast <input type="checkbox"/> Mottle</p> <p><input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input type="checkbox"/> Other (please specify)</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> U/R</p> <p><small>(If not Grade 1, mark all boxes that apply)</small></p>	<p>Scapula overaly _____</p> <p>_____</p> <p>_____</p>																									
<p>2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES <input checked="" type="checkbox"/> Complete Sections 2B and 2C NO <input type="checkbox"/> Proceed to Section 3A</p>																										
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PRIMARY	SECONDARY	b. ZONES	c. PROFUSION																							
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<p>4A. ANY OTHER ABNORMALITIES? YES <input checked="" type="checkbox"/> Complete Sections 4B, 4C, 4D, 4E NO <input type="checkbox"/> Proceed to Section 5</p>																										
<p>4B. OTHER SYMBOLS (OBLIGATORY)</p> <p><input checked="" type="checkbox"/> at <input type="checkbox"/> ax <input type="checkbox"/> bu <input type="checkbox"/> ca <input type="checkbox"/> cg <input type="checkbox"/> cn <input type="checkbox"/> co <input type="checkbox"/> cp <input type="checkbox"/> cv <input type="checkbox"/> di <input type="checkbox"/> ef <input type="checkbox"/> em <input type="checkbox"/> es <input checked="" type="checkbox"/> hi <input type="checkbox"/> ho <input type="checkbox"/> id <input type="checkbox"/> ih <input type="checkbox"/> kl <input type="checkbox"/> me <input type="checkbox"/> pa <input type="checkbox"/> pb <input type="checkbox"/> pi <input type="checkbox"/> px <input type="checkbox"/> ra <input type="checkbox"/> rp <input type="checkbox"/> tb</p> <p><input type="checkbox"/> OD If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D) <small>(See reverse for other symbol definitions.)</small></p> <p align="right">Date Physician or Worker notified? (mm-dd-yyyy)</p>																										
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CHEST RADIOGRAPH CLASSIFICATION
FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

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

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

EXAMINEE'S Social Security Number

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TYPE OF READING A B F

FACILITY ID#

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

1. IMAGE QUALITY <input type="checkbox"/> Overexposed (dark) <input type="checkbox"/> Improper position <input type="checkbox"/> Underinflation <input checked="" type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> U/R <input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Poor contrast <input type="checkbox"/> Mottle (If not Grade 1, mark all boxes that apply) <input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input type="checkbox"/> Other (please specify)	_____ _____ _____
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2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B, 2C NO Proceed to Section 3A

2B. SMALL OPACITIES a. SHAPE/SIZE <table style="width:100%;"> <tr> <td style="width:50%;">PRIMARY</td> <td style="width:50%;">SECONDARY</td> </tr> <tr> <td><input type="checkbox"/> p <input type="checkbox"/> s</td> <td><input type="checkbox"/> p <input type="checkbox"/> s</td> </tr> <tr> <td><input type="checkbox"/> q <input type="checkbox"/> t</td> <td><input type="checkbox"/> q <input type="checkbox"/> t</td> </tr> <tr> <td><input type="checkbox"/> r <input type="checkbox"/> u</td> <td><input type="checkbox"/> r <input type="checkbox"/> u</td> </tr> </table> b. ZONES <table style="width:100%;"> <tr> <td style="width:50%;">R</td> <td style="width:50%;">L</td> </tr> <tr> <td>UPPER</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>MIDDLE</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>LOWER</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table> c. PROFUSION <table style="width:100%;"> <tr> <td style="width:33%;"><input type="checkbox"/> 0/-</td> <td style="width:33%;"><input type="checkbox"/> 0/0</td> <td style="width:33%;"><input type="checkbox"/> 0/1</td> </tr> <tr> <td><input type="checkbox"/> 1/0</td> <td><input type="checkbox"/> 1/1</td> <td><input type="checkbox"/> 1/2</td> </tr> <tr> <td><input type="checkbox"/> 2/1</td> <td><input type="checkbox"/> 2/2</td> <td><input type="checkbox"/> 2/3</td> </tr> <tr> <td><input type="checkbox"/> 3/2</td> <td><input type="checkbox"/> 3/3</td> <td><input type="checkbox"/> 3/+</td> </tr> </table>	PRIMARY	SECONDARY	<input type="checkbox"/> p <input type="checkbox"/> s	<input type="checkbox"/> p <input type="checkbox"/> s	<input type="checkbox"/> q <input type="checkbox"/> t	<input type="checkbox"/> q <input type="checkbox"/> t	<input type="checkbox"/> r <input type="checkbox"/> u	<input type="checkbox"/> r <input type="checkbox"/> u	R	L	UPPER	<input type="checkbox"/> <input type="checkbox"/>	MIDDLE	<input type="checkbox"/> <input type="checkbox"/>	LOWER	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 0/-	<input type="checkbox"/> 0/0	<input type="checkbox"/> 0/1	<input type="checkbox"/> 1/0	<input type="checkbox"/> 1/1	<input type="checkbox"/> 1/2	<input type="checkbox"/> 2/1	<input type="checkbox"/> 2/2	<input type="checkbox"/> 2/3	<input type="checkbox"/> 3/2	<input type="checkbox"/> 3/3	<input type="checkbox"/> 3/+	2C. LARGE OPACITIES SIZE <input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Proceed to Section 3A
PRIMARY	SECONDARY																												
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3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)			
Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2
Diaphragm	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3
Other site(s)	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
			Width (in profile only) (3mm minimum width required)
			3 to 5 mm = a
			5 to 10 mm = b
			> 10 mm = c
			<input type="checkbox"/> O <input type="checkbox"/> R <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)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2
			> 1/2 of lateral chest wall = 3
			Width (in profile only) (3mm minimum width required)
			3 to 5 mm = a
			5 to 10 mm = b
			> 10 mm = c
			<input type="checkbox"/> O <input type="checkbox"/> R <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 bu ca cg cn co cp cv di ef em es fr hi ho id ih kl me pa pb pi px ra rp tb

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

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

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

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4B. Other Symbol Definitions

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

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

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

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

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

Lung Parenchymal Abnormalities

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

Miscellaneous Abnormalities

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

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

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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.

READER'S INITIALS

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DATE OF READING (mm-dd-yyyy)

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SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

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STATE

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ZIP CODE

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

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

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

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Coal Workers' Health Surveillance Program
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 1095 Willowdale Road, MS LB208
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CDC/NIOSH (M) 2.8
 REV. 12/2013

EXAMINEE'S Social Security Number

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TYPE OF READING A B F

FACILITY ID#

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

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

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

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

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

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

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

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

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

4B. OTHER SYMBOLS (OBLIGATORY)

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

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

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

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

4B. Other Symbol Definitions

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

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

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

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

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

Lung Parenchymal Abnormalities

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

Miscellaneous Abnormalities

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

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

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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.

READER'S INITIALS

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DATE OF READING (mm-dd-yyyy)

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SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

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STATE

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ZIP CODE

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

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

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

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

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

EXAMINEE'S Social Security Number

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TYPE OF READING A B F

FACILITY ID#

		4	5	D
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Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY <input checked="" type="checkbox"/> Overexposed (dark) <input type="checkbox"/> Improper position <input type="checkbox"/> Underinflation <input type="checkbox"/> 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) _____		
<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> U/R (If not Grade 1, mark all boxes that apply)		

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

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

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

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

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

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

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

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

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

4B. OTHER SYMBOLS (OBLIGATORY)

<input type="checkbox"/> aa	<input type="checkbox"/> at	<input checked="" type="checkbox"/> bu	<input type="checkbox"/> ca	<input type="checkbox"/> cg	<input type="checkbox"/> cn	<input type="checkbox"/> co	<input type="checkbox"/> cp	<input type="checkbox"/> cv	<input type="checkbox"/> di	<input type="checkbox"/> ef	<input type="checkbox"/> em	<input type="checkbox"/> es	<input type="checkbox"/> fr	<input type="checkbox"/> hi	<input type="checkbox"/> ho	<input checked="" type="checkbox"/> j	<input checked="" type="checkbox"/> k	<input checked="" type="checkbox"/> l	<input type="checkbox"/> me	<input type="checkbox"/> pa	<input type="checkbox"/> pb	<input type="checkbox"/> pi	<input type="checkbox"/> px	<input type="checkbox"/> ra	<input type="checkbox"/> rp	<input type="checkbox"/> tb
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OD If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D)
 (See reverse for other symbol definitions.) Date Physician or Worker notified? (mm-dd-yyyy)

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

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

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

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

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

DATE OF RADIOGRAPH (mm-dd-yyyy)

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EXAMINEE'S Social Security Number

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FACILITY ID#

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TYPE OF READING A B F

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

1. IMAGE QUALITY

<input type="checkbox"/> Overexposed (dark)	<input checked="" type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation
<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor contrast	<input checked="" type="checkbox"/> Mottle
<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 CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

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

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

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

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

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

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

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c
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4A. ANY OTHER ABNORMALITIES? YES Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)

<input type="checkbox"/> aa	<input type="checkbox"/> at	<input checked="" type="checkbox"/> ca	<input type="checkbox"/> cg	<input type="checkbox"/> cn	<input type="checkbox"/> co	<input type="checkbox"/> cp	<input type="checkbox"/> cv	<input checked="" type="checkbox"/> ef	<input type="checkbox"/> em	<input type="checkbox"/> es	<input type="checkbox"/> fr	<input type="checkbox"/> hi	<input type="checkbox"/> ho	<input type="checkbox"/> id	<input type="checkbox"/> ih	<input type="checkbox"/> kl	<input type="checkbox"/> me	<input type="checkbox"/> pa	<input type="checkbox"/> pb	<input type="checkbox"/> pi	<input type="checkbox"/> px	<input type="checkbox"/> ra	<input type="checkbox"/> rp	<input type="checkbox"/> tb
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OD If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D)
 (See reverse for other symbol definitions.) Date Physician or Worker notified? (mm-dd-yyyy)

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

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

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

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FACILITY ID#

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TYPE OF READING A B F

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1. IMAGE QUALITY <input type="checkbox"/> Overexposed (dark) <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> U/R (If not Grade 1, mark all boxes that apply)	<input checked="" type="checkbox"/> Improper position <input type="checkbox"/> Underexposed (light) <input checked="" type="checkbox"/> Artifacts	<input type="checkbox"/> Underinflation <input type="checkbox"/> Poor contrast <input type="checkbox"/> Poor processing	<input type="checkbox"/> Mottle <input type="checkbox"/> Other (please specify)
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2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

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

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

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

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

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)	Chest wall Site In profile <input type="checkbox"/> R <input type="checkbox"/> L Face on <input type="checkbox"/> R <input type="checkbox"/> L	Calcification <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> L	Extent (chest wall; combined for in profile and face on) Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3 <table style="width:100%;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">O</td> <td style="width: 20px; height: 20px; text-align: center;">R</td> <td style="width: 20px; height: 20px; text-align: center;">L</td> <td style="width: 20px; height: 20px; text-align: center;">O</td> <td style="width: 20px; height: 20px; text-align: center;">L</td> </tr> <tr> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">3</td> </tr> </table>	O	R	L	O	L	1	2	3	1	2	3	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c <table style="width:100%;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">O</td> <td style="width: 20px; height: 20px; text-align: center;">R</td> <td style="width: 20px; height: 20px; text-align: center;">O</td> <td style="width: 20px; height: 20px; text-align: center;">L</td> </tr> <tr> <td style="width: 20px; height: 20px; text-align: center;">a</td> <td style="width: 20px; height: 20px; text-align: center;">b</td> <td style="width: 20px; height: 20px; text-align: center;">c</td> <td style="width: 20px; height: 20px; text-align: center;">a</td> <td style="width: 20px; height: 20px; text-align: center;">b</td> <td style="width: 20px; height: 20px; text-align: center;">c</td> </tr> </table>	O	R	O	L	a	b	c	a	b	c
O	R	L	O	L																					
1	2	3	1	2	3																				
O	R	O	L																						
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 ca cg cn co cp cv ef es fr hi ho id ih kl me pa pb pi px ra rp tb

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

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

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

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

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

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

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

DATE OF RADIOGRAPH (mm-dd-yyyy)

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EXAMINEE'S Social Security Number

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TYPE OF READING A B F

FACILITY ID#

		4	6	C
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Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY <input type="checkbox"/> Overexposed (dark) <input checked="" type="checkbox"/> Improper position <input type="checkbox"/> Underinflation <input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Poor contrast <input type="checkbox"/> Mottle <input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input type="checkbox"/> Other (please specify) _____	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> U/R <input type="checkbox"/> (If not Grade 1, mark all boxes that apply)	_____ _____ _____
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2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES a. SHAPE/SIZE PRIMARY SECONDARY <table style="width:100%; text-align:center;"> <tr> <td style="width:20px;">p</td><td style="width:20px;">s</td><td style="width:20px;">p</td><td style="width:20px;">s</td> </tr> <tr> <td>q</td><td>t</td><td><input checked="" type="checkbox"/> t</td><td>t</td> </tr> <tr> <td><input checked="" type="checkbox"/> u</td><td>u</td><td>r</td><td>u</td> </tr> </table> b. ZONES R L UPPER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> MIDDLE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> LOWER <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	p	s	p	s	q	t	<input checked="" type="checkbox"/> t	t	<input checked="" type="checkbox"/> u	u	r	u	2C. LARGE OPACITIES c. PROFUSION <table style="width:100%; text-align:center;"> <tr> <td>0/-</td><td>0/0</td><td>0/1</td> </tr> <tr> <td>1/0</td><td>1/1</td><td>1/2</td> </tr> <tr> <td>2/1</td><td>2/2</td><td>2/3</td> </tr> <tr> <td>3/2</td><td><input checked="" type="checkbox"/> 3/3</td><td>3/4</td> </tr> </table> SIZE <input type="checkbox"/> O <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C Proceed to Section 3A	0/-	0/0	0/1	1/0	1/1	1/2	2/1	2/2	2/3	3/2	<input checked="" type="checkbox"/> 3/3	3/4
p	s	p	s																						
q	t	<input checked="" type="checkbox"/> t	t																						
<input checked="" type="checkbox"/> u	u	r	u																						
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1/0	1/1	1/2																							
2/1	2/2	2/3																							
3/2	<input checked="" type="checkbox"/> 3/3	3/4																							

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

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

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

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

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

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

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

4B. OTHER SYMBOLS (OBLIGATORY)

aa	at	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	cg	cn	co	cp	cv	<input checked="" type="checkbox"/>	ef	em	es	fr	<input checked="" type="checkbox"/>	ho	id	<input checked="" type="checkbox"/>	kl	me	pa	pb	pi	px	ra	rp	tb
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OD If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D)
 (See reverse for other symbol definitions.) Date Physician or Worker notified? (mm-dd-yyyy)

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

4B. Other Symbol Definitions

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

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

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

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

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

Lung Parenchymal Abnormalities

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

Miscellaneous Abnormalities

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

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

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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.

READER'S INITIALS

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DATE OF READING (mm-dd-yyyy)

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SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

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STATE

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ZIP CODE

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

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

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

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Coal Workers' Health Surveillance Program
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 1095 Willowdale Road, MS LB208
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TYPE OF READING A B F

FACILITY ID#

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

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0/-	0/0	0/1																								
1/0	x	1/2																								
2/1	2/2	2/3																								
3/2	3/3	3/+																								

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

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

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

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

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

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

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

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

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

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

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

EXAMINEE'S Social Security Number

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TYPE OF READING A B F

FACILITY ID#

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

1. IMAGE QUALITY <input type="checkbox"/> Overexposed (dark) <input type="checkbox"/> Improper position <input type="checkbox"/> Underinflation <input checked="" type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> U/R <input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Poor contrast <input type="checkbox"/> Mottle (If not Grade 1, mark all boxes that apply) <input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input type="checkbox"/> Other (please specify)	_____ _____ _____
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2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

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

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

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

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

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

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

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

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

4B. OTHER SYMBOLS (OBLIGATORY)

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

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

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

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

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

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

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 REV. 12/2013

DATE OF RADIOGRAPH (mm-dd-yyyy)

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EXAMINEE'S Social Security Number

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TYPE OF READING A B F

FACILITY ID#

			5	0
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Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

<p>1. IMAGE QUALITY <input type="checkbox"/> Overexposed (dark) <input type="checkbox"/> Improper position <input checked="" type="checkbox"/> Underinflation</p> <p><input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Poor contrast <input type="checkbox"/> Mottle</p> <p><input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input checked="" type="checkbox"/> Other (please specify) _____</p> <p>(If not Grade 1, mark all boxes that apply)</p>	<p>Consider repeat image</p> <hr/> <hr/>
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2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

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

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

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

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

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

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

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

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

4B. OTHER SYMBOLS (OBLIGATORY)

<input type="checkbox"/> aa	<input type="checkbox"/> at	<input type="checkbox"/> ax	<input type="checkbox"/> bu	<input type="checkbox"/> ca	<input type="checkbox"/> cg	<input type="checkbox"/> cn	<input type="checkbox"/> co	<input type="checkbox"/> cp	<input type="checkbox"/> cv	<input type="checkbox"/> di	<input type="checkbox"/> ef	<input type="checkbox"/> em	<input type="checkbox"/> es	<input type="checkbox"/> fr	<input type="checkbox"/> hi	<input type="checkbox"/> ho	<input type="checkbox"/> id	<input type="checkbox"/> ih	<input type="checkbox"/> kl	<input type="checkbox"/> me	<input type="checkbox"/> pa	<input type="checkbox"/> pb	<input checked="" type="checkbox"/> px	<input type="checkbox"/> ra	<input type="checkbox"/> rp	<input type="checkbox"/> tb
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If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D)
 (See reverse for other symbol definitions.)

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

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

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4B. Other Symbol Definitions

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

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

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

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

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

Lung Parenchymal Abnormalities

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

Miscellaneous Abnormalities

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

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

sternal wires

5. PHYSICIAN'S Social Security Number*

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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.

READER'S INITIALS

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DATE OF READING (mm-dd-yyyy)

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SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

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STATE

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ZIP CODE

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

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

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TYPE OF READING A B F

FACILITY ID#

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<p>1. IMAGE QUALITY <input type="checkbox"/> Overexposed (dark) <input checked="" type="checkbox"/> Improper position <input type="checkbox"/> Underinflation</p> <p><input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Poor contrast <input type="checkbox"/> Mottle</p> <p><input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input checked="" type="checkbox"/> Other (please specify)</p>	<p><u>scapula overlay</u></p> <p>_____</p> <p>_____</p>
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2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

<p>2B. SMALL OPACITIES</p> <p>a. SHAPE/SIZE</p> <table style="width:100%;"> <tr> <td style="width:50%;">PRIMARY</td> <td style="width:50%;">SECONDARY</td> </tr> <tr> <td> <table style="width:100%;"> <tr><td><input type="checkbox"/> p</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> </table> </td> <td> <table style="width:100%;"> <tr><td><input type="checkbox"/> p</td><td><input type="checkbox"/> s</td></tr> <tr><td><input type="checkbox"/> t</td><td><input type="checkbox"/> q</td></tr> <tr><td><input type="checkbox"/> u</td><td><input type="checkbox"/> r</td></tr> </table> </td> </tr> </table> <p>b. ZONES</p> <table style="width:100%;"> <tr> <td style="width:50%;">R</td> <td style="width:50%;">L</td> </tr> <tr> <td>UPPER <input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>MIDDLE <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>LOWER <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>c. PROFUSION</p> <table style="width:100%;"> <tr> <td>0/-</td> <td>0/0</td> <td>0/1</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2/1</td> <td>2/2</td> <td>2/3</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3/2</td> <td>3/3</td> <td>3/+</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	PRIMARY	SECONDARY	<table style="width:100%;"> <tr><td><input type="checkbox"/> p</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> </table>	<input type="checkbox"/> p	<input type="checkbox"/> s	<input checked="" type="checkbox"/> t	<input type="checkbox"/> q	<input type="checkbox"/> r	<input checked="" type="checkbox"/> u	<table style="width:100%;"> <tr><td><input type="checkbox"/> p</td><td><input type="checkbox"/> s</td></tr> <tr><td><input type="checkbox"/> t</td><td><input type="checkbox"/> q</td></tr> <tr><td><input type="checkbox"/> u</td><td><input type="checkbox"/> r</td></tr> </table>	<input type="checkbox"/> p	<input type="checkbox"/> s	<input type="checkbox"/> t	<input type="checkbox"/> q	<input type="checkbox"/> u	<input type="checkbox"/> r	R	L	UPPER <input checked="" type="checkbox"/>	<input type="checkbox"/>	MIDDLE <input type="checkbox"/>	<input type="checkbox"/>	LOWER <input type="checkbox"/>	<input type="checkbox"/>	0/-	0/0	0/1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2/1	2/2	2/3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3/2	3/3	3/+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>2C. LARGE OPACITIES</p> <p>SIZE <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Proceed to Section 3A</p>
PRIMARY	SECONDARY																																										
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3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

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

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

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

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

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

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

4B. OTHER SYMBOLS (OBLIGATORY)

<input type="checkbox"/> aa	<input type="checkbox"/> at	<input type="checkbox"/> ax	<input type="checkbox"/> bu	<input type="checkbox"/> ca	<input type="checkbox"/> cg	<input type="checkbox"/> cn	<input type="checkbox"/> co	<input type="checkbox"/> cp	<input type="checkbox"/> cv	<input type="checkbox"/> di	<input type="checkbox"/> ef	<input type="checkbox"/> em	<input type="checkbox"/> es	<input type="checkbox"/> fr	<input type="checkbox"/> hi	<input type="checkbox"/> ho	<input type="checkbox"/> id	<input type="checkbox"/> ih	<input type="checkbox"/> kl	<input type="checkbox"/> me	<input type="checkbox"/> pa	<input type="checkbox"/> pb	<input checked="" type="checkbox"/> px	<input type="checkbox"/> ra	<input type="checkbox"/> rp	<input type="checkbox"/> tb
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OD If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D)
 (See reverse for other symbol definitions.)

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

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

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4B. Other Symbol Definitions

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

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

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

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

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

Lung Parenchymal Abnormalities

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

Miscellaneous Abnormalities

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

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

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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.

READER'S INITIALS

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DATE OF READING (mm-dd-yyyy)

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SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

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STATE

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ZIP CODE

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

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- Cyst

Vascular Disorders

- Aorta, anomaly of
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4D. OTHER COMMENTS

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DATE OF READING (mm-dd-yyyy)

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SIGNATURE

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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

5. PHYSICIAN'S Social Security Number*

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READER'S INITIALS

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DATE OF READING (mm-dd-yyyy)

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SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

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

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

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

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

EXAMINEE'S Social Security Number

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TYPE OF READING A B F

FACILITY ID#

				5	9
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Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY <input type="checkbox"/> Overexposed (dark) <input type="checkbox"/> Improper position <input type="checkbox"/> Underinflation <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> J/R (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)	_____ _____ _____
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2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

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

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

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

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

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)			
Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2
			> 1/2 of lateral chest wall = 3
			<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> L
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
			Width (in profile only) (3mm minimum width required)
			3 to 5 mm = a
			5 to 10 mm = b
			> 10 mm = c
			<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)
 at cl cg cn co cp cv ef es hi ho id ih kl me pa pb pi px ra rp x

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

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

4B. Other Symbol Definitions

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

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

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

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

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

Lung Parenchymal Abnormalities

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

Miscellaneous Abnormalities

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

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

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READER'S INITIALS

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DATE OF READING (mm-dd-yyyy)

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SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

STATE

ZIP CODE

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Lung Parenchymal Abnormalities

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

Miscellaneous Abnormalities

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

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

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- Density, lung
- Infiltrate
- Nodule, nodular lesion

Miscellaneous Abnormalities

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

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

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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

5. PHYSICIAN'S Social Security Number*

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

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

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

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

EXAMINEE'S Social Security Number

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TYPE OF READING A B F

FACILITY ID#

								6	8
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Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY <input type="checkbox"/> Overexposed (dark) <input checked="" type="checkbox"/> Improper position <input type="checkbox"/> Underinflation <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> U/R <input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Poor contrast <input type="checkbox"/> Mottle (If not Grade 1, mark all boxes that apply) <input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input type="checkbox"/> Other (please specify)	_____ _____ _____
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2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

2B. SMALL OPACITIES a. SHAPE/SIZE <table border="1" style="width:100%;"> <tr> <td style="width:15%;">PRIMARY</td> <td style="width:15%;">SECONDARY</td> <td style="width:15%;"></td> <td style="width:15%;"></td> </tr> <tr> <td><input type="checkbox"/> p</td> <td><input type="checkbox"/> s</td> <td><input type="checkbox"/> p</td> <td><input type="checkbox"/> s</td> </tr> <tr> <td><input checked="" type="checkbox"/> t</td> <td><input type="checkbox"/> t</td> <td><input type="checkbox"/> q</td> <td><input type="checkbox"/> t</td> </tr> <tr> <td><input type="checkbox"/> r</td> <td><input type="checkbox"/> u</td> <td><input checked="" type="checkbox"/> u</td> <td><input type="checkbox"/> u</td> </tr> </table> b. ZONES <table border="1" style="width:100%;"> <tr> <td style="width:15%;">R</td> <td style="width:15%;">L</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table> c. PROFUSION <table border="1" style="width:100%;"> <tr> <td style="width:15%;">0/-</td> <td style="width:15%;">0/0</td> <td style="width:15%;">0/1</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></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"/> t	<input type="checkbox"/> q	<input type="checkbox"/> t	<input type="checkbox"/> r	<input type="checkbox"/> u	<input checked="" type="checkbox"/> u	<input type="checkbox"/> u	R	L	<input checked="" type="checkbox"/>	0/-	0/0	0/1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2C. LARGE OPACITIES SIZE <input type="checkbox"/> O <input type="checkbox"/> A <input checked="" type="checkbox"/> C Proceed to Section 3A										
PRIMARY	SECONDARY																																				
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3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections 3B, 3C NO Proceed to Section 4A

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

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

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

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

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
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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 cg cn co cp cv ef es fr hi ho id ih kl me pa pb pi px ra rp tb

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

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

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

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4B. Other Symbol Definitions

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Vascular Disorders

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

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

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

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

EXAMINEE'S Social Security Number

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TYPE OF READING A B F

FACILITY ID#

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

1. IMAGE QUALITY <input type="checkbox"/> Overexposed (dark) <input type="checkbox"/> Improper position <input checked="" type="checkbox"/> Underinflation <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> U/R <input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Poor contrast <input type="checkbox"/> Mottle (If not Grade 1, mark all boxes that apply) <input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input type="checkbox"/> Other (please specify)	
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2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

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

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

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

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

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)									
Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on) Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3						
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c						
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L							
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3							
			<table style="width:100%; text-align:center;"> <tr> <td style="width:20px;">a</td><td style="width:20px;">b</td><td style="width:20px;">c</td> <td style="width:20px;">a</td><td style="width:20px;">b</td><td style="width:20px;">c</td> </tr> </table>	a	b	c	a	b	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 (OD), findings must be recorded on reverse. (section 4C/4D)
 (See reverse for other symbol definitions.) Date Physician or Worker notified? (mm-dd-yyyy)

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

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4B. Other Symbol Definitions

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

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

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

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

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

Lung Parenchymal Abnormalities

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

Miscellaneous Abnormalities

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

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

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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.

READER'S INITIALS

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DATE OF READING (mm-dd-yyyy)

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SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

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STATE

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ZIP CODE

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es	eggshell calcification of hilar or mediastinal lymph nodes		
fr	fractured rib(s) (acute or healed)		

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

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- Bronchovascular markings, heavy or increased
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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

5. PHYSICIAN'S Social Security Number*

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DATE OF READING (mm-dd-yyyy)

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SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

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TYPE OF READING A B F

FACILITY ID#

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1. IMAGE QUALITY <input type="checkbox"/> Overexposed (dark) <input type="checkbox"/> Improper position <input type="checkbox"/> Underinflation <input checked="" type="checkbox"/> 2 <input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Poor contrast <input type="checkbox"/> Mottle <input checked="" type="checkbox"/> 3 <input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input type="checkbox"/> Other (please specify) _____ <input checked="" type="checkbox"/> J/R (If not Grade 1, mark all boxes that apply)		
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2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A

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

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

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

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

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

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

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

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

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

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Miscellaneous Abnormalities

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- Post-surgical changes/sternal wire
- Cyst

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

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SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

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