DATE OF RADIOGRAPH (mm-dd-yyyy) CHEST RADIOGRAPH CI	LASSIFICATION
FEVAMINEE'S Social Scounity Number  FEVAMINEE'S Social Scounity Number  FEVAMINEE'S Social Scounity Number	D HUMAN SERVICES
EXAMINEE'S Social Security Number  Coal Workers' Health Survein National Institute for Occupational 1000 Frederick Lane, Morgantown, WV 2  FAX: 304-285-66  EXAMINEE'S Name (Last, First MI)	al Safety and Health 4S LB208 FACILITY Number - Unit Number 26508
20	A B F
Note: Please record your interpretation of a single radiograph by placing an "x" in the approximational Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO S	
1. IMAGE QUALITY Overexposed (dark) Improper position	Underinflation Scapula Overlay
Underexposed (light) Poor contrast	Mottle Other (please specify)
(If not Grade 1, mark all boxes that apply)  Artifacts  Poor processing	Excessive Edge Enhancement
2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES?	YES Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES b. ZONES c. PROFUSI	500.00.51.
a. SHAPE/SIZE PRIMARY SECONDARY R L 0/- 0/0	0/1
X t q t MIDDLE X X 2/2	SIZE O A C Proceed to Section 3A
3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES?	Complete Sections NO Proceed to
	YES Solution NO Proceed to Section 4A
3B. PLEURAL PLAQUES  Chest wall  In profile  ORL  ORL  ORL  ORL  ORL  ORL  ORL  OR	(3mm minimum width required) at wall = 1 at wall = 2 3 to 5 mm = a 5 to 10 mm = b
3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D	NO Proceed to Section 4A
Site Calcification in pro-	at (chest wall; combined for offile and face on) to 1/4 of lateral chest wall = 1 to 1/2 of lateral chest wall = 3 > 1/2 of lateral chest wall = 3
4A. ANY OTHER ABNORMALITIES?  YES	Complete Sections 4B-E and 5. NO Complete Section 5.
5. NIOSH Reader ID  (Leave ID Number blank if you are not a NIOSH A or B Reader)	DATE OF READING (mm-dd-yyyy)  0 7 - 0 2 - 2 0 2 3
SIGNATURE PRINT	TED NAME (LAST, FIRST MIDDLE)
STREET ADDRESS CITY	STATE ZIP CODE

EXA	AMINEE'S Name (Last, First MI)		
20			
4B.	OTHER SYMBOLS (OBLIGATORY)		
	aa at ax bu ca cg cn co cp cv di ef em es	fr hi l	ho id ih kl me pa pb pi px ra rp tb
aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
	homogeneous opaque appearance - may be recorded either in the	ih	ill-defined heart border - should be recorded only if the length of the heart
	presence or in the absence of large opacities		border affected, whether on the right or on the left side, is more than
bu	bulla(e)		one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	kl	septal (Kerley) lines mesothelioma
cg cn	calcification in small pneumoconiotic opacities	me pa	plate atelectasis
co	abnormality of cardiac size or shape	pb pb	parenchymal bands - significant parenchymal fibrotic stands in continuity
ср	cor pulmonale	1	with the pleura
cv	cavity	pi	pleural thickening of an interlobar fissure
di	marked distortion of an intrathoracic structure	px	pneumothorax
ef	pleural effusion	ra	rounded atelectasis
em es	emphysema eggshell calcification of hilar or mediastinal lymph nodes	rp tb	rheumatoid pneumoconiosis tuberculosis
fr	fractured rib(s) (acute or healed)	to	tuocicuiosis
	☐ 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		□ 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
	Torrestal column assistantly		Data Dhysisian on Wanken natified? (none dd ynny)
			Date Physician or Worker notified? (mm-dd-yyyy)
4E.	Should worker see personal physician because of findings	? YES	NO [X]
4D.	OTHER COMMENTS		
			_

DATE OF RADIOGRAPH (mm-dd-yyyy)	1EST RADIOGRAPH CLASSIFI	CATION
-     DE	DERAL MINE SAFETY AND HEALTH A PARTMENT OF HEALTH AND HUMAN ENTERS FOR DISEASE CONTROL & PRE	SERVICES
Full SSN is optional, last 4 digits are required.	Coal Workers' Health Surveillance Progra National Institute for Occupational Safety and 1000 Frederick Lane, MS LB208 Morgantown, WV 26508 FAX: 304-285-6058	
EXAMINEE'S Name (Last, First MI)		TVDE OF DEADING
21		TYPE OF READING  A B     F
Note: Please record your interpretation of a single ra-		tes on this form. Classify all appearances described in the ILO diographs. Use symbols and record comments as appropriate.
1. IMAGE QUALITY Overexposed (	dark) Improper position Underin	inflation Scapula Overlay
1 X 3 U/R Underexposed		<u> </u>
boxes that apply)  Artifacts	1 001 processing	sive Edge Slightly rotated LAO
2A. ANY CLASSIFIABLE PARENCHYMA	L ABNORMALITIES?	YES Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES  a. SHAPE/SIZE	b. ZONES c. PROFUSION	2C. LARGE OPACITIES
PRIMARY SECONDARY  P X P S UPPE  Q t Q X MIDI  T U T U LOW	DLE 2/1 2/2 2/3	SIZE A B C Proceed to Section 3A
3A. ANY CLASSIFIABLE PLEURAL ABNO	ORMALITIES?	YES Complete Sections NO Proceed to Section 4A
3B. PLEURAL PLAQUES (mark site, calcific Chest wall  In profile  Face on  Other site(s)  Other site(s)  (mark site, calcificate Calcificate  Calcifi	Extent, and width)  ion  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 = 3  > 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
3C. COSTOPHRENIC ANGLE OBLITERA	ATION R L Proceed to Section 3D NO	Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING (note: Site  Chest wall  In profile ORL  Face on ORL	catent, and width)  Calcification  Calcification  Calcification  Calcification  Calcification  Calcification  Calcification  Calcification	(3mm minimum width required) $1 \text{ chest wall} = 1$ $3 \text{ to } 5 \text{ mm} = a$
4A. ANY OTHER ABNORMALITIES?	YES X Complet	te Sections 4B-E and 5. NO Complete Section 5.
5. NIOSH Reader ID  (Leave ID Number blank if you are not a NIOSH A or I	READER'S INITIAL	DATE OF READING (mm-dd-yyyy)  0 7 - 0 2 - 2 0 2 3
SIGNATURE	PRINTED NAME (L	AST, FIRST MIDDLE)
STREET ADDRESS	CITY	STATE ZIP CODE

	AMINEE'S Name (Last, First MI)		
1			
В.	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
ıa	atherosclerotic aorta significant apical pleural thickening	hi ho	enlargement of non-calcified hilar or mediastinal lymph nodes honeycomb lung
ıt ıx	coalescence of small opacities - with margins of the small opacities	id	ill-defined diaphragm border - should be recorded only if more than
	remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the	ih	one-third of one hemidiaphragm is affected ill-defined heart border - should be recorded only if the length of the heart
u	presence or in the absence of large opacities bulla(e)		border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
a	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
g	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
en eo	calcification in small pneumoconiotic opacities abnormality of cardiac size or shape	pa pb	plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity
ср	cor pulmonale	Po	with the pleura
ev	cavity	pi	pleural thickening of an interlobar fissure
di ef	marked distortion of an intrathoracic structure	px	pneumothorax
em	pleural effusion emphysema	ra rp	rounded atelectasis rheumatoid pneumoconiosis
es fr	eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	tb	tuberculosis
	☐ Eventration ☐ Hiatal hernia		Lung Parenchymal Abnormalities  ☐ Azygos lobe ☐ Density, lung
	Airway Disorders		☐ Infiltrate
	☐ Bronchovascular markings, heavy or increased		□ Nodule, nodular lesion
	Hyperinflation		Miscellaneous Abnormalities
	Bony Abnormalities		Foreign body
	☐Bony chest cage abnormality		☑ Post-surgical changes/sternal wire
	Fracture, healed (non-rib)		□ Cyst
	☐Fracture, not healed (non-rib)		Vascular Disorders
	Scoliosis		☐ Aorta, anomaly of
	□Vertebral column abnormality		☐ Vascular abnormality
	Liverceoral column abnormanty		Date Physician or Worker notified? (mm-dd-y
E.	Should worker see personal physician because of findings	? YES	X NO
D.	OTHER COMMENTS		
	3cm density behind R heart, possible mass		
	<u> </u>		

## FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy) Coal Workers' Health Surveillance Program CDC/NIOSH (M) 2.8 REV. 12/2013 National Institute for Occupational Safety and Health 1095 Willowdale Road, MS LB208 Morgantown, WV 26505 FACILITY ID# **EXAMINEE'S Social Security Number** 2 TYPE OF READING A B K 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 Rotated LAO, left scapula overlay Underexposed (light) Poor contrast Mottle (If not Grade 1, mark all Other (please specify) boxes that apply) Artifacts Poor processing ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? 2A. Complete Sections YES NO 2B and 2C Section 3A c. PROFUSION LARGE OPACITIES 2B. **SMALL OPACITIES** h ZONES a. SHAPE/SIZE PRIMARY SECO 0/-0/0 SECONDARY UPPER Proceed to Section 3A MIDDLE LOWER ANY CLASSIFIABLE PLEURAL ABNORMALITIES? 3A. Complete Sections Proceed to YES X NO 3B, 3C Section 4A 3B. PLEURAL PLAQUES (mark site, calcification, extent, and width) Width (in profile only) Calcification Extent (chest wall: combined for Chest wall (3mm minimum width required) in profile and face on) 3 to 5 mm = aIn profile Up to 1/4 of lateral chest wall = 1 5 to 10 mm = b1/4 to 1/2 of lateral chest wall = 2 Face on > 10 mm = c> 1/2 of lateral chest wall = 3 Diaphragm Other site(s) Proceed to Proceed to COSTOPHRENIC ANGLE OBLITERATION 3C. NO Section 3D Section 4A Width (in profile only) Extent (chest wall; combined for DIFFUSE PLEURAL THICKENING (mark site, calcification, 3D. (3mm minimum width required) in profile and face on) extent, and width) Up to 1/4 of lateral chest wall = 1 3 to 5 mm = aSite 5 to 10 mm = b1/4 to 1/2 of lateral chest wall = 2 Calcification Chest wall > 1/2 of lateral chest wall = 3 > 10 mm = c0 R In profile  $\cap$ Face on Complete Sections Proceed to ANY OTHER ABNORMALITIES? YES X NO 4B, 4C, 4D, 4E OTHER SYMBOLS (OBLIGATORY) 4B. es hi ho iih kl me cn со ср di ef em 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

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

at ax bu ca cg cn co cp cv di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis
Ali 	MARK ALL BOXES THAT APPLY: (Use of this list is in bonormalities of the Diaphragm Eventration Hiatal hernia rway Disorders Bronchovascular markings, heavy or increased Hyperinflation ony Abnormalities Bony chest cage abnormality Fracture, healed (non-rib) Fracture, not healed (non-rib) Scoliosis Vertebral column abnormality THER COMMENTS	intended to	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
Si	PHYSICIAN'S Social Security Number*  * Furnishing your soci number is voluntary. Y to provide this number affect your right to part this program.  IGNATURE  PR	our refusal r will not rticipate in	READER'S INITIALS DATE OF READING (mm-dd-yyyy)    -     E (LAST, FIRST MIDDLE)  STATE ZIP CODE

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

# CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE	OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Su National Institute for Occupa 1095 Willowdale Ro Morgantown, V	tional Safety and Health ead, MS LB208		CDC/NIOSH REV. 12/201	` /
	EXAMINEE'S Social Security Number	۶	V V 20303		FACILITY ID#	
		TYPE OF READING	A B X F		2	3
	case record your interpretation of a single conal Classification of Radiographs of Pn					
1.	IMAGE QUALITY Overexpos	sed (dark)   Improper position	on Underinflatio	n Make su	ıre you review	
_1		osed (light) Poor contrast	Mottle	both ima	ages for this stud	у
	Fnot Grade 1, mark all exes that apply)  Artifacts	Poor processing	Other (please	specify) scapula	overlay	
2A.	ANY CLASSIFIABLE PARENCHY	MAL ABNORMALITIES?	,	YES Comple 2B and	te Sections NO 2C	Proceed to Section 3A
2B.	SMALL OPACITIES  a. SHAPE/SIZE	b. ZONES	ofusion 20	C. LARGE OPAC	CITIES	
	q t q t	R L   U-	0/0 0/1 1/1 1/2 2/2 2/3 3/3 3/+	SIZE O A		ceed to tion 3A
3A.	ANY CLASSIFIABLE PLEURAL A	BNORMALITIES?	Y	TES Comple 3B, 3C	te Sections NO	Proceed to Section 4A
3B. 3C.		R L R L 1 2 3	on) I chest wall = 1 Il chest wall = 2 Il chest wall = 3	Width (in profile (3mm minimum v 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c		Proceed to Section 4A
3D.	DIFFUSE PLEURAL THICKENIN		Extent (chest wall; combine		(in profile only)	
	Site  Chest wall  In profile  Face on  O	extent, and width)  Calcification  R L  O X L	in profile and face on) Up to 1/4 of lateral chest v 1/4 to 1/2 of lateral chest v > 1/2 of lateral chest v  L 3 1 2	vall = 1     3 to 5       vall = 2     5 to 10       vall = 3     > 10       3     a		L b c
4A.	ANY OTHER ABNORMALITIES?		Y		te Sections 4D, 4E NO	Proceed to Section 5
4B.	OTHER SYMBOLS (OBLIGATOR  aa at ax bu ca cg cn c	Y) o cp cv di em es	fr hi ho id ih	kl pa pb	pi px ra rp	tb
	If other diseases or significant a (See reverse for other symbol de	bnormalities (OD), <b>findings must b</b> finitions.)		(section 4C/4D) Physician or World	ker notified? (mi	n-dd-yyyy)
4E.	Should worker see personal physician be Proceed to Section 5	pecause of findings in section 4? YE		·     -		

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

bu ca cg cn co cp cv di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis
Ai 	MARK ALL BOXES THAT APPLY: (Use of this list is in the board and in the Diaphragm Eventration Hiatal hernia Trway Disorders Bronchovascular markings, heavy or increased Hyperinflation Tony Abnormalities Bony chest cage abnormality Fracture, healed (non-rib) Fracture, not healed (non-rib) Scoliosis Vertebral column abnormality THER COMMENTS	ntended t	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
S	PHYSICIAN'S Social Security Number*  * Furnishing your social number is voluntary. Y to provide this number affect your right to par this program.  IGNATURE  PR	our refusal will not ticipate in	READER'S INITIALS DATE OF READING (mm-dd-yyyy)  LE (LAST, FIRST MIDDLE)  STATE  ZIP CODE

DATE OF RADIOGRAPH (mm-dd-yyyy) CHEST RADIOGRAPH CLASSIFIC	CATION
FEDERAL MINE SAFETY AND HEALTH AND DEPARTMENT OF HEALTH AND HUMAN CENTERS FOR DISEASE CONTROL & PRE	SERVICES
Coal Workers' Health Surveillance Progra National Institute for Occupational Safety and 1000 Frederick Lane, MS LB208 Morgantown, WV 26508 FAX: 304-285-6058  EXAMINEE'S Name (Last, First MI)	
24	A B K F
Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate box International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Rad	es on this form. Classify all appearances described in the ILO
1. IMAGE QUALITY Overexposed (dark) Improper position Undering	nflation Scapula Overlay
Underexposed (light) Poor contrast Mottle	Other (please specify)
boxes that apply) Artifacts Poor processing Excess	ive Edge cement
2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES?	YES Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES  a. SHAPE/SIZE  b. ZONES  c. PROFUSION	2C. LARGE OPACITIES
PRIMARY SECONDARY R L 0'- 0'0 0'1  P S P S UPPER X X 1/0 X 1/2  X t q t MIDDLE X X 2/1 2/2 2/3  LOWER X X 3/2 3/3 3/+	SIZE O A Proceed to Section 3A
3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES?	YES Complete Sections NO Proceed to Section 4A
3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)  Chest wall  In profile  ORL  ORL  ORL  ORL  ORL  ORL  ORL  OR	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = 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  Chest wall  In profile ORL  Face on ORL  ORL  ORL  ORL  ORL  1 2 3	(3mm minimum width required) chest wall = 1 l chest wall = 2 l chest wall = 3
4A. ANY OTHER ABNORMALITIES?  YES Complete	e Sections 4B-E and 5. NO Complete Section 5.
5. NIOSH Reader ID  (Leave ID Number blank if you are not a NIOSH A or B Reader)	DATE OF READING (mm-dd-yyyy)  0 7 - 0 3 - 2 0 2 3
SIGNATURE PRINTED NAME (L.  STREET ADDRESS CITY	AST, FIRST MIDDLE)  STATE  ZIP CODE

24			
• •			
В.	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
a	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
X.	significant apical pleural thickening coalescence of small opacities - with margins of the small opacities	ho id	honeycomb lung ill-defined diaphragm border - should be recorded only if more than
	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	ih	one-third of one hemidiaphragm is affected ill-defined heart border - should be recorded only if the length of the heart
u	bulla(e)		border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
a	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
g	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
en eo	calcification in small pneumoconiotic opacities abnormality of cardiac size or shape	pa pb	plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity
p	cor pulmonale	РО	with the pleura
v	cavity	pi	pleural thickening of an interlobar fissure
i	marked distortion of an intrathoracic structure	px	pneumothorax
f m	pleural effusion emphysema	ra	rounded atelectasis rheumatoid pneumoconiosis
es r	eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	rp tb	tuberculosis
	MARK ALL BOXES THAT APPLY: (Use of this list is inte	ended to rec	Lung Parenchymal Abnormalities
Ē		ended to rec	-
E	Abnormalities of the Diaphragm  Eventration Hiatal hernia  Airway Disorders  Bronchovascular markings, heavy or increased	ended to rec	Lung Parenchymal Abnormalities  □ Azygos lobe □ Density, lung □ Infiltrate □ Nodule, nodular lesion
A	Abnormalities of the Diaphragm  Eventration Hiatal hernia  Airway Disorders Bronchovascular markings, heavy or increased Hyperinflation  Bony Abnormalities	ended to rec	Lung Parenchymal Abnormalities  Azygos lobe Density, lung Infiltrate Nodule, nodular lesion  Miscellaneous Abnormalities
£	Abnormalities of the Diaphragm  Eventration Hiatal hernia  Airway Disorders Bronchovascular markings, heavy or increased Hyperinflation  Bony Abnormalities  Bony chest cage abnormality	ended to rec	Lung Parenchymal Abnormalities  □ Azygos lobe □ Density, lung □ Infiltrate □ Nodule, nodular lesion  Miscellaneous Abnormalities □ Foreign body
A	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)	ended to rec	Lung Parenchymal Abnormalities  □ Azygos lobe □ Density, lung □ Infiltrate □ Nodule, nodular lesion  Miscellaneous Abnormalities □ Foreign body □ Post-surgical changes/sternal wire
A	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)	ended to rec	Lung Parenchymal Abnormalities  □ Azygos lobe □ Density, lung □ Infiltrate □ Nodule, nodular lesion  Miscellaneous Abnormalities □ Foreign body □ Post-surgical changes/sternal wire □ Cyst
I	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	ended to rec	Lung Parenchymal Abnormalities  Azygos lobe Density, lung Infiltrate Nodule, nodular lesion Miscellaneous Abnormalities Foreign body Post-surgical changes/sternal wire Cyst Vascular Disorders
I	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)	ended to rec	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
2	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		Lung Parenchymal Abnormalities  Azygos lobe Density, lung Infiltrate Nodule, nodular lesion Miscellaneous Abnormalities Foreign body Post-surgical changes/sternal wire Cyst Vascular Disorders Aorta, anomaly of Vascular abnormality  Date Physician or Worker notified? (mm-dd-yyy

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

	CENTERS FOR DISEASE CONTROL & PREVENTION	OMB No.: 0920-0020
DATE OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance Program	CDC/NIOSH (M) 2.8
	National Institute for Occupational Safety and Health 1095 Willowdale Road, MS LB208 Morgantown, WV 26505	REV. 12/2013
EXAMINEE'S Social Security Number		FACILITY ID#
		2 5
	TYPE OF READING A B X F	
	radiograph by placing an "x" in the appropriate boxes on this eumoconiosis or Illustrated by the ILO Standard Radiographs.	
1. IMAGE QUALITY Overexpos	ed (dark) Improper position Underinflation	
Z 3 U/R Underexpo	sed (light) Poor contrast Mottle	
(If not Grade 1, mark all	sed (light) Pool contrast Iviotite	
boxes that apply) Artifacts	Poor processing Other (please sp	pecify)
2A. ANY CLASSIFIABLE PARENCHY.	MAL ABNORMALITIES?	ES Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES	b. ZONES c. PROFUSION 2C.	LARGE OPACITIES
a. SHAPE/SIZE PRIMARY SECONDARY	R L 0/- 0/0 0/1	
p s p s	JPPER   1/0 1/1 1/2	SIZE O B C Proceed to
q t 💢 t	MIDDLE 2/1 2/2 2/3	Section 3A
	LOWER 3/2 3/4	
3A. ANY CLASSIFIABLE PLEURAL A	DNODMALITIES?	
3A. ANY CLASSIFIABLE PLEURAL A	YES	S Complete Sections NO Proceed to Section 4A
	lcification, extent, and width) fication Extent (chest wall; combined for	Width (in profile only)
Chest wall	in profile and face on)	(3mm minimum width required)
in profile	$\frac{1}{4} \text{ to } \frac{1}{2} \text{ of lateral chest wall} = 1$	3 to 5 mm = a 5 to 10 mm = b
Face on ORLO	R L > 1/2 of lateral cliest wall = 3	> 10 mm = c
Diaphragm ORLO	R L O R O L	O R O L
Other site(s) O R L O	R L 1 2 3 1 2 3	a b c a b c
3C. COSTOPHRENIC ANGLE OBLITI	ERATION R L Proceed to Section 3D	NO Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING		for Width (in profile only) (3mm minimum width required)
Site	extent, and width)  in profile and face on)  Up to 1/4 of lateral chest wal	11 = 1 3 to 5 mm = a
Chest wall	Calcification 1/4 to 1/2 of lateral chest wal	
In profile ORL	ORL OR OL	O R O L
Face on ORL	O R L 1 2 3 1 2	a b c a b c
4A. ANY OTHER ABNORMALITIES?	YE	S Complete Sections AB, 4C, 4D, 4E NO Proceed to Section 5
4B. OTHER SYMBOLS (OBLIGATOR)  aa at bu bu ca cg cn co		kl me pa pb pi px ra rp tb
	bnormalities (OD), findings must be recorded on reverse. (s	,
(See reverse for other symbol def	Date I II	ysician or Worker notified? (mm-dd-yyyy)
<b>4E.</b> Should worker see personal physician b Proceed to Section 5	ecause of findings in section 4? YES NO	

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

at ax bu ca eg en co ep ev di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung  ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis
	MARK ALL BOXES THAT APPLY: (Use of this list is in bnormalities of the Diaphragm	ntended	to reduce handwritten comments and is optional)  Lung Parenchymal Abnormalities
	Eventration		☐ Azygos lobe
	Hiatal hernia		☐ Density, lung
	rway Disorders		☐ Infiltrate
	Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion
	] Hyperinflation		Miscellaneous Abnormalities
	ony Abnormalities		Foreign body
	Bony chest cage abnormality		Post-surgical changes/sternal wire
	Fracture, healed (non-rib)		☐ Cyst <b>Vascular Disorders</b>
	Fracture, not healed (non-rib)		☐ Aorta, anomaly of
	Scoliosis		☐ Vascular abnormality
Ш	Vertebral column abnormality		V ascular abhormanty
D. O	THER COMMENTS		
	-		
			DE 4 DEDIG
5.	PHYSICIAN'S Social Security Number* * Furnishing your social		READER'S INITIALS DATE OF READING (mm-dd-yyyy)
	number is voluntary. Y to provide this number		
	affect your right to par this program.	rticipate in	
	SIGNATURE		
5	DIGNATURE PR	INTED NAI	ME (LAST, FIRST MIDDLE)
S	TREET ADDRESS CITY		STATE ZIP CODE

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

	CENTERS FOR DISEASE CONTROL & PREVENTION	OMB No.: 0920-0020
DATE OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance Program	CDC/NIOSH (M) 2.8
	National Institute for Occupational Safety and Health 1095 Willowdale Road, MS LB208 Morgantown, WV 26505	REV. 12/2013
EXAMINEE'S Social Security Number		FACILITY ID#
EAAMTILE S Social Security Itumber		
	TYPE OF READING A B X F	2 6
International Classification of Radiographs of Pne	radiograph by placing an "x" in the appropriate boxes on this form. Classify a numoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and	
1. IMAGE QUALITY Overexpose	ed (dark)     Improper position   Underinflation   Scapu	la overlay
1 X 3 U/R. Underexpo	sed (light) Poor contrast Mottle	
(If not Grade 1, mark all		
boxes that apply) Artifacts	Poor processing Other (please specify)	
2A. ANY CLASSIFIABLE PARENCHY!	MAL ABNORMALITIES?  YES  Comp 2B an	olete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES	b. ZONES c. PROFUSION 2C. LARGE OP A	ACITIES
a. SHAPE/SIZE Primary secondary	R L 0/- 0/0 0/1	
p s p s	1/0 1/1 1/2 SIZE O	A B C Proceed to
q t q t	AIDDLE 2/1 2/2 2/3	Section 3A
r u r u I	OWER 3/2 3/3 3/+	
3A. ANY CLASSIFIABLE PLEURAL A	BNORMALITIES? YES Comp 3B, 30	plete Sections NO Proceed to Section 4A
	cification, extent, and width)	
Cliest wall		m width required)
In profile ORL	Column   C	
Face on ORLO	R   L	
Diaphragm O R L O	R L O R O L O R	O L
Other site(s) O R L O	R L 1 2 3 1 2 3 a b c	a b c
3C. COSTOPHRENIC ANGLE OBLITE	CRATION R L Proceed to	NO Proceed to
	Section 3D	th (in profile only)
3D. DIFFUSE PLEURAL THICKENING	(mark site, calcification, extent, and width) in profile and face on) (3mm	m minimum width required)
Site	Up to $1/4$ of lateral chest wall = 1 $1/4$ to $1/2$ of lateral chest wall = 2 $1/4$ to $1/2$ of lateral chest wall = 2	o 5 mm = a 10 mm = b
Chest wall	Calcification	10 mm = c
In profile ORL	ORL OR OL O	R O L
Face on ORL	O R L 1 2 3 1 2 3 a	b c a b c
4A. ANY OTHER ABNORMALITIES?		olete Sections C, 4D, 4E NO Proceed to Section 5
4B. OTHER SYMBOLS (OBLIGATOR)  aa at ax bu ca cg cn co		ob pi px ra rp tb
	onormalities (OD), <b>findings must be recorded on reverse.</b> (section 4C/4D)	
(See reverse for other symbol defi	Date I hysician of we	orker notified? (mm-dd-yyyy)
<b>4E.</b> Should worker see personal physician be	ecause of findings in section 4? YES NO	

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	id	ill-defined diaphragm border - should be recorded only if more than
	remaining visible, whereas a large opacity demonstrates a		one-third of one hemidiaphragm is affected
	homogeneous opaque appearance - may be recorded either in the	ih	ill-defined heart border - should be recorded only if the length of the heart
	presence or in the absence of large opacities		border affected, whether on the right or on the left side, is more than
bu	bulla(e)		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
ср	cor pulmonale	1	with the pleura
cv	cavity	pi	pleural thickening of an interlobar fissure
di	marked distortion of an intrathoracic structure	px	pneumothorax
ef	pleural effusion	ra	rounded atelectasis
em	emphysema	rp	rheumatoid pneumoconiosis
es	eggshell calcification of hilar or mediastinal lymph nodes	tb	tuberculosis
fr	fractured rib(s) (acute or healed)		
Ai	Hiatal hernia irway Disorders Bronchovascular markings, heavy or increased Hyperinflation iony Abnormalities Bony chest cage abnormality Fracture, healed (non-rib) Fracture, not healed (non-rib) Scoliosis Vertebral column abnormality		☐ Density, lung ☐ Infiltrate ☐ Nodule, nodular lesion  Miscellaneous Abnormalities ☐ Foreign body ☐ Post-surgical changes/sternal wire ☐ Cyst  Vascular Disorders ☐ Aorta, anomaly of ☐ Vascular abnormality
	THER COMMENTS  Normal intercostal muscle shadows are well illustrated i plaques.  PHYSICIAN'S Social Security Number*  * Furnishing your soci number is voluntary. Yellow the social security is voluntary. Yellow the social security Number is voluntary. Yellow the social security is voluntary. Yellow the social s	ial security Your refusal	READER'S INITIALS  DATE OF READING (mm-dd-yyyy)
	to provide this number	r will not	
	affect your right to par	rticipate in	-       -
	this program.		
_			
5	SIGNATURE PR	INTED NAM	ME (LAST, FIRST MIDDLE)
	TREET ADDRESS CITY		STATE ZIP CODE
	CILI		ZIT CODE

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

CENT	ERS FOR DISEASE CONTROL & PREVENTION	OMB No.: 0920-0020
DATE OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance Program	CDC/NIOSH (M) 2.8
Nati	onal Institute for Occupational Safety and Health 1095 Willowdale Road, MS LB208	REV. 12/2013
	Morgantown, WV 26505	EACH IEV IN
EXAMINEE'S Social Security Number		FACILITY ID#
	TYPE OF READING A B X F	2 7
Note: Places record your interpretation of a single radiograp	h by placing an "x" in the appropriate boxes on this form. Class	sify all appearances described in the H.O.
	is or Illustrated by the ILO Standard Radiographs. Use symbo	
1. IMAGE QUALITY Overexposed (dark)	Improper position Underinflation	
Underexposed (light)	Poor contrast Mottle	
(If not Grade 1, mark all		
boxes that apply) Artifacts	Poor processing Other (please specify)	
2A. ANY CLASSIFIABLE PARENCHYMAL ABI	VEC	Complete Sections 2B and 2C Proceed to Section 3A
a. SHAPE/SIZE	0. ZUNES	OPACITIES
PRIMARY SECONDARY  D S D S UPPER	R L 0	
MIDDLE I	SIZE C	Proceed to Section 3A
LOWER	X	
LOWER LOWER	×  ×    3/3   3/+	
3A. ANY CLASSIFIABLE PLEURAL ABNORMA	VES	Complete Sections NO Proceed to
		3B, 3C Section 4A
3B. PLEURAL PLAQUES (mark site, calcification, of Chest wall Site Calcification)		n profile only)
In profile O R L O R L	in profile and face on) (3mm mi Up to $1/4$ of lateral chest wall = 1 3 to 5 m	inimum width required)
Face on O R L O R L	1/4 to $1/2$ of lateral chest wall = 2 5 to 10 n	mm = b
Diaphragm O R L O R L	> 1/2 of lateral chest wall = 3 > 10 m	nm = c
Other site(s) O R L O R L		
3C. COSTOPHRENIC ANGLE OBLITERATION	R L Proceed to Section 3D	NO Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING (mark sin	e, calcification, Extent (chest wall; combined for	Width (in profile only) (3mm minimum width required)
extent, a Site	in profile and face on)  Up to $1/4$ of lateral chest wall = 1	3 to 5 mm = a
	fication $1/4$ to $1/2$ of lateral chest wall = 2 $> 1/2$ of lateral chest wall = 3	5 to 10 mm = b $> 10 \text{ mm} = c$
In profile ORL	R L O R O L	O R O L
Face on O R L O	R L 1 2 3 1 2 3	a b c a b c
		Complete Sections Proceed to
4A. ANY OTHER ABNORMALITIES?		4B, 4C, 4D, 4E NO Section 5
4B. OTHER SYMBOLS (OBLIGATORY)		
at bu ca co co co		pa pb pi px ra rp tb
If other diseases or significant abnormaliti (See reverse for other symbol definitions.)	es (OD), <b>findings must be recorded on reverse.</b> (section 4C/4 Date Physician or	D) r Worker notified? (mm-dd-yyyy)
<b>4E.</b> Should worker see personal physician because of Proceed to Section 5		

atherosclerotic aorta

aa

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."

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	id	ill-defined diaphragm border - should be recorded only if more than
	remaining visible, whereas a large opacity demonstrates a		one-third of one hemidiaphragm is affected
	homogeneous opaque appearance - may be recorded either in the	ih	ill-defined heart border - should be recorded only if the length of the heart
	presence or in the absence of large opacities		border affected, whether on the right or on the left side, is more than
ou	bulla(e)		one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
cg 	calcification in small pneumoconiotic opacities		
en		pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity
ср	cor pulmonale		with the pleura
ev	cavity	pi	pleural thickening of an interlobar fissure
di	marked distortion of an intrathoracic structure	px	pneumothorax
ef	pleural effusion	ra	rounded atelectasis
em	emphysema	rp	rheumatoid pneumoconiosis
es	eggshell calcification of hilar or mediastinal lymph nodes	tb	tuberculosis
fr	fractured rib(s) (acute or healed)		
	MARK ALL BOXES THAT APPLY: (Use of this list is i	ntended	to reduce handwritten comments and is optional)
	Abnormalities of the Diaphragm		Lung Parenchymal Abnormalities
_	Eventration		☐ Azygos lobe
	Hiatal hernia		☐ Density, lung
A	irway Disorders		☐ Infiltrate
	· ·		
_	Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion
	] Hyperinflation		Miscellaneous Abnormalities
F	Bony Abnormalities		☐ Foreign body
_			☐ Post-surgical changes/sternal wire
L	☐ Bony chest cage abnormality		
	☐ Fracture, healed (non-rib)		□ Cyst
	Fracture, not healed (non-rib)		Vascular Disorders
			☐ Aorta, anomaly of
L	Scoliosis		
Γ	☐ Vertebral column abnormality		☐ Vascular abnormality
_	<b>-</b>		
D. O	THER COMMENTS		
	Changes of prior vertebroplasty in T11.		
	- Changes of photocologically in the constant		
	-		READER'S
5.	PHYSICIAN'S Social Security Number* * Furnishing your social	al security	INITIALS DATE OF READING (mm-dd-yyyy)
· · ·	number is voluntary. Y	our refusal	HITTALS
	to provide this number affect your right to par		
L	this program.	rticipate iii	
_	CICNATUDE		
	SIGNATURE PR	INTED NAM	ME (LAST, FIRST MIDDLE)
_	STREET ADDRESS CITY		STATE STREET
	STREET ADDRESS CITY		STATE ZIP CODE

DATE OF RADIOGRAPH (mm-dd-yyyy)	CHEST RADIOGRAPI	a CLASSIFICATION	
EVAMINEE'S Social Security Number	FEDERAL MINE SAFETY A DEPARTMENT OF HEALTH CENTERS FOR DISEASE CO	H AND HUMAN SERVICES	
Full SSN is optional, last 4 digits are required	Coal Workers' Health S National Institute for Occup 1000 Frederick L Morgantown, FAX: 304-	pational Safety and Health ane, MS LB208 , WV 26508	FACILITY Number - Unit Number
EXAMINEE'S Name (Last, First MI)			TYPE OF READING
28			A B K F
			rm. Classify all appearances described in the ILO
1. IMAGE QUALITY Overexpo	sed (dark) Improper posit	tion Underinflation	Scapula Overlay
1 X 3 U/R Underexp	osed (light) Poor contrast	Mottle	Other (please specify)
boxes that apply)  Artifacts	Poor processin	Excessive Edge Enhancement	
2A. ANY CLASSIFIABLE PARENCHY	MAL ABNORMALITIES?	YES [	Complete Sections 2B and 2C NO Proceed to Section 3A
2B. SMALL OPACITIES  a. SHAPE/SIZE	b. ZONES c. Pi	PROFUSION 2C. L	ARGE OPACITIES
PRIMARY SECONDARY  P S P S  t q t	R   L     0/-   UPPER	0/0   0/1   1/1   1/2   SIZ   2/2   X   3/3   3/+	E O B C Proceed to Section 3A
3A. ANY CLASSIFIABLE PLEURAL A	ABNORMALITIES?	YES	Complete Sections NO Proceed to Section 4A
	I K II I. I	ce on) ral chest wall = 1	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c OR OL a b c a b c
3C. COSTOPHRENIC ANGLE OBLIT	ERATION IRILI	ceed to tion 3D NO Proceed to	Section 4A
3D. DIFFUSE PLEURAL THICKENIN  Site  Chest wall  In profile O R L  Face on O R 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  R  L  2 3 1 2 3	
4A. ANY OTHER ABNORMALITIES?	<u> </u>	YES Complete Sections 4B-F	E and 5. NO Complete Section 5.
5. NIOSH Reader ID  (Leave ID Number blank if you are not a NIOSH		ADER'S INITIALS	DATE OF READING (mm-dd-yyyy)  0 7 - 0 3 - 2 0 2 3
SIGNATURE		PRINTED NAME (LAST, FIRST M	(IDDLE)
STREET ADDRESS	CITY		STATE ZIP CODE

28			
4B.	OTHER SYMBOLS (OBLIGATORY)		
	aa at ax bu ca cg cn co cp cv di ef em es	fr hi h	o id ih kl me pa pb pi px ra rp tb
aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening coalescence of small opacities - with margins of the small opacities	ho : 1	honeycomb lung
ax	remaining visible, whereas a large opacity demonstrates a	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
	homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	ih	ill-defined heart border - should be recorded only if the length of the heart
bu	bulla(e)		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
cp cv	cor pulmonale cavity	ni	with the pleura pleural thickening of an interlobar fissure
di	marked distortion of an intrathoracic structure	pı px	pneumothorax
ef	pleural effusion	ra	rounded atelectasis
em	emphysema	rp	rheumatoid pneumoconiosis
es fr	eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	tb	tuberculosis
	☐ 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		□ Azygos lobe □ Density, lung □ Infiltrate □ Nodule, nodular lesion  Miscellaneous Abnormalities □ Foreign body □ Post-surgical changes/sternal wire □ Cyst  Vascular Disorders □ Aorta, anomaly of □ Vascular abnormality  Date Physician or Worker notified? (mm-dd-yyyy)
4E.	Should worker see personal physician because of findings?	YES 🔀	NO
4D	OTHER COMMENTS		

EXAMINEE'S Name (Last, First MI)

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

	CENTERS FOR DISEASE CONTROL & PREVE	NTION OMB No.: 0920-0020
DATE OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance Program	
	National Institute for Occupational Safety and H 1095 Willowdale Road, MS LB208 Morgantown, WV 26505	REV. 12/2013
EXAMINEE'S Social Security Number	٥	FACILITY ID#
	TYPE OF READING A B	F 2 9
		s on this form. Classify all appearances described in the ILO graphs. Use symbols and record comments as appropriate.
1. IMAGE QUALITY Overexpose	ed (dark)	flation CP angles cut off
1 X 3 U/R Underexpo	sed (light) Poor contrast Mottle	
(If not Grade 1, mark all	roof contrast	Left arm superimposed on chest
boxes that apply)  Artifacts	Poor processing Other (p	please specify) wall.
2A. ANY CLASSIFIABLE PARENCHY	WAL ABNORMALITIES?	YES Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES	b. ZONES c. PROFUSION	2C. LARGE OPACITIES
a. SHAPE/SIZE PRIMARY SECONDARY	R L 0/- 0/0 0/1	
p s p s	JPPER	SIZE A B C Proceed to
	AIDDLE 2/1 2/3	SIZE A B C Proceed to Section 3A
	OWER 7/7 3/3 3/4	
3A. ANY CLASSIFIABLE PLEURAL A	BNORMALITIES?	YES Complete Sections NO Proceed to Section 4A
	cification, extent, and width)	I WALL OF THE TOTAL OF THE TOTA
Cliest wall	ication Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile ORL	Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2	3 to 5 mm = a 5 to 10 mm = b
Face on ORLO	R L > 1/2 of lateral chest wall = 2	> 10 mm = c
Diaphragm O R L O	R L O R O L	O R O L
Other site(s) O R L O	R L 1 2 3 1 2 3	a b c a b c
3C. COSTOPHRENIC ANGLE OBLITI	CRATION R L Proceed to	NO Proceed to
	Section 3D  Extent (chest wall; co	Section 4A  width (in profile only)
3D. DIFFUSE PLEURAL THICKENING	extent and width) in profile and face or	(3mm minimum width required)
Site	Up to 1/4 of lateral of 1/4 to 1/2 of lateral of 1/4 to 1/4 of 1/4 to 1/2 of lateral of 1/4 to 1/4 of 1/4 to 1/4 of 1/4 o	
Chest wall	Calcification > 1/2 of lateral	
In profile ORL	O R L O R O	L OR OL
Face on ORL	O R L 1 2 3 1	2 3 a b c a b c
4A. ANY OTHER ABNORMALITIES?		YES Complete Sections AB, 4C, 4D, 4E NO Proceed to Section 5
4B. OTHER SYMBOLS (OBLIGATOR)  aa at ax bu ca cg cn co		ih kl me pa pb pi px ra rp tb
OD If other diseases or significant al (See reverse for other symbol def	onormalities (OD), <b>findings must be recorded on rev</b> initions.)	verse. (section 4C/4D) late Physician or Worker notified? (mm-dd-yyyy)
<b>4E.</b> Should worker see personal physician b		

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

at ax bu ca eg en co ep ev di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung  ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis		
	MARK ALL BOXES THAT APPLY: (Use of this list is in bnormalities of the Diaphragm	ntended	to reduce handwritten comments and is optional)  Lung Parenchymal Abnormalities		
	Eventration		☐ Azygos lobe		
	Hiatal hernia		☐ Density, lung		
	rway Disorders		☐ Infiltrate		
	Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion		
	] Hyperinflation		Miscellaneous Abnormalities ☐ Foreign body		
	ony Abnormalities				
	Bony chest cage abnormality		Post-surgical changes/sternal wire		
	Fracture, healed (non-rib)		☐ Cyst <b>Vascular Disorders</b>		
	Fracture, not healed (non-rib)		☐ Aorta, anomaly of		
	Scoliosis		☐ Vascular abnormality		
Ш	Vertebral column abnormality		V ascular abhormanty		
D. O	THER COMMENTS				
	-				
			DE 4 DEDIG		
5.	PHYSICIAN'S Social Security Number* * Furnishing your social		READER'S INITIALS DATE OF READING (mm-dd-yyyy)		
	number is voluntary. Y to provide this number				
	affect your right to par this program.	rticipate in			
	SIGNATURE				
5	DIGNATURE PR	INTED NAI	ME (LAST, FIRST MIDDLE)		
S	TREET ADDRESS CITY		STATE ZIP CODE		

OMB No.: 0920-0020

#### CHEST RADIOGRAPH CLASSIFICATION

## FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### CENTERS FOR DISEASE CONTROL & PREVENTION

DATE OF RADIOGRAPH (mm-dd-yyyy) Coal Workers' Health Surveillance Program CDC/NIOSH (M) 2.8 REV. 12/2013 National Institute for Occupational Safety and Health 1095 Willowdale Road, MS LB208 Morgantown, WV 26505 FACILITY ID# **EXAMINEE'S Social Security Number** 3 0 TYPE OF READING A B K 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 Digital artifact Underexposed (light) Poor contrast Mottle (If not Grade 1, mark all Other (please specify) boxes that apply) Artifacts Poor processing ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? 2A. Complete Sections YES NO 2B and 2C Section 3A c. PROFUSION LARGE OPACITIES 2B. **SMALL OPACITIES** 2C. h ZONES a. SHAPE/SIZE PRIMARY SECO 0/-0/0 SECONDARY UPPER Proceed to Section 3A MIDDLE LOWER ANY CLASSIFIABLE PLEURAL ABNORMALITIES? 3A. Complete Sections Proceed to YES NO 3B, 3C Section 4A PLEURAL PLAQUES (mark site, calcification, extent, and width) 3B. Width (in profile only) Site Calcification Extent (chest wall: combined for Chest wall in profile and face on) (3mm minimum width required) R 3 to 5 mm = aIn profile Up to 1/4 of lateral chest wall = 1 5 to 10 mm = b1/4 to 1/2 of lateral chest wall = 2 R Face on > 10 mm = c> 1/2 of lateral chest wall = 3 Diaphragm R Other site(s) Proceed to Proceed to COSTOPHRENIC ANGLE OBLITERATION 3C. NO Section 3D Section 4A Width (in profile only) Extent (chest wall; combined for DIFFUSE PLEURAL THICKENING (mark site, calcification, 3D. (3mm minimum width required) in profile and face on) extent, and width) Up to 1/4 of lateral chest wall = 1 3 to 5 mm = aSite 5 to 10 mm = b1/4 to 1/2 of lateral chest wall = 2 Calcification Chest wall > 10 mm = c> 1/2 of lateral chest wall = 3 0 R In profile  $\cap$ Face on Complete Sections Proceed to ANY OTHER ABNORMALITIES? YES X NO 4B, 4C, 4D, 4E OTHER SYMBOLS (OBLIGATORY) 4B. cn co cp cv ef se fr hi ho k kl me aa 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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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."

significant apical pleural thickening	1	
1	ho	honeycomb lung
coalescence of small opacities - with margins of the small opacities	id	ill-defined diaphragm border - should be recorded only if more than
remaining visible, whereas a large opacity demonstrates a		one-third of one hemidiaphragm is affected
homogeneous opaque appearance - may be recorded either in the	ih	ill-defined heart border - should be recorded only if the length of the he
presence or in the absence of large opacities		border affected, whether on the right or on the left side, is more than
bulla(e)		one-third of the length of the left heart border
cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
calcification in small pneumoconiotic opacities	pa	plate atelectasis
abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continu
cor pulmonale	РО	with the pleura
cavity	<b></b> i	pleural thickening of an interlobar fissure
marked distortion of an intrathoracic structure	pi	pneumothorax
pleural effusion	px	rounded atelectasis
<u>.</u>	ra	
emphysema	rp	rheumatoid pneumoconiosis
eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	tb	tuberculosis
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)		Lung Parenchymal Abnormalities  ☐ Azygos lobe ☐ Density, lung ☐ Infiltrate ☐ Nodule, nodular lesion  Miscellaneous Abnormalities ☐ Foreign body ☐ Post-surgical changes/sternal wire ☐ Cyst  Vascular Disorders
I TELEGRITIE NOT DESIEG (DOD-LID)		
· · · · · · · · · · · · · · · · · · ·		
☐ Scoliosis		☐ Aorta, anomaly of
☐ Scoliosis		☐ Aorta, anomaly of☐ Vascular abnormality
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
☐ Scoliosis ☐ Vertebral column abnormality		•
☐ Scoliosis ☐ Vertebral column abnormality		☐ Vascular abnormality
☐ Scoliosis ☐ Vertebral column abnormality	Your refusal er will not	· · · · · · · · · · · · · · · · · · ·
□ Scoliosis □ Vertebral column abnormality  OTHER COMMENTS  PHYSICIAN'S Social Security Number*  * Furnishing your soc number is voluntary. to provide this numbe affect your right to pathis program.	Your refusal er will not articipate in	READER'S INITIALS DATE OF READING (mm-dd-yyyy)
□ Scoliosis □ Vertebral column abnormality  OTHER COMMENTS  PHYSICIAN'S Social Security Number*  * Furnishing your soc number is voluntary. to provide this numbe affect your right to pathis program.	Your refusal er will not articipate in	READER'S INITIALS DATE OF READING (mm-dd-yyyy)
□ Scoliosis □ Vertebral column abnormality  OTHER COMMENTS  PHYSICIAN'S Social Security Number*  * Furnishing your soc number is voluntary. to provide this numbe affect your right to pathis program.	Your refusal er will not articipate in	READER'S INITIALS DATE OF READING (mm-dd-yyyy)

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

Save Form

Print

DATE OF RADIOGRAPH (mm-dd-yyyyy) CHEST RADIOGRAPH CLASSIF	ICATION
FEDERAL MINE SAFETY AND HEALTH A DEPARTMENT OF HEALTH AND HUMAN	
EXAMINEE'S Social Security Number  CENTERS FOR DISEASE CONTROL & PRI	EVENTION
Coal Workers' Health Surveillance Progr National Institute for Occupational Safety and 1000 Frederick Lane, MS LB208 Morgantown, WV 26508 FAX: 304-285-6058	
EXAMINEE'S Name (Last, First MI)	
31	TYPE OF READING $A \square B \bowtie F \square$
Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate bo International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Ra	exes on this form. Classify all appearances described in the ILO
1. IMAGE QUALITY Overexposed (dark) Improper position Under	rinflation Scapula Overlay
1	• • • • • • • • • • • • • • • • • • • •
boxes that apply) Artifacts Poor processing Exces	ssive Edge Digital artifacts
2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES?	YES Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES  b. ZONES  c. PROFUSION	2C. LARGE OPACITIES
a. SHAPE/SIZE PRIMARY SECONDARY  R L  0/- 0/0 0/1	
p s p s upper	SIZE A B C Proceed to Section 3A
q t q MIDDLE 2/1 2/2 2/3	Section 311
LOWER   3/2 3/3 3/4	
3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES?	YES Complete Sections 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 R R L Up to 1/4 of lateral chest wall = 1	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a
Face on R I   1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm R L R L R R L	> 10 mm = c
Other site(s) WRI WRI 123 12	
Proceed to	
Section 3D No 2	Proceed to Section 4A  Width (in profile only)
3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)  Site    Extent (chest wall; in profile and face   Up to 1/4 of lateral   Up to 1/4	(3mm minimum width required) al chest wall = 1  (3mm minimum width required) 3 to 5 mm = a
Chest well Calcification 1/4 to 1/2 of later	ral chest wall = 2
In profile ORL ORL OR	O L O R O L
Face on O R L O R L 1 2 3	1 2 3 a b c a b c
4A. ANY OTHER ABNORMALITIES?  YES Comple	ete Sections 4B-E and 5. NO Complete Section 5.
5. NIOSH Reader ID READER'S INITIA	LS DATE OF READING (mm-dd-yyyy)
	0 7 - 0 5 - 2 0 2 3
(Leave ID Number blank if you are not a NIOSH A or B Reader)	
SIGNATURE PRINTED NAME (I	LAST, FIRST MIDDLE)
STREET ADDRESS CITY	STATE ZIP CODE

EXAMINEE'S Name (Last, First MI)		
1		
3. OTHER SYMBOLS (OBLIGATORY)		
· · · · · · · · · · · · · · · · · · ·	es fr hi ho id ih kl me pa pb pi px ra rp tb	
atherosclerotic aorta	hi enlargement of non-calcified hilar or mediastinal lymph nodes	
significant apical pleural thickening coalescence of small opacities - with margins of the small opacitie	ho honeycomb lung id ill-defined diaphragm border - should be recorded only if more than	1
remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the	one-third of one hemidiaphragm is affected ih ill-defined heart border - should be recorded only if the length of the	e heart
presence or in the absence of large opacities bulla(e)	border affected, whether on the right or on the left side, is more that one-third of the length of the left heart border	n
cancer, thoracic malignancies excluding mesothelioma	kl septal (Kerley) lines	
calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me mesothelioma	
calcification in small pneumoconiotic opacities	pa plate atelectasis	
abnormality of cardiac size or shape cor pulmonale	pb parenchymal bands - significant parenchymal fibrotic stands in cont with the pleura	tinuity
cor pulmonale cavity	pi pleural thickening of an interlobar fissure	
marked distortion of an intrathoracic structure	px pneumothorax	
f pleural effusion	ra rounded atelectasis	
m emphysema	rp rheumatoid pneumoconiosis	
eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	tb tuberculosis	
Abnormalities of the Diaphragm  ☐ Eventration	Lung Parenchymal Abnormalities  ☐ Azygos lobe	
☐ Hiatal hernia		
Airway Disorders	☑Density, lung ☐Infiltrate	
☐ Bronchovascular markings, heavy or increased	1 111	
Hyperinflation	□ Nodule, nodular lesion	
_ ••	Miscellaneous Abnormalities	
Bony Abnormalities	☐ Foreign body	
☐Bony chest cage abnormality	Post-surgical changes/sternal wire	
Fracture, healed (non-rib)	□Cyst	
☐Fracture, not healed (non-rib)	Vascular Disorders	
□Scoliosis	Aorta, anomaly of	
☐ Vertebral column abnormality	☐ Vascular abnormality	
	Date Physician or Worker notified? (mm-	-dd-y
E. Should worker see personal physician because of finding	s? YES NO X	
D. OTHER COMMENTS		
Rounded density over spleen could represe	ent CG or r-size opacity	
		_
		_
		_
		_

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance Program National Institute for Occupational Safety and Hea 1095 Willowdale Road, MS LB208 Morgantown, WV 26505	CDC/NIOSH (M) 2.8 REV. 12/2013
EXAMINEE'S Social Security Number		FACILITY ID#
	TYPE OF READING A B X F	3 2
	radiograph by placing an "x" in the appropriate boxes or imoconiosis or Illustrated by the ILO Standard Radiogra	this form. Classify all appearances described in the ILO uphs. Use symbols and record comments as appropriate.
1. IMAGE QUALITY Overexposed	d (dark)     Improper position   Underinfla	<sup>tion</sup> Scapula overlay
1 X 3 U/R Underexpose	ed (light) Poor contrast Mottle	
(If not Grade 1, mark all boxes that apply)  Artifacts	Poor processing Other (plea	se specify)
2A. ANY CLASSIFIABLE PARENCHYM	IAL ABNORMALITIES?	YES Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES  a. SHAPE/SIZE	b. ZONES c. PROFUSION	2C. LARGE OPACITIES
PRIMARY SECONDARY	R L 0/- 0/0 0/1	
	PPER   X   X	SIZE O A Proceed to Section 3A
	OWER 3/2 3/3 3/+	
3A. ANY CLASSIFIABLE PLEURAL AB	NORMALITIES?	YES Complete Sections NO Proceed to Section 4A
Sita   Calaife	ification, extent, and width) cation Extent (chest wall; combined for	Width (in profile only)
Chest wall In profile O R L O R	in profile and face on) Up to 1/4 of lateral chest wall = 1	(3mm minimum width required) 3 to 5 mm = a
Face on O R L O R	1/4 to $1/2$ of lateral chest wall = 2	5 to 10 mm = b
Diaphragm O R L O R	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s) O R L O R		a b c a b c
3C. COSTOPHRENIC ANGLE OBLITE	RATION R L Proceed to Section 3D	NO Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING	in profile and face on)	ined for Width (in profile only) (3mm minimum width required)
Site	extent, and width)  Up to 1/4 of lateral che 1/4 to 1/2 of lateral che	
Chest wall	Calcification > 1/2 of lateral che	10
In profile ORL	O R L O R O	L OR OL
Face on ORL	O R L 1 2 3 1	2 3 a b c a b c
4A. ANY OTHER ABNORMALITIES?		YES Complete Sections AB, 4C, 4D, 4E NO Proceed to Section 5
4B. OTHER SYMBOLS (OBLIGATORY  aa		h kl me pa pb px ra rp tb
OD If other diseases or significant about the other symbol definition of the other symbol def	normalities (OD), <b>findings must be recorded on rever</b> nitions.)	se. (section 4C/4D) e Physician or Worker notified? (mm-dd-yyyy)
<b>4E.</b> Should worker see personal physician be		

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

at ax bu ca eg en co ep ev di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung  ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis		
	MARK ALL BOXES THAT APPLY: (Use of this list is in bnormalities of the Diaphragm	ntended	to reduce handwritten comments and is optional)  Lung Parenchymal Abnormalities		
	Eventration		☐ Azygos lobe		
	Hiatal hernia		☐ Density, lung		
	rway Disorders		☐ Infiltrate		
	Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion		
	] Hyperinflation		Miscellaneous Abnormalities ☐ Foreign body		
	ony Abnormalities				
	Bony chest cage abnormality		Post-surgical changes/sternal wire		
	Fracture, healed (non-rib)		☐ Cyst <b>Vascular Disorders</b>		
	Fracture, not healed (non-rib)		☐ Aorta, anomaly of		
	Scoliosis		☐ Vascular abnormality		
Ш	Vertebral column abnormality		V ascular abhormanty		
D. O	THER COMMENTS				
	-				
			DE 4 DEDIG		
5.	PHYSICIAN'S Social Security Number* * Furnishing your social		READER'S INITIALS DATE OF READING (mm-dd-yyyy)		
	number is voluntary. Y to provide this number				
	affect your right to par this program.	rticipate in			
	SIGNATURE				
5	DIGNATURE PR	INTED NAI	ME (LAST, FIRST MIDDLE)		
S	TREET ADDRESS CITY		STATE ZIP CODE		

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance Program National Institute for Occupational Safety and Hea 1095 Willowdale Road, MS LB208 Morgantown, WV 26505	CDC/NIOSH (M) 2.8 REV. 12/2013
EXAMINEE'S Social Security Number	Morgantown, WV 20005	FACILITY ID#
	TYPE OF READING A B F	3 3
		n this form. Classify all appearances described in the ILO aphs. Use symbols and record comments as appropriate.
1. IMAGE QUALITY Overexposed	(dark)   Improper position   Underinfla	tion Scapula overlay
1 X 3 U/F Underexpose	ed (light) Poor contrast Mottle	
(If not Grade 1, mark all boxes that apply)  Artifacts	Poor processing Other (ple	ase specify)
2A. ANY CLASSIFIABLE PARENCHYM	AL ABNORMALITIES?	YES Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES  a. SHAPE/SIZE	b. ZONES c. PROFUSION	2C. LARGE OPACITIES
PRIMARY SECONDARY	R L 0/- 0/0 0/1	
	PER	SIZE O A Proceed to Section 3A
	WER 3/2 3/3 3/+	
3A. ANY CLASSIFIABLE PLEURAL AB	NORMALITIES?	YES Complete Sections NO Proceed to Section 4A
_	fication, extent, and width)	Weld Connectionals)
Chest wall Site Calcific	in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile ORLOR	Up to $1/4$ of lateral chest wall = 1 1/4 to $1/2$ of lateral chest wall = 2	3 to 5 mm = a 5 to 10 mm = b
	> 1/2 of lateral chest wall = 3	> 10 mm = c
Diaphragm O R L O R Other site(s) O R L O R		
	Drogged to	Proposed to
3C. COSTOPHRENIC ANGLE OBLITEI	Section 3D	NO Section 4A
3D. DIFFUSE PLEURAL THICKENING	extent and width) in profile and face on)	(3mm minimum width required)
Site Chest wall	Up to 1/4 of lateral che  Calcification  Up to 1/4 to 1/2 of lateral che	est wall = 2 5 to 10 mm = b
In profile O R L	> 1/2 of lateral ch	est wall = 3 > 10 mm = c
Face on ORL	O R L 1 2 3 1	2 3 a b c a b c
4A. ANY OTHER ABNORMALITIES?		YES Complete Sections AB, 4C, 4D, 4E NO Proceed to Section 5
4B. OTHER SYMBOLS (OBLIGATORY aa at bu bu bu co		ih kl me pa pb pi px ra rp tb
	normalities (OD), <b>findings must be recorded on rever</b>	
4E. Should worker see personal physician becomes to Section 5.	Dat	e Physician or Worker notified? (mm-dd-yyyy)

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

at ax bu ca cg cn cco cpp cv di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis
Ai	MARK ALL BOXES THAT APPLY: (Use of this list is in bnormalities of the Diaphragm   Eventration   Hiatal hernia   Fracture, healed (non-rib)   Fracture, not healed (non-rib)   Fracture, not healed (non-rib)   Scoliosis	ntended (	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
	Vertebral column abnormality  ITHER COMMENTS  Post-surgical changes/sternal wire		☐ Vascular abnormality
5.	PHYSICIAN'S Social Security Number*  * Furnishing your social number is voluntary. You provide this number affect your right to part this program.	our refusal r will not	READER'S INITIALS  DATE OF READING (mm-dd-yyyy)
S	NONATURE -	INTED NAM	ME (LAST, FIRST MIDDLE)
S	TREET ADDRESS CITY		STATE ZIP CODE

DATE OF RADIOGRAPH (mm-dd-yyyy) CHEST RADIOGRAPH CLASSIF	ICATION
FEDERAL MINE SAFETY AND HEALTH A DEPARTMENT OF HEALTH AND HUMAN	N SERVICES
EXAMINEE'S Social Security Number  CENTERS FOR DISEASE CONTROL & PR	EVENTION
Coal Workers' Health Surveillance Progr National Institute for Occupational Safety and 1000 Frederick Lane, MS LB208 Morgantown, WV 26508 FAX: 304-285-6058	
EXAMINEE'S Name (Last, First MI)	
34	TYPE OF READING A □ B     F □
Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate bo International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Ra	oxes on this form. Classify all appearances described in the ILO
1. IMAGE QUALITY Overexposed (dark) Improper position Under	rinflation Scapula Overlay
1	d 1 27
boxes that apply) Artifacts Poor processing Exces	ssive Edge ncement
2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES?	YES Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES b. ZONES c. PROFUSION	2C. LARGE OPACITIES
a. SHAPE/SIZE PRIMARY SECONDARY  R L  0/- 0/0 0/1	
p x p s upper 1/0 x 1/2	SIZE A B C Proceed to
q t q MIDDLE 2/1 2/2 2/3	Section 3A
r u r u LOWER X X 3/2 3/3 3/+	
ANY OF LOCATION AND PART ADVODAGLE PROPERTY ADVODAG	<u> </u>
3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES?	YES Complete Sections NO Proceed to Section 4A
3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)  Check well Site   Calcification   Extent (chest wall; combined for	Width (in profile only)
Chest wall  In profile  In profile  Calcylcation  Calcylcation  Calcylcation  Calcylcation  Calcylcation  Calcylcation  Calcylcation  Calcylcation  Calcylcation  In profile and face on)  Up to 1/4 of lateral chest wall = 1	(3mm minimum width required) 3 to 5 mm = a
Face on Signature of the state	5 to 10 mm = b
> 1/2 of lateral chest wall = 3	> 10 mm = c
Diaphragm O X X O X O X	
Other site(s)	
3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO	Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)  Extent (chest wall; in profile and face	e on) (3mm minimum width required)
Site Up to 1/4 of later	
Cheet well Calcification	ral chest wall = 3 > 10 mm = c
In profile ORLOR	OL OR OL
Face on ORL 123	1 2 3 a b c a b c
4A. ANY OTHER ABNORMALITIES?  YES Comple	ete Sections 4B-E and 5. NO Complete Section 5.
5. NIOSH Reader ID READER'S INITIA	LS DATE OF READING (mm-dd-yyyy)
	0 7 - 0 5 - 2 0 2 3
(Leave ID Number blank if you are not a NIOSH A or B Reader)	
SIGNATURE PRINTED NAME (	LAST, FIRST MIDDLE)
STREET ADDRESS CITY	STATE ZIP CODE
STREET ADDRESS	DIMIE ZH CODE

4			
3.	OTHER SYMBOLS (ORLICATORY)		
Э.	OTHER SYMBOLS (OBLIGATORY)	C 1:	
	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
ı	atherosclerotic aorta significant apical pleural thickening	hi ho	enlargement of non-calcified hilar or mediastinal lymph nodes honeycomb lung
	coalescence of small opacities - with margins of the small opacities	id	ill-defined diaphragm border - should be recorded only if more than
	remaining visible, whereas a large opacity demonstrates a		one-third of one hemidiaphragm is affected
	homogeneous opaque appearance - may be recorded either in the	ih	ill-defined heart border - should be recorded only if the length of the hear
	presence or in the absence of large opacities		border affected, whether on the right or on the left side, is more than
	bulla(e) cancer, thoracic malignancies excluding mesothelioma	kl	one-third of the length of the left heart border septal (Kerley) lines
	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
	calcification in small pneumoconiotic opacities	pa	plate atelectasis
•	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity
)	cor pulmonale		with the pleura
7	cavity marked distortion of an intrathoracic structure	pı pv	pleural thickening of an interlobar fissure pneumothorax
	pleural effusion	px ra	rounded atelectasis
n	emphysema	rp	rheumatoid pneumoconiosis
3	eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	tb	tuberculosis
C. N	MARK ALL BOXES THAT APPLY: (Use of this list is into Abnormalities of the Diaphragm ☐ Eventration	ended to r	Lung Parenchymal Abnormalities
	☐ Hiatal hernia		Azygos lobe
	Airway Disorders		Density, lung
	•		☐Infiltrate
	☐ Bronchovascular markings, heavy or increased ☐ Hyperinflation		
	I I Hyperintiation		☐ Nodule, nodular lesion
	— ··		Miscellaneous Abnormalities
	Bony Abnormalities		Miscellaneous Abnormalities ☐ Foreign body
	Bony Abnormalities		Miscellaneous Abnormalities
	Bony Abnormalities  □Bony chest cage abnormality		Miscellaneous Abnormalities ☐ Foreign body
	Bony Abnormalities  □ Bony chest cage abnormality □ Fracture, healed (non-rib)		Miscellaneous Abnormalities ☐ Foreign body ☑ Post-surgical changes/sternal wire
	Bony Abnormalities  Bony chest cage abnormality  Fracture, healed (non-rib)  Fracture, not healed (non-rib)		Miscellaneous Abnormalities ☐ Foreign body ☑ Post-surgical changes/sternal wire ☐ Cyst
	Bony Abnormalities  Bony chest cage abnormality  Fracture, healed (non-rib)  Fracture, not healed (non-rib)  Scoliosis		Miscellaneous Abnormalities  ☐ Foreign body  ☑ Post-surgical changes/sternal wire ☐ Cyst  Vascular Disorders ☐ Aorta, anomaly of
	Bony Abnormalities  Bony chest cage abnormality  Fracture, healed (non-rib)  Fracture, not healed (non-rib)		Miscellaneous Abnormalities  ☐ Foreign body  ☒ Post-surgical changes/sternal wire  ☐ Cyst  Vascular Disorders  ☐ Aorta, anomaly of  ☐ Vascular abnormality
₹.	Bony Abnormalities  Bony chest cage abnormality Fracture, healed (non-rib) Fracture, not healed (non-rib) Scoliosis Vertebral column abnormality	9 vrs	Miscellaneous Abnormalities  ☐ Foreign body  ☒ Post-surgical changes/sternal wire  ☐ Cyst  Vascular Disorders  ☐ Aorta, anomaly of  ☐ Vascular abnormality  Date Physician or Worker notified? (mm-dd-y
	Bony Abnormalities  Bony chest cage abnormality Fracture, healed (non-rib) Fracture, not healed (non-rib) Scoliosis Vertebral column abnormality  Should worker see personal physician because of findings	? YES	Miscellaneous Abnormalities  ☐ Foreign body  ☒ Post-surgical changes/sternal wire  ☐ Cyst  Vascular Disorders  ☐ Aorta, anomaly of  ☐ Vascular abnormality
	Bony Abnormalities  Bony chest cage abnormality Fracture, healed (non-rib) Fracture, not healed (non-rib) Scoliosis Vertebral column abnormality	? yes	Miscellaneous Abnormalities  ☐ Foreign body  ☒ Post-surgical changes/sternal wire  ☐ Cyst  Vascular Disorders  ☐ Aorta, anomaly of  ☐ Vascular abnormality  Date Physician or Worker notified? (mm-dd-y
	Bony Abnormalities  Bony chest cage abnormality Fracture, healed (non-rib) Fracture, not healed (non-rib) Scoliosis Vertebral column abnormality  Should worker see personal physician because of findings	'	Miscellaneous Abnormalities  ☐ Foreign body  ☒ Post-surgical changes/sternal wire  ☐ Cyst  Vascular Disorders  ☐ Aorta, anomaly of  ☐ Vascular abnormality  Date Physician or Worker notified? (mm-dd-y
	Bony Abnormalities  Bony chest cage abnormality  Fracture, healed (non-rib)  Fracture, not healed (non-rib)  Scoliosis  Vertebral column abnormality  Should worker see personal physician because of findings'  OTHER COMMENTS	'	Miscellaneous Abnormalities  ☐ Foreign body  ☒ Post-surgical changes/sternal wire  ☐ Cyst  Vascular Disorders  ☐ Aorta, anomaly of  ☐ Vascular abnormality  Date Physician or Worker notified? (mm-dd-y
	Bony Abnormalities  Bony chest cage abnormality Fracture, healed (non-rib) Scoliosis Vertebral column abnormality  Should worker see personal physician because of findings OTHER COMMENTS  3 cm density behind R heart, possible mass.	'	Miscellaneous Abnormalities  ☐ Foreign body  ☒ Post-surgical changes/sternal wire  ☐ Cyst  Vascular Disorders  ☐ Aorta, anomaly of  ☐ Vascular abnormality  Date Physician or Worker notified? (mm-dd-y
	Bony Abnormalities  Bony chest cage abnormality Fracture, healed (non-rib) Scoliosis Vertebral column abnormality  Should worker see personal physician because of findings OTHER COMMENTS  3 cm density behind R heart, possible mass.	'	Miscellaneous Abnormalities  ☐ Foreign body  ☒ Post-surgical changes/sternal wire  ☐ Cyst  Vascular Disorders  ☐ Aorta, anomaly of  ☐ Vascular abnormality  Date Physician or Worker notified? (mm-dd-y

DATE OF RADIOGRAPH (mm-dd-yyyy)	CHEST KADIOGRAPH CLASSI	FICATION
	FEDERAL MINE SAFETY AND HEALTH DEPARTMENT OF HEALTH AND HUMA CENTERS FOR DISEASE CONTROL & P	AN SERVICES
Full SSN is optional, last 4 digits are required.	Coal Workers' Health Surveillance Pro National Institute for Occupational Safety (1000 Frederick Lane, MS LB208) Morgantown, WV 26508 FAX: 304-285-6058	and Health
EXAMINEE'S Name (Last, First MI)		TWEE OF DEADING
35		TYPE OF READING  A B     F
Note: Please record your interpretation of a singl		A B X F boxes on this form. Classify all appearances described in the ILO Radiographs. Use symbols and record comments as appropriate.
1. IMAGE QUALITY Overexpose	ed (dark) Improper position Und	derinflation Scapula Overlay
Underexpo	sed (light) Poor contrast Mo	Other (please specify)
boxes that apply)  Artifacts	I I TOOL DIOCCSSING	cessive Edge hancement
2A. ANY CLASSIFIABLE PARENCHY		YES Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES  a. SHAPE/SIZE	b. ZONES c. PROFUSION	2C. LARGE OPACITIES
PRIMARY SECONDARY  P S P S  Q t Q t	R L 0/- 0/0 0/1  JPPER 1/0 1/1 1/2  MIDDLE 2/1 2/2 2/3  LOWER 3/2 3/3 3/+	SIZE O A B C Proceed to Section 3A
3A. ANY CLASSIFIABLE PLEURAL A	BNORMALITIES?	YES Complete Sections NO Proceed to Section 4A
Chest wall  In profile  Face on  Diaphragm  Calciy  R  Calciy  R  Calciy	Continue of the continue of	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c    O   X   b   c   X   b   c
3C. COSTOPHRENIC ANGLE OBLITE	ERATION R L Proceed to Section 3D NO	Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING  Site  Chest wall  In profile O R L  Face on O R L	(mark site, catcification, extent, and width) in profile and for Up to 1/4 of la 1/4 to 1/2 of la	all; combined for acce on)  Attered chest wall = 1  Attered chest wall = 3  O L  1 2 3  Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c O R  O L  a b c  a b c
4A. ANY OTHER ABNORMALITIES?	YES X Com	nplete Sections 4B-E and 5. NO Complete Section 5.
5. NIOSH Reader ID  (Leave ID Number blank if you are not a NIOSH A	READER'S INIT	DATE OF READING (mm-dd-yyyy)  0 7 - 0 5 - 2 0 2 3
SIGNATURE	PRINTED NAMI	E (LAST, FIRST MIDDLE)
STREET ADDRESS	CITY	STATE ZIP CODE

35			
4B.	OTHER SYMBOLS (OBLIGATORY)		
	aa at ax bu ca cg cn co cp cv di ef em es	s fr hi ho	id ih kl me pa pb pi px ra rp tb
aa	atherosclerotic aorta	 hi e	nlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho h	oneycomb lung
ax	coalescence of small opacities - with margins of the small opacities		l-defined diaphragm border - should be recorded only if more than
	remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the		ne-third of one hemidiaphragm is affected l-defined heart border - should be recorded only if the length of the heart
	presence or in the absence of large opacities		order affected, whether on the right or on the left side, is more than
bu	bulla(e)	o	ne-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma		eptal (Kerley) lines
cg cn	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities		nesothelioma late atelectasis
co	abnormality of cardiac size or shape	1 1	arenchymal bands - significant parenchymal fibrotic stands in continuity
ср	cor pulmonale	W	rith the pleura
cv	cavity		leural thickening of an interlobar fissure
di ef	marked distortion of an intrathoracic structure pleural effusion		neumothorax ounded atelectasis
em	emphysema		neumatoid pneumoconiosis
es	eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)		uberculosis
4C.	MARK ALL BOXES THAT APPLY: (Use of this list is into 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)	ended to redu	Lung Parenchymal Abnormalities  □ Azygos lobe □ Density, lung □ Infiltrate □ Nodule, nodular lesion  Miscellaneous Abnormalities □ Foreign body □ Post-surgical changes/sternal wire □ Cyst  Vascular Disorders
	Scoliosis		Aorta, anomaly of
	☐Vertebral column abnormality		☐ Vascular abnormality
			Date Physician or Worker notified? (mm-dd-yyyy)
415			
4E.	Should worker see personal physician because of findings	s? YES	NO X
4D.	OTHER COMMENTS		

EXAMINEE'S Name (Last, First MI)

DATE OF RADIOGRAPH (mm-dd-yyyy)	CHEST RADIOGRAPH CLASSIFIC	CATION
-     -       1	FEDERAL MINE SAFETY AND HEALTH AO DEPARTMENT OF HEALTH AND HUMAN CENTERS FOR DISEASE CONTROL & PRE	SERVICES
Full SSN is optional, last 4 digits are required.  EXAMINEE'S Name (Last, First MI)	Coal Workers' Health Surveillance Progra National Institute for Occupational Safety and 1000 Frederick Lane, MS LB208 Morgantown, WV 26508 FAX: 304-285-6058	
36		TYPE OF READING $A \square B                                  $
		tes on this form. Classify all appearances described in the ILO liographs. Use symbols and record comments as appropriate.
1. IMAGE QUALITY Overexpose	d (dark) Improper position Underin	nflation Scapula Overlay
Underexpos	sed (light) Poor contrast Mottle	Other (please specify)
boxes that apply)  Artifacts	1 001 processing	sive Edge cement
2A. ANY CLASSIFIABLE PARENCHYN	1AL ABNORMALITIES?	YES Complete Sections NO Section 3A
2B. SMALL OPACITIES  a. SHAPE/SIZE  DRIMARY SECONDARY	b. ZONES R L     C. PROFUSION	2C. LARGE OPACITIES
q t q t	PPER   1/0 1/1 1/2   1/1 1/2   1/2	SIZE O A B C Proceed to Section 3A
3A. ANY CLASSIFIABLE PLEURAL AF	BNORMALITIES?	YES Complete Sections NO Proceed to Section 4A
Chest wall  In profile  Face on  Diaphragm  Other site(s)  Calcifit  Calcifit  Calcifit  R  L  Calcifit  C	cation, extent, and width)  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  O  a b  a b  c
3C. COSTOPHRENIC ANGLE OBLITE	Proceed to	Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING  Site  Chest wall  In profile O R L  Face on O R L	extent, and width)  Up to 1/4 of lateral  Calcification  1/4 to 1/2 of lateral	(3mm minimum width required) 1 chest wall = 1 1 chest wall = 2 1 chest wall = 3 1 chest wall = 3 1 chest wall = 3
4A. ANY OTHER ABNORMALITIES?	YES Complete	te Sections 4B-E and 5. NO Complete Section 5.
5. NIOSH Reader ID  (Leave ID Number blank if you are not a NIOSH A	or B Reader)	DATE OF READING (mm-dd-yyyy)  0 7 - 0 5 - 2 0 2 3
SIGNATURE  STREET ADDRESS	· 	AST, FIRST MIDDLE)
STREET ADDRESS	CITY	STATE ZIP CODE

	AMINEE'S Name (Last, First MI)		
6			
В.	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
ıa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
ıt ıx	significant apical pleural thickening coalescence of small opacities - with margins of the small opacities	ho id	honeycomb lung ill-defined diaphragm border - should be recorded only if more than
IA.	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	ih	one-third of one hemidiaphragm is affected 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
u	bulla(e)		one-third of the length of the left heart border
a	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
g	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
n	calcification in small pneumoconiotic opacities	pa 1-	plate atelectasis
0	abnormality of cardiac size or shape cor pulmonale	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
p v	cavity	pi	pleural thickening of an interlobar fissure
li	marked distortion of an intrathoracic structure	px	pneumothorax
ef	pleural effusion	ra	rounded atelectasis
em	emphysema	rp	rheumatoid pneumoconiosis
es Fr	eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	tb	tuberculosis
	Abnormalities of the Dianhragm		
	Abnormalities of the Diaphragm  ☐ Eventration		Lung Parenchymal Abnormalities
			☐ Azygos lobe
	☐ Eventration		☐ Azygos lobe ☐ Density, lung
	☐ Eventration ☐ Hiatal hernia		☐ Azygos lobe ☐ Density, lung ☐ Infiltrate
	☐ Eventration ☐ Hiatal hernia Airway Disorders		☐ Azygos lobe ☐ Density, lung ☐ Infiltrate ☐ Nodule, nodular lesion
	☐ Eventration ☐ Hiatal hernia  Airway Disorders ☐ Bronchovascular markings, heavy or increased ☐ Hyperinflation		☐ Azygos lobe ☐ Density, lung ☐ Infiltrate ☐ Nodule, nodular lesion Miscellaneous Abnormalities
	☐ Eventration ☐ Hiatal hernia  Airway Disorders ☐ Bronchovascular markings, heavy or increased ☐ Hyperinflation  Bony Abnormalities		□ Azygos lobe □ Density, lung □ Infiltrate □ Nodule, nodular lesion  Miscellaneous Abnormalities □ Foreign body
	☐ Eventration ☐ Hiatal hernia  Airway Disorders ☐ Bronchovascular markings, heavy or increased ☐ Hyperinflation  Bony Abnormalities ☐ Bony chest cage abnormality		□ Azygos lobe □ Density, lung □ Infiltrate □ Nodule, nodular lesion  Miscellaneous Abnormalities □ Foreign body □ Post-surgical changes/sternal wire
	☐ Eventration ☐ Hiatal hernia  Airway Disorders ☐ Bronchovascular markings, heavy or increased ☐ Hyperinflation  Bony Abnormalities ☐ Bony chest cage abnormality ☐ Fracture, healed (non-rib)		□ Azygos lobe □ Density, lung □ Infiltrate □ Nodule, nodular lesion  Miscellaneous Abnormalities □ Foreign body □ Post-surgical changes/sternal wire □ Cyst
	□ 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)		□ Azygos lobe □ Density, lung □ Infiltrate □ Nodule, nodular lesion  Miscellaneous Abnormalities □ Foreign body □ Post-surgical changes/sternal wire □ Cyst  Vascular Disorders
	☐ Eventration ☐ Hiatal hernia  Airway Disorders ☐ Bronchovascular markings, heavy or increased ☐ Hyperinflation  Bony Abnormalities ☐ Bony chest cage abnormality ☐ Fracture, healed (non-rib)		□ Azygos lobe □ Density, lung □ Infiltrate □ Nodule, nodular lesion  Miscellaneous Abnormalities □ Foreign body □ Post-surgical changes/sternal wire □ Cyst  Vascular Disorders □ Aorta, anomaly of
	□ 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)		□ Azygos lobe □ Density, lung □ Infiltrate □ Nodule, nodular lesion  Miscellaneous Abnormalities □ Foreign body □ Post-surgical changes/sternal wire □ Cyst  Vascular Disorders
	□ 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		□ Azygos lobe □ Density, lung □ Infiltrate □ Nodule, nodular lesion  Miscellaneous Abnormalities □ Foreign body □ Post-surgical changes/sternal wire □ Cyst  Vascular Disorders □ Aorta, anomaly of
	□ 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	? YES [	□ 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
E.	☐ 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	? YES [	□ Azygos lobe □ Density, lung □ Infiltrate □ Nodule, nodular lesion  Miscellaneous Abnormalities □ Foreign body □ Post-surgical changes/sternal wire □ Cyst  Vascular Disorders □ Aorta, anomaly of □ Vascular abnormality  Date Physician or Worker notified? (mm-dd-yy
E.	□ 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  Should worker see personal physician because of findings?  OTHER COMMENTS		□ Azygos lobe □ Density, lung □ Infiltrate □ Nodule, nodular lesion  Miscellaneous Abnormalities □ Foreign body □ Post-surgical changes/sternal wire □ Cyst  Vascular Disorders □ Aorta, anomaly of □ Vascular abnormality  Date Physician or Worker notified? (mm-dd-yy)
E.	□ 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  Should worker see personal physician because of findings?		□ Azygos lobe □ Density, lung □ Infiltrate □ Nodule, nodular lesion  Miscellaneous Abnormalities □ Foreign body □ Post-surgical changes/sternal wire □ Cyst  Vascular Disorders □ Aorta, anomaly of □ Vascular abnormality  Date Physician or Worker notified? (mm-dd-yy)
JE.	□ 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  Should worker see personal physician because of findings?  OTHER COMMENTS		□ Azygos lobe □ Density, lung □ Infiltrate □ Nodule, nodular lesion  Miscellaneous Abnormalities □ Foreign body □ Post-surgical changes/sternal wire □ Cyst  Vascular Disorders □ Aorta, anomaly of □ Vascular abnormality  Date Physician or Worker notified? (mm-dd-yy)
IE.	□ 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  Should worker see personal physician because of findings?  OTHER COMMENTS		□ Azygos lobe □ Density, lung □ Infiltrate □ Nodule, nodular lesion  Miscellaneous Abnormalities □ Foreign body □ Post-surgical changes/sternal wire □ Cyst  Vascular Disorders □ Aorta, anomaly of □ Vascular abnormality  Date Physician or Worker notified? (mm-dd-yygon)
IE.	□ 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  Should worker see personal physician because of findings?  OTHER COMMENTS		□ Azygos lobe □ Density, lung □ Infiltrate □ Nodule, nodular lesion  Miscellaneous Abnormalities □ Foreign body □ Post-surgical changes/sternal wire □ Cyst  Vascular Disorders □ Aorta, anomaly of □ Vascular abnormality  Date Physician or Worker notified? (mm-dd-yygon)
IE.	□ 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  Should worker see personal physician because of findings?  OTHER COMMENTS		□ Azygos lobe □ Density, lung □ Infiltrate □ Nodule, nodular lesion  Miscellaneous Abnormalities □ Foreign body □ Post-surgical changes/sternal wire □ Cyst  Vascular Disorders □ Aorta, anomaly of □ Vascular abnormality  Date Physician or Worker notified? (mm-dd-yygon)
JE.	□ 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  Should worker see personal physician because of findings?  OTHER COMMENTS		□ Azygos lobe □ Density, lung □ Infiltrate □ Nodule, nodular lesion  Miscellaneous Abnormalities □ Foreign body □ Post-surgical changes/sternal wire □ Cyst  Vascular Disorders □ Aorta, anomaly of □ Vascular abnormality  Date Physician or Worker notified? (mm-dd-yygon)

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

		CENTERS FOR DISEASE CONTROL &	PREVENTION	OMB No.: 0920	-0020
DATE	OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance		CDC/NIOSH (M	1) 2.8
		National Institute for Occupational Safe 1095 Willowdale Road, MS L Morgantown, WV 26505	B208	REV. 12/2013	
1	EXAMINEE'S Social Security Number			FACILITY ID#	
	STATE OF THE STATE	_			7
	-     -	TYPE OF READING A	B X F	3	7
		radiograph by placing an "x" in the appropria umoconiosis or Illustrated by the ILO Standa			
1.	IMAGE QUALITY Overexpose	ed (dark) Improper position	Underinflation		
>	Underexpos	sed (light) Poor contrast	Mottle –		
	f not Grade 1, mark all		_		
bo	exes that apply)  Artifacts	Poor processing	Other (please specify)		
2A.	ANY CLASSIFIABLE PARENCHYM	MAL ABNORMALITIES?	YES	Complete Sections 2B and 2C NO	Proceed to Section 3A
2B.	SMALL OPACITIES	b. ZONES c. PROFUSION	2C. LARGI	E OPACITIES	
	a. SHAPE/SIZE Primary secondary	R L 0/- 0/0 0/1			
	p s p s	PPER 1/0 1/1 1/2	SIZE	O A B C Procee	
	q t q t	11DDLE 2/1 2/2 2/3		Section Section	1 3A
	r u r u	OWER 3/2 3/3 3/+			
2.4	ANY CLASSIFIABLE PLEURAL AI	DNODMALITIES?			
3A.	ANT CLASSIFIABLE I LEURAL AI	NORMALITIES:	YES X	Complete Sections 3B, 3C NO	Proceed to Section 4A
3B.	Sita   Calaif	cification, extent, and width)	Gon   Width (	in profile only)	
3B.	Chest wall Site Calcifi	Extent (chest wall; combined j in profile and face on)	(3mm n	in profile only) ninimum width required)	
3B.	Chest wall  In profile  O  R  Calcifi	Extent (chest wall; combined )	= 1   (3mm n  3 to 5		
3B.	Chest wall  In profile  OR  Face on  OR  OR  OR  OR  OR  OR  OR  OR  OR  O	Extent (chest wall; combined) in profile and face on) Up to 1/4 of lateral chest wall 1/4 to 1/2 of lateral chest wall > 1/2 of lateral chest wall	(3mm n 3 to 5 1 = 2 1 = 3 5 to 10 > 10	ninimum width required) mm = a mm = b mm = c	
3В.	Chest wall  In profile  O  R  Calcifi	Extent (chest wall; combined j in profile and face on) Up to 1/4 of lateral chest wall	(3mm n 3 to 5 1 = 2 1 = 3 2 > 10	ninimum width required)  mm = a  mm = b  mm = c  R	
3В.	Chest wall  In profile  OR  Face on  OR  OR  OR  OR  OR  OR  OR  OR  OR  O	Extent (chest wall; combined j in profile and face on) Up to 1/4 of lateral chest wall 1/4 to 1/2 of lateral chest wall > 1/2 of lateral chest wall	(3mm n 3 to 5 1 = 2 1 = 3 2 > 10	ninimum width required) mm = a mm = b mm = c	
3B. 3C.	Chest wall  In profile  Face on  OR  OR  OR  OR  OR  OR  OR  OR  OR  O	Extent (chest wall; combined y in profile and face on) Up to 1/4 of lateral chest wall 1/4 to 1/2 of lateral chest wall > 1/2 of lateral chest wall  R R R R R R R R R R R R R R R R R R	(3mm n 3 to 5 5 to 10  = 3 > 10	ninimum width required)  mm = a  mm = b  mm = c  R	Proceed to Section 4A
	Chest wall  In profile  Face on  OR  OR  OR  OR  OR  OR  OR  OR  OR  O	Extent (chest wall; combined y in profile and face on) Up to 1/4 of lateral chest wall 1/4 to 1/2 of lateral chest wall > 1/2 of lateral chest wall   X   X   R   O     X   X   T     X   X   T     X   X   T     X   X   T     X   X   T     X   X   T     X   X   T     X   X   T     X   X   T     X   X   T     X   X   T     X   X   T     X   X     X   X     X   X     X   X	(3mm n 3 to 5 5 to 10 > 10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	minimum width required) mm = a mm = b mm = c R D C NO Width (in profile only)	
3C.	Chest wall  In profile  Face on  OR  OR  OR  OR  OR  OR  OR  OR  OR  O	Extent (chest wall; combined) in profile and face on) Up to 1/4 of lateral chest wall 1/4 to 1/2 of lateral chest wall > 1/2 of lateral chest wall > 1/2 of lateral chest wall > 1/2 of lateral chest wall  RATION  RATION  Proceed to Section 3D  Extent (che in profile a Up to 1/4	(3mm n 3 to 5   5 to 10   > 10	minimum width required)  mm = a  mm = b  mm = c  R  b  c  NO  Width (in profile only)  (3mm minimum width required)  3 to 5 mm = a	
3C.	Chest wall  In profile  Face on  OR  OR  OR  OR  OR  OR  OR  OR  OR  O	Extent (chest wall; combined) in profile and face on) Up to 1/4 of lateral chest wall 1/4 to 1/2 of lateral chest wall 2	(3mm n 3 to 5   5 to 10   > 10   2   2   2   2   2   2   2   2   2	minimum width required) mm = a mm = b mm = c R D D NO Width (in profile only) (3mm minimum width required)	
3C.	Chest wall  In profile  Face on  OR  OR  OR  OR  OR  OR  OR  OR  OR  O	Extent (chest wall; combined) in profile and face on) Up to 1/4 of lateral chest wall 1/4 to 1/2 of lateral chest wall 2	(3mm n 3 to 5   5 to 10   > 10	minimum width required)  mm = a  mm = b  mm = c  R  D  Width (in profile only)  (3mm minimum width required)  3 to 5 mm = a  5 to 10 mm = b	
3C.	Chest wall  In profile  Face on  OR  OR  OR  OR  OR  OR  OR  OR  OR  O	Extent (chest wall; combined) in profile and face on) Up to 1/4 of lateral chest wall 1/4 to 1/2 of lateral chest wall 2	(3mm n 3 to 5 5 to 10 > 10  2	minimum width required)  mm = a  mm = b  mm = c  R  D  Width (in profile only)  (3mm minimum width required)  3 to 5 mm = a  5 to 10 mm = b	
3C.	Chest wall In profile In profile Face on OR ON Diaphragm Other site(s) OX  COSTOPHRENIC ANGLE OBLITE  DIFFUSE PLEURAL THICKENING Site Chest wall In profile OX L	Extent (chest wall; combined) in profile and face on) Up to 1/4 of lateral chest wall 1/4 to 1/2 of lateral chest wall > 1/2 of lateral chest wall > 1/2 of lateral chest wall  RATION  Proceed to Section 3D  Extent (che in profile a  Up to 1/4 1/4 to 1/2  O X L  O X	(3mm n 3 to 5 5 to 10 > 10  2	minimum width required) mm = a mm = b mm = c R D C NO Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c  O X L	
3C. 3D.	Chest wall In profile Face on OR ON Diaphragm Other site(s) ON COSTOPHRENIC ANGLE OBLITE  DIFFUSE PLEURAL THICKENING Site Chest wall In profile Face on R L Calcification O R COSTOPHRENIC ANGLE OSTOPHRENIC ANGLE Site Chest wall In profile R R L	Extent (chest wall; combined) in profile and face on) Up to 1/4 of lateral chest wall 1/4 to 1/2 of lateral chest wall > 1/2 of lateral chest wall > 1/2 of lateral chest wall  RATION  Proceed to Section 3D  (mark site, calcification, extent, and width)  Calcification  RATION  Extent (che in profile a Up to 1/4 1/4 to 1/2 > 1/2    X   R   L   X   2   3	(3mm n 3 to 5   1	minimum width required) mm = a mm = b mm = c R D D D D Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c D D D D D D D D D D D D D D D D D D D	Section 4A  C  C  Proceed to
3C. 3D.	Chest wall In profile Face on OR OTHER SYMBOLS (OBLIGATORY AT ANY OTHER ABNORMALITIES?  Calcific Chest wall In profile R R Calcific Color of R OR OTHER SYMBOLS (OBLIGATORY) At ax bu ca cg cn color of the color of	Extent (chest wall; combined) in profile and face on) Up to 1/4 of lateral chest wall 1/4 to 1/2 of lateral chest wall > 1/2 of lateral chest	(3mm n 3 to 5 to 10	minimum width required) mm = a mm = b mm = c R D D D Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c D D D D D D D D D D D D D D D D D D D	C Proceed to Section 5
3C. 3D.	Chest wall In profile Face on OR OTHER SYMBOLS (OBLIGATOR)  Calcification R OR OTHER SYMBOLS (OBLIGATOR) Calcification R OTHER SYMBOLS (OBLIGATOR) Calcification R OTHER SYMBOLS (OBLIGATOR)	Extent (chest wall; combined) in profile and face on) Up to 1/4 of lateral chest wall 1/4 to 1/2 of lateral chest wall > 1/2 of lateral chest wall > 1/2 of lateral chest wall > 1/2 of lateral chest wall  RATION  Proceed to Section 3D  Extent (che in profile a Up to 1/4 1/4 to 1/2	(3mm n 3 to 5 to 10	minimum width required) mm = a mm = b mm = c R D D D Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c D D D Complete Sections 4B, 4C, 4D, 4E NO D D D D D D D D D D D D D D D D D D	C Proceed to Section 5

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

bu ca cg cn co cp cv di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id  ih  kl me pa pb  pi px ra rp tb	honeycomb lung ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis		
<i>E</i>	C. MARK ALL BOXES THAT APPLY: (Use of this list is in Abnormalities of the Diaphragm ☐ Eventration ☐ Hiatal hernia Airway Disorders	ntended	Lung Parenchymal Abnormalities  Azygos lobe Density, lung Infiltrate		
	☐ Bronchovascular markings, heavy or increased ☐ Hyperinflation  Bony Abnormalities		☐ Nodule, nodular lesion  Miscellaneous Abnormalities ☐ Foreign body		
☐ Bony chest cage abnormality ☐ Fracture, healed (non-rib) ☐ Fracture, not healed (non-rib) ☐ Scoliosis ☐ Vertebral column abnormality			Post-surgical changes/sternal wire Cyst Vascular Disorders Aorta, anomaly of Vascular abnormality		
	OTHER COMMENTS				
_	DITVELCUANTS Cooled Committy Number #		READER'S		
5.	* Furnishing your social umber is voluntary. Y to provide this number affect your right to par this program.	our refusal will not	INITIALS DATE OF READING (mm-dd-yyyy)		
_	SIGNATURE PR	INTED NA!	ME (LAST, FIRST MIDDLE)		
_	STREET ADDRESS CITY		STATE ZIP CODE		

Form Approved OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)	CHEST RADIOGRAPH CLASSIFI	ICATION
<del> </del>	FEDERAL MINE SAFETY AND HEALTH A DEPARTMENT OF HEALTH AND HUMAN CENTERS FOR DISEASE CONTROL & PRI	N SERVICES
Full SSN is optional, last 4 digits are required.  EXAMINEE'S Name (Last, First MI)	Coal Workers' Health Surveillance Progr National Institute for Occupational Safety and 1000 Frederick Lane, MS LB208 Morgantown, WV 26508 FAX: 304-285-6058	
38		TYPE OF READING
36		A
International Classification of Radiographs of Pr	neumoconiosis or Illustrated by the ILO Standard Ra	xes on this form. Classify all appearances described in the ILO diographs. Use symbols and record comments as appropriate.
1. IMAGE QUALITY Overexpos	ed (dark) Improper position Under	inflation Scapula Overlay
Underexpo	sed (light) Poor contrast Mottle	e Other (please specify)
(If not Grade 1, mark all boxes that apply)  Artifacts	1 001 processing	ssive Edge Lordotic position
2A. ANY CLASSIFIABLE PARENCHY.		YES Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES  a. SHAPE/SIZE	b. ZONES c. PROFUSION	2C. LARGE OPACITIES
PRIMARY SECONDARY  P S P S  Q t Q t	R L 0/- 0/0 0/1  UPPER 1/0 1/1 1/2  MIDDLE 2/1 2/2 2/3  LOWER 3/2 3/3 3/+	SIZE O A B C Proceed to Section 3A
3A. ANY CLASSIFIABLE PLEURAL A	BNORMALITIES?	YES Complete Sections NO Proceed to Section 4A
Chest wall  In profile  Face on  Diaphragm  Other site(s)  Calcing  R  Calcing  Calc	Continue   Continue	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c
3C. COSTOPHRENIC ANGLE OBLITI	Proceed to	Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING  Site  Chest wall  In profile  Face on  R L	extent, and width)  Up to 1/4 of latera  Calcification  1/4 to 1/2 of latera	(3mm minimum width required) al chest wall = 1 $(3mm minimum width required)$
4A. ANY OTHER ABNORMALITIES?	YES Comple	ete Sections 4B-E and 5. NO Complete Section 5.
5. NIOSH Reader ID  (Leave ID Number blank if you are not a NIOSH A	READER'S INITIA	LS DATE OF READING (mm-dd-yyyy)  0 7 - 0 5 - 2 0 2 3
SIGNATURE  STREET ADDRESS	PRINTED NAME (I	LAST, FIRST MIDDLE)  STATE  ZIP CODE
OTRULI TUDIRUU	U	DITTLE ZII CODE

38	8	
4B.	B. OTHER SYMBOLS (OBLIGATORY)	
	aa at ax bu ca cg cn co cp cv di ef em es fr hi ho	id ih kl me pa pb pi px ra rp tb
aa	a atherosclerotic aorta hi enl	largement of non-calcified hilar or mediastinal lymph nodes
at	t significant apical pleural thickening ho ho	neycomb lung
ax		defined diaphragm border - should be recorded only if more than e-third of one hemidiaphragm is affected
		defined heart border - should be recorded only if the length of the heart
	presence or in the absence of large opacities bo	rder affected, whether on the right or on the left side, is more than
bu		e-third of the length of the left heart border
ca cg		otal (Kerley) lines esothelioma
cn		ate atelectasis
co	o abnormality of cardiac size or shape pb par	renchymal bands - significant parenchymal fibrotic stands in continuity
ср		th the pleura
cv di		eural thickening of an interlobar fissure eumothorax
ef	1 1	unded atelectasis
em	1 2	eumatoid pneumoconiosis
es fr	7 1	perculosis
	Abnormalities of the Diaphragm  Eventration  Hiatal hernia  Airway Disorders  Bronchovascular markings, heavy or increased  Hyperinflation  Bony Abnormalities  Bony chest cage abnormality  Fracture, healed (non-rib)  Fracture, not healed (non-rib)  Scoliosis  Vertebral column abnormality	Lung Parenchymal Abnormalities  Azygos lobe Density, lung Infiltrate Nodule, nodular lesion Miscellaneous Abnormalities Foreign body Post-surgical changes/sternal wire Cyst Vascular Disorders Aorta, anomaly of Vascular abnormality
		Date Physician or Worker notified? (mm-dd-yyyy)
4E.	E. Should worker see personal physician because of findings? YES	NO X
4D.	D. OTHER COMMENTS	
	Oblique density on R may represent fat in oblique fissur	re.
	Note that this image is the ILO Standard for costophren	ic angle blunting.

EXAMINEE'S Name (Last, First MI)

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance Program National Institute for Occupational Safety and Health 1095 Willowdale Road, MS LB208 Morgantown, WV 26505	CDC/NIOSH (M) 2.8 REV. 12/2013
EXAMINEE'S Social Security Number		FACILITY ID#
	TYPE OF READING A B X F	3 9
	adiograph by placing an "x" in the appropriate boxes on this form. Cla moconiosis or Illustrated by the ILO Standard Radiographs. Use symb	
1. IMAGE QUALITY Overexposed	d (dark) Improper position Underinflation	
Underexpose	ed (light) Poor contrast Mottle	
(If not Grade 1, mark all boxes that apply)  Artifacts	Poor processing Other (please specify)	
2A. ANY CLASSIFIABLE PARENCHYM	IAL ABNORMALITIES?  YES	Complete Sections 2B and 2C NO Proceed to Section 3A
2B. SMALL OPACITIES  a. SHAPE/SIZE	b. ZONES	SE OPACITIES
PRIMARY SECONDARY	R L 0/- 0/0 0/1	
	PPER 1/0 1/1 1/2 SIZE DDLE 2/1 2/2 2/3	O A B C Proceed to Section 3A
	OWER 3/2 3/3 3/+	
3A. ANY CLASSIFIABLE PLEURAL AB	NORMALITIES? YES	Complete Sections 3B, 3C NO Proceed to Section 4A
3B. PLEURAL PLAQUES (mark site, calc.  Chest wall Site Calcific		(in profile only) minimum width required)
In profile O R L O R	Up to 1/4 of lateral chest wall = 1 3 to 5	5 mm = a 0 mm = b
Face on ORLOR Diaphragm ORLOR	> 1/2 of lateral chest wall = 3	0 mm = c
Other site(s) ORLOR		b c a b c
3C. COSTOPHRENIC ANGLE OBLITEI	RATION R L Proceed to Section 3D	NO Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING	extent_and width) in profile and face on)	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a
Site Chest wall	Up to $1/4$ of lateral chest wall = 1  Calcification  Up to $1/4$ of lateral chest wall = 2	5 to 10 mm = b
In profile O R L	> 1/2 of lateral chest wall = 3  O R O L	> 10 mm = c O R O L
Face on ORL	O R L 1 2 3 1 2 3	a b c a b c
4A. ANY OTHER ABNORMALITIES?	YES	Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5
4B. OTHER SYMBOLS (OBLIGATORY aa at ax bu ca cg cn co	cp cv di ef em es fr hi ho id ih kl me	pa pb pi px ra rp tb
If other diseases or significant abs (See reverse for other symbol defin	normalities (OD), <b>findings must be recorded on reverse.</b> (section 4C intions.)	or Worker notified? (mm-dd-yyyy)
<b>4E.</b> Should worker see personal physician bed		

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

at ax bu ca eg en co ep ev di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung  ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis
	MARK ALL BOXES THAT APPLY: (Use of this list is in bnormalities of the Diaphragm	ntended	to reduce handwritten comments and is optional)  Lung Parenchymal Abnormalities
	Eventration		☐ Azygos lobe
	Hiatal hernia		☐ Density, lung
	rway Disorders		☐ Infiltrate
	Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion
	] Hyperinflation		Miscellaneous Abnormalities
	ony Abnormalities		Foreign body
	Bony chest cage abnormality		Post-surgical changes/sternal wire
	Fracture, healed (non-rib)		☐ Cyst <b>Vascular Disorders</b>
	Fracture, not healed (non-rib)		☐ Aorta, anomaly of
	Scoliosis		☐ Vascular abnormality
Ш	Vertebral column abnormality		V ascular abhormanty
D. O	THER COMMENTS		
	-		
			DE 4 DEDIG
5.	PHYSICIAN'S Social Security Number* * Furnishing your social		READER'S INITIALS DATE OF READING (mm-dd-yyyy)
	number is voluntary. Y to provide this number		
	affect your right to par this program.	rticipate in	
	SIGNATURE		
5	DIGNATURE PR	INTED NAI	ME (LAST, FIRST MIDDLE)
S	TREET ADDRESS CITY		STATE ZIP CODE

## FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

	CENTERS FOR DISEASE CONTROL & PREVENTION		OMB No.: 09	20-0020	
DATE OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance Program		CDC/NIOSH		
National Institute for Occupational Safety and Health  1095 Willowdale Road, MS LB208  Morgantown, WV 26505					
EXAMINEE'S Social Security Number	Ç	I	FACILITY ID#		
	<b>□</b>		2 0	В	
	TYPE OF READING A B X F		3 9	В	
	radiograph by placing an "x" in the appropriate boxes on this immoconiosis or Illustrated by the ILO Standard Radiographs.				
1. IMAGE QUALITY Overexpose	d (dark) Improper position Underinflation				
1 X 3 U/F Underexpos	ed (light) Poor contrast Mottle				_
(If not Grade 1, mark all		-			—
boxes that apply)  Artifacts	Poor processing Other (please sp	ecify)			_
2A. ANY CLASSIFIABLE PARENCHYN	IAL ABNORMALITIES?	S Complete Se 2B and 2C	ections NO	Proce Section	eed to on 3A
2B. SMALL OPACITIES	b. ZONES c. PROFUSION 2C.	LARGE OPACITI	IES		
a. SHAPE/SIZE PRIMARY SECONDARY	R L 0/- 0/0 0/1				
s ps	PPER	SIZE A	BIICI	ceed to	
q t q 🔀 N	IDDLE 2/1 2/2 2/3		Sec Sec	tion 3A	
r u r u L	OWER 3/2 3/3 3/+				
ANN CV ACCURANCE BY EVERAL AN					_
3A. ANY CLASSIFIABLE PLEURAL AI	NORMALITIES? YES	Complete Se 3B, 3C	ections NO	Procee Section	
	ification, extent, and width)	Width (in profile only	,)		
Chest wall Site Calcifi	in profile and face on)	Width (in profile only (3mm minimum width			
In profile O R L O	Up to $1/4$ of lateral chest wall = 1 1/4 to $1/2$ of lateral chest wall = 2	3  to  5  mm = a 5 to 10 mm = b			
	> 1/2 of lateral chest wall = 3	> 10 mm = c			
Diaphragm O R L O		O R	O L		
Other site(s) O R L O	R L 1 2 3 1 2 3	a b c	a b c		
3C. COSTOPHRENIC ANGLE OBLITE	RATION R L Proceed to Section 3D		NO [	Procee Section	
3D. DIFFUSE PLEURAL THICKENING	(mark site, calcification, Extent (chest wall; combined f	or Width (in p	rofile only) mum width required	)	
Site	extent, and width)  in profile and face on)  Up to 1/4 of lateral chest wall	= 1 3 to 5 mm	a = a	)	
Chest wall	Calcification 1/4 to 1/2 of lateral chest wal				
In profile ORL	ORL OR OL	O R	0 1	L	
Face on O R L	O R L 1 2 3 1 2	3 a b	c a	b c	
4A. ANY OTHER ABNORMALITIES?	YES	Complete Se 4B, 4C, 4D,		Y Procee Section	
4B. OTHER SYMBOLS (OBLIGATORY aa at ax bu ca cg cn co	cp cv di ef em es fr hi ho id ih l	d me pa pb p	i px ra rp	tb	
OD If other diseases or significant ab (See reverse for other symbol defi	normalities (OD), <b>findings must be recorded on reverse.</b> (so nitions.)	ection 4C/4D) ysician or Worker	notified? (mr	n <b>-</b> dd-vy	
<b>4E.</b> Should worker see personal physician be Proceed to Section 5		-	-	11 uu-yy	y y <i>j</i>

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

at ax bu ca eg en co ep ev di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung  ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis
	MARK ALL BOXES THAT APPLY: (Use of this list is in bnormalities of the Diaphragm	ntended	to reduce handwritten comments and is optional)  Lung Parenchymal Abnormalities
	Eventration		☐ Azygos lobe
	Hiatal hernia		☐ Density, lung
	rway Disorders		☐ Infiltrate
	Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion
	] Hyperinflation		Miscellaneous Abnormalities
	ony Abnormalities		Foreign body
	Bony chest cage abnormality		Post-surgical changes/sternal wire
	Fracture, healed (non-rib)		☐ Cyst <b>Vascular Disorders</b>
	Fracture, not healed (non-rib)		☐ Aorta, anomaly of
	Scoliosis		☐ Vascular abnormality
Ш	Vertebral column abnormality		V ascular abhormanty
D. O	THER COMMENTS		
	-		
			DE 4 DEDIG
5.	PHYSICIAN'S Social Security Number* * Furnishing your social		READER'S INITIALS DATE OF READING (mm-dd-yyyy)
	number is voluntary. Y to provide this number		
	affect your right to par this program.	rticipate in	
	SIGNATURE		
5	DIGNATURE PR	INTED NAI	ME (LAST, FIRST MIDDLE)
S	TREET ADDRESS CITY		STATE ZIP CODE

Form Approved OMB No.: 0920-0020

DATE C	OF RADIOGRAPH (mm-dd-yyyy)	CHEST RADIOGRAPH C	CLASSIFICATION	ONID No.: 0920-0020
		FEDERAL MINE SAFETY AND DEPARTMENT OF HEALTH AN CENTERS FOR DISEASE CONT	ND HUMAN SERVICES	
Full SSN	NEE'S Social Security Number	Coal Workers' Health Survey National Institute for Occupation 1000 Frederick Lane,	eillance Program nal Safety and Health MS LB208 7 26508	FACILITY Number - Unit Number
	NEE'S Name (Last, First MI)			TYPE OF READING
39C				A B F
				n. Classify all appearances described in the ILO symbols and record comments as appropriate.
1.	Overexp	osed (dark) Improper position	Underinflation	Scapula Overlay
	1   X   3   U/R   Underex	eposed (light) Poor contrast	Mottle	Other (please specify)
	ooxes that apply)  Artifacts	Poor processing	Excessive Edge Enhancement	
2A.	ANY CLASSIFIABLE PARENCH	YMAL ABNORMALITIES?	YES X	Complete Sections 2B and 2C NO Proceed to Section 3A
2B.	SMALL OPACITIES  a. SHAPE/SIZE PRIMARY SECONDARY  S  Q  t  q  t  u  r  u	b. ZONES  R L  UPPER	0 0/1	ARGE OPACITIES  A B C Proceed to Section 3A
3A.	ANY CLASSIFIABLE PLEURAL	ABNORMALITIES?	YES	Complete Sections 3B, 3C NO Proceed to Section 4A
3B.	Chest wall  In profile  ORL  O  Face on  ORL  O  Diaphragm  ORL  O	calcification, extent, and width) lcification  R L Up to 1/4 of lateral ch 1/4 to 1/2 of lateral ch R L R L R L R L R L R L R L R L R L R	(3 sest wall = 1 sest wall = 2 sest wall = 3	Fidth (in profile only) Bright minimum width required) 3 to 5 mm = a to 10 mm = b > 10 mm = c  OR OR OL a b c a b c
3C.	COSTOPHRENIC ANGLE OBLI	TERATION R L Proceed to Section 31	NO   Proposed to S	Section 4A
3D.	Chest wall In profile ORL Face on ORL	extent, and width)  Calcification  ORL	rent (chest wall; combined for profile and face on) p to 1/4 of lateral chest wall = 1 4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3 R	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c  OR  a b c a b c
4A.	ANY OTHER ABNORMALITIES	S? YES	Complete Sections 4B-E a	and 5. NO Complete Section 5.
5. (Le	NIOSH Reader ID  eave ID Number blank if you are not a NIOSH			DATE OF READING (mm-dd-yyyy)  0 7 - 0 5 - 2 0 2 3
SIG	GNATURE		TED NAME (LAST, FIRST MII	
ST	TREET ADDRESS	CITY		STATE ZIP CODE

EXA	AMINEE'S Name (Last, First MI)		
39C			
4B.	OTHER SYMBOLS (OBLIGATORY)		
	aa at ax bu ca cg cn co cp cv di ef em es	fr hi	ho id ih kl me pa pb pi px ra rp tb
aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
	homogeneous opaque appearance - may be recorded either in the	ih	ill-defined heart border - should be recorded only if the length of the heart
	presence or in the absence of large opacities		border affected, whether on the right or on the left side, is more than
bu ca	bulla(e) cancer, thoracic malignancies excluding mesothelioma	kl	one-third of the length of the left heart border 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
cp	cor pulmonale cavity	n;	with the pleura
cv di	marked distortion of an intrathoracic structure	pı px	pleural thickening of an interlobar fissure pneumothorax
ef	pleural effusion	ra	rounded atelectasis
em	emphysema	rp	rheumatoid pneumoconiosis
es fr	eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	tb	tuberculosis
	☐ Eventration ☐ Hiatal hernia  Airway Disorders ☐ Bronchovascular markings, heavy or increased ☐ Hyperinflation  Bony Abnormalities ☐ Bony chest cage abnormality ☐ Fracture, healed (non-rib) ☐ Fracture, not healed (non-rib) ☐ Scoliosis ☐ Vertebral column abnormality		Lung Parenchymal Abnormalities  □ Azygos lobe □ Density, lung □ Infiltrate □ Nodule, nodular lesion  Miscellaneous Abnormalities □ Foreign body ☑ Post-surgical changes/sternal wire □ Cyst  Vascular Disorders □ Aorta, anomaly of □ Vascular abnormality
			Date Physician or Worker notified? (mm-dd-yyyy)
4E.	Should worker see personal physician because of findings	? YES	NO
4D.	OTHER COMMENTS		
	Surgical anchors in both humeral heads.		
			_
			<u> </u>

Form Approved OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)	CHEST RADIOGRAPH	1 CLASSIFICATION	
EVAMINEE'S Social Sequeity Number	FEDERAL MINE SAFETY AND DEPARTMENT OF HEALTH CENTERS FOR DISEASE CO	AND HUMAN SERVICES	
Full SSN is optional, last 4 digits are required	Coal Workers' Health S National Institute for Occupa 1000 Frederick La Morgantown, FAX: 304-2	national Safety and Health nne, MS LB208 WV 26508	FACILITY Number - Unit Number
EXAMINEE'S Name (Last, First MI)			
39D			TYPE OF READING  A B F F
Note: Please record your interpretation of a sing International Classification of Radiographs of P			m. Classify all appearances described in the ILO e symbols and record comments as appropriate.
1. IMAGE QUALITY Overexpo	sed (dark) Improper position	ion Underinflation	Scapula Overlay
	osed (light) Poor contrast	Mottle	Other (please specify)
(If not Grade 1, mark all boxes that apply)  Artifacts	Poor processing	Excessive Edge Enhancement	
2A. ANY CLASSIFIABLE PARENCHY	MAL ABNORMALITIES?	YES [	Complete Sections 2B and 2C NO Proceed to Section 3A
2B. SMALL OPACITIES a. SHAPE/SIZE	b. ZONES	ROFUSION 2C. L.	ARGE OPACITIES
q t q t	R L   U-	\( \begin{align*} \	E A B C Proceed to Section 3A
3A. ANY CLASSIFIABLE PLEURAL A	ABNORMALITIES?	YES X	Complete Sections NO Proceed to Section 4A
	R L Extent (chest wall, in profile and face Up to 1/4 of laters 1/4 to 1/2 of laters R L R L R L 1 2 3	e on) ( al chest wall = 1	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c  R  B  C  B  C  C  B  C  C  C  C  C  C  C
3C. COSTOPHRENIC ANGLE OBLIT	ERATION IVIII	eed to NO Proceed to	Section 4A
3D. DIFFUSE PLEURAL THICKENIN  Site  Chest wall  In profile   R L  Face on R L	G (mark site, calcification, extent, and width)  Calcification  R L  R 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  R  L  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  R  a b c a b c
4A. ANY OTHER ABNORMALITIES?	Y	TES Complete Sections 4B-E	and 5. NO Complete Section 5.
5. NIOSH Reader ID  (Leave ID Number blank if you are not a NIOSH.)		ADER'S INITIALS	DATE OF READING (mm-dd-yyyy)  0 7 - 0 5 - 2 0 2 3
SIGNATURE	F	PRINTED NAME (LAST, FIRST M	IDDLE)
STREET ADDRESS	CITY		STATE ZIP CODE

EXA	AMINEE'S Name (Last, First MI)		
39D			
4B.	OTHER SYMBOLS (OBLIGATORY)		
	aa at ax bu ca cg cn co cp cv di ef em es	fr hi l	no id ih kl me pa pb pi px ra rp tb
aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities	id	ill-defined diaphragm border - should be recorded only if more than
	remaining visible, whereas a large opacity demonstrates a	21.	one-third of one hemidiaphragm is affected
	homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	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
bu	bulla(e)		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 1.	plate atelectasis
co	abnormality of cardiac size or shape cor pulmonale	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp cv	cavity	pi	pleural thickening of an interlobar fissure
di	marked distortion of an intrathoracic structure	px	pneumothorax
ef	pleural effusion	ra	rounded atelectasis
em	emphysema	rp	rheumatoid pneumoconiosis
es fr	eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	tb	tuberculosis
	☐ 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		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
	□Vertebral column abnormality		☐ Vascular abnormality
	- vorteerin column nonclinainty		Date Physician or Worker notified? (mm-dd-yyyy)
4E.	Should worker see personal physician because of findings?	YES	NO X
4D.	OTHER COMMENTS		
	Post-surgical changes in lumbar spine.		

### FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy) Coal Workers' Health Surveillance Program CDC/NIOSH (M) 2.8 REV. 12/2013 National Institute for Occupational Safety and Health 1095 Willowdale Road, MS LB208 Morgantown, WV 26505 FACILITY ID# **EXAMINEE'S Social Security Number** 4 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 Slight scapula overlay right Underexposed (light) Poor contrast Mottle (If not Grade 1, mark all Other (please specify) boxes that apply) Artifacts Poor processing ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? 2A. Complete Sections Proceed to NO X YES 2B and 2C c. PROFUSION 2B. **SMALL OPACITIES** 2C. LARGE OPACITIES h ZONES a. SHAPE/SIZE 0/-0/0 0/1 PRIMARY SECONDARY Τ. UPPER Proceed to SIZE Section 3A MIDDLE LOWER ANY CLASSIFIABLE PLEURAL ABNORMALITIES? 3A. Complete Sections Proceed to YES NO 3B, 3C Section 4A 3B. PLEURAL PLAQUES (mark site, calcification, extent, and width) Width (in profile only) Site Calcification Extent (chest wall; combined for Chest wall (3mm minimum width required) in profile and face on) R L 3 to 5 mm = aIn profile Up to 1/4 of lateral chest wall = 1 5 to 10 mm = b1/4 to 1/2 of lateral chest wall = 2 R L O Face on > 10 mm = c> 1/2 of lateral chest wall = 3 R 0 R Diaphragm Other site(s) Proceed to Proceed to COSTOPHRENIC ANGLE OBLITERATION 3C. NO Section 3D Section 4A Width (in profile only) Extent (chest wall; combined for DIFFUSE PLEURAL THICKENING (mark site, calcification, 3D. (3mm minimum width required) in profile and face on) extent, and width) Up to 1/4 of lateral chest wall = 1 3 to 5 mm = aSite 5 to 10 mm = b1/4 to 1/2 of lateral chest wall = 2 Calcification Chest wall > 1/2 of lateral chest wall = 3 > 10 mm = cO R In profile 0 Face on Complete Sections Proceed to ANY OTHER ABNORMALITIES? YES NO 4B, 4C, 4D, 4E Section 5 4B. OTHER SYMBOLS (OBLIGATORY) di em aa co 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

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

at ax bu ca eg en co ep ev di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung  ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis
	MARK ALL BOXES THAT APPLY: (Use of this list is in bnormalities of the Diaphragm	ntended	to reduce handwritten comments and is optional)  Lung Parenchymal Abnormalities
	Eventration		☐ Azygos lobe
	Hiatal hernia		☐ Density, lung
	rway Disorders		☐ Infiltrate
	Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion
	] Hyperinflation		Miscellaneous Abnormalities
	ony Abnormalities		Foreign body
	Bony chest cage abnormality		Post-surgical changes/sternal wire
	Fracture, healed (non-rib)		☐ Cyst <b>Vascular Disorders</b>
	Fracture, not healed (non-rib)		☐ Aorta, anomaly of
	Scoliosis		☐ Vascular abnormality
Ш	Vertebral column abnormality		V ascular abhormanty
D. O	THER COMMENTS		
	-		
			DE 4 DEDIG
5.	PHYSICIAN'S Social Security Number* * Furnishing your social		READER'S INITIALS DATE OF READING (mm-dd-yyyy)
	number is voluntary. Y to provide this number		
	affect your right to par this program.	rticipate in	
	SIGNATURE		
5	DIGNATURE PR	INTED NAI	ME (LAST, FIRST MIDDLE)
S	TREET ADDRESS CITY		STATE ZIP CODE

### FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy) Coal Workers' Health Surveillance Program CDC/NIOSH (M) 2.8 REV. 12/2013 National Institute for Occupational Safety and Health 1095 Willowdale Road, MS LB208 Morgantown, WV 26505 FACILITY ID# **EXAMINEE'S Social Security Number** 4 В 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 Underexposed (light) Poor contrast Mottle (If not Grade 1, mark all boxes that apply) Artifacts Poor processing Other (please specify) ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? 2A. Complete Sections Proceed to YES NO 2B and 2C Section 3A c. PROFUSION LARGE OPACITIES 2B. **SMALL OPACITIES** 2C. h ZONES a. SHAPE/SIZE 0/-0/0 PRIMARY SECONDARY UPPER Proceed to Section 3A MIDDLE LOWER ANY CLASSIFIABLE PLEURAL ABNORMALITIES? 3A. Complete Sections Proceed to YES NO 3B, 3C Section 4A 3B. PLEURAL PLAQUES (mark site, calcification, extent, and width) Width (in profile only) Site Calcification Extent (chest wall; combined for Chest wall (3mm minimum width required) in profile and face on) R L 3 to 5 mm = aIn profile Up to 1/4 of lateral chest wall = 1 5 to 10 mm = b1/4 to 1/2 of lateral chest wall = 2 L R O Face on > 10 mm = c> 1/2 of lateral chest wall = 3 R 0 R Diaphragm Other site(s) Proceed to Proceed to COSTOPHRENIC ANGLE OBLITERATION 3C. NO Section 3D Section 4A Width (in profile only) Extent (chest wall; combined for DIFFUSE PLEURAL THICKENING (mark site, calcification, 3D. (3mm minimum width required) in profile and face on) extent, and width) Up to 1/4 of lateral chest wall = 1 3 to 5 mm = aSite 5 to 10 mm = b1/4 to 1/2 of lateral chest wall = 2 Calcification Chest wall > 1/2 of lateral chest wall = 3 > 10 mm = cO R In profile 0 Face on Complete Sections Proceed to ANY OTHER ABNORMALITIES? YES NO 4B, 4C, 4D, 4E Section 5 4B. OTHER SYMBOLS (OBLIGATORY) di em aa co 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

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

at ax bu ca eg en co ep ev di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung  ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis
	MARK ALL BOXES THAT APPLY: (Use of this list is in bnormalities of the Diaphragm	ntended	to reduce handwritten comments and is optional)  Lung Parenchymal Abnormalities
	Eventration		☐ Azygos lobe
	Hiatal hernia		☐ Density, lung
	rway Disorders		☐ Infiltrate
	Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion
	] Hyperinflation		Miscellaneous Abnormalities
	ony Abnormalities		Foreign body
	Bony chest cage abnormality		Post-surgical changes/sternal wire
	Fracture, healed (non-rib)		☐ Cyst <b>Vascular Disorders</b>
	Fracture, not healed (non-rib)		☐ Aorta, anomaly of
	Scoliosis		☐ Vascular abnormality
Ш	Vertebral column abnormality		V ascular abhormanty
D. O	THER COMMENTS		
	-		
			DE 4 DEDIG
5.	PHYSICIAN'S Social Security Number* * Furnishing your social		READER'S INITIALS DATE OF READING (mm-dd-yyyy)
	number is voluntary. Y to provide this number		
	affect your right to par this program.	rticipate in	
	SIGNATURE		
5	DIGNATURE PR	INTED NAI	ME (LAST, FIRST MIDDLE)
S	TREET ADDRESS CITY		STATE ZIP CODE

### FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy) Coal Workers' Health Surveillance Program CDC/NIOSH (M) 2.8 REV. 12/2013 National Institute for Occupational Safety and Health 1095 Willowdale Road, MS LB208 Morgantown, WV 26505 FACILITY ID# **EXAMINEE'S Social Security Number** 4 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 Scapula overlay Underexposed (light) Poor contrast Mottle (If not Grade 1, mark all Other (please specify) boxes that apply) Artifacts Poor processing ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? 2A. Complete Sections Proceed to YES NO 2B and 2C Section 3A c. PROFUSION LARGE OPACITIES 2B. **SMALL OPACITIES** 2C. h ZONES a. SHAPE/SIZE 0/0 PRIMARY SECONDARY UPPER Proceed to Section 3A MIDDLE LOWER ANY CLASSIFIABLE PLEURAL ABNORMALITIES? 3A. Complete Sections Proceed to YES NO 3B, 3C Section 4A 3B. PLEURAL PLAQUES (mark site, calcification, extent, and width) Width (in profile only) Site Calcification Extent (chest wall; combined for Chest wall (3mm minimum width required) in profile and face on) R L 3 to 5 mm = aIn profile Up to 1/4 of lateral chest wall = 1 5 to 10 mm = b1/4 to 1/2 of lateral chest wall = 2 R L O Face on > 10 mm = c> 1/2 of lateral chest wall = 3 R 0 R Diaphragm Other site(s) Proceed to Proceed to COSTOPHRENIC ANGLE OBLITERATION 3C. NO Section 3D Section 4A Width (in profile only) Extent (chest wall; combined for DIFFUSE PLEURAL THICKENING (mark site, calcification, 3D. (3mm minimum width required) in profile and face on) extent, and width) Up to 1/4 of lateral chest wall = 1 3 to 5 mm = aSite 5 to 10 mm = b1/4 to 1/2 of lateral chest wall = 2 Calcification Chest wall > 1/2 of lateral chest wall = 3 > 10 mm = cO R In profile 0 Face on Complete Sections Proceed to ANY OTHER ABNORMALITIES? YES NO 4B, 4C, 4D, 4E Section 5 4B. OTHER SYMBOLS (OBLIGATORY) di em aa co 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 Proceed to Section 5

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

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	rway Disorders		☐ Infiltrate
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	] Hyperinflation		Miscellaneous Abnormalities
	ony Abnormalities		Foreign body
	Bony chest cage abnormality		Post-surgical changes/sternal wire
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	Fracture, not healed (non-rib)		☐ Aorta, anomaly of
	Scoliosis		☐ Vascular abnormality
Ш	Vertebral column abnormality		V ascular abhormanty
D. O	THER COMMENTS		
	-		
			DE 4 DEDIG
5.	PHYSICIAN'S Social Security Number* * Furnishing your social		READER'S INITIALS DATE OF READING (mm-dd-yyyy)
	number is voluntary. Y to provide this number		
	affect your right to par this program.	rticipate in	
	SIGNATURE		
5	DIGNATURE PR	INTED NAI	ME (LAST, FIRST MIDDLE)
S	TREET ADDRESS CITY		STATE ZIP CODE

Form Approved OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy) CHEST RADIOGRAPH CLASSIFIC	CATION
FEDERAL MINE SAFETY AND HEALTH AND DEPARTMENT OF HEALTH AND HUMAN CENTERS FOR DISEASE CONTROL & PRE	SERVICES
Coal Workers' Health Surveillance Progra National Institute for Occupational Safety and 1000 Frederick Lane, MS LB208 Morgantown, WV 26508 FAX: 304-285-6058  EXAMINEE'S Name (Last, First MI)	
40D	TYPE OF READING $A \square B \bowtie F \square$
Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate box International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Rad	tes on this form. Classify all appearances described in the ILO
1. IMAGE QUALITY Overexposed (dark) Improper position Undering	nflation Scapula Overlay
Underexposed (light) Poor contrast Mottle	Other (please specify)
boxes that apply) Artifacts Poor processing Excess	sive Edge cement
2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES?	YES Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES  a. SHAPE/SIZE PRIMARY SECONDARY  b. ZONES  c. PROFUSION  0/- 0/- 0/- 0/- 0/-	2C. LARGE OPACITIES
p         s         p         s         upper         1/0         1/1         1/2           q         t         q         t         MIDDLE         2/1         2/2         2/3           r         u         r         u         LOWER         3/2         3/3         3/+	SIZE O A B C Proceed to Section 3A
3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES?	YES Complete Sections NO Proceed to Section 4A
3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)  Chest wall  In profile  ORL  ORL  ORL  ORL  ORL  OHRL  OHRL	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c
3C. COSTOPHRENIC ANGLE OBLITERATION  R L Proceed to Section 3D NO	Proceed to Section 4A
	$\frac{(3mm \text{ minimum width required})}{3 \text{ to } 5 \text{ mm} = a}$
4A. ANY OTHER ABNORMALITIES?  YES Complete	te Sections 4B-E and 5. NO Complete Section 5.
5. NIOSH Reader ID  (Leave ID Number blank if you are not a NIOSH A or B Reader)	DATE OF READING (mm-dd-yyyy)  0 7 - 1 6 - 2 0 2 3
SIGNATURE PRINTED NAME (L  STREET ADDRESS CITY	AST, FIRST MIDDLE)  STATE  STATE  ZIP CODE

$\Delta \Lambda$	AMINEE'S Name (Last, First MI)		
DC			
В.	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
a	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
t	significant apical pleural thickening	ho	honeycomb lung
X	coalescence of small opacities - with margins of the small opacities	id	ill-defined diaphragm border - should be recorded only if more than
	remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the	ih	one-third of one hemidiaphragm is affected ill-defined heart border - should be recorded only if the length of the heart
	presence or in the absence of large opacities	111	border affected, whether on the right or on the left side, is more than
u	bulla(e)		one-third of the length of the left heart border
a	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
g	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities	me	mesothelioma plate atelectasis
n o	abnormality of cardiac size or shape	pa pb	parenchymal bands - significant parenchymal fibrotic stands in continuity
p	cor pulmonale	r-	with the pleura
V	cavity	pi	pleural thickening of an interlobar fissure
li	marked distortion of an intrathoracic structure	px	pneumothorax
f	pleural effusion emphysema	ra	rounded atelectasis rheumatoid pneumoconiosis
m s	eggshell calcification of hilar or mediastinal lymph nodes	rp tb	tuberculosis
r	fractured rib(s) (acute or healed)		
C.	Abnormalities of the Diaphragm	ended to r	reduce handwritten comments and is optional)  Lung Parenchymal Abnormalities
c.	· ·	ended to r	Lung Parenchymal Abnormalities  Azygos lobe Density, lung
<b>.</b>	Abnormalities of the Diaphragm  ☐ Eventration ☐ Hiatal hernia	ended to r	Lung Parenchymal Abnormalities  Azygos lobe Density, lung Infiltrate
<b>.</b>	Abnormalities of the Diaphragm  Eventration Hiatal hernia  Airway Disorders	ended to r	Lung Parenchymal Abnormalities  ☐ Azygos lobe ☐ Density, lung ☐ Infiltrate ☐ Nodule, nodular lesion
<b>.</b>	Abnormalities of the Diaphragm  Eventration  Hiatal hernia  Airway Disorders  Bronchovascular markings, heavy or increased  Hyperinflation	ended to r	Lung Parenchymal Abnormalities  Azygos lobe Density, lung Infiltrate Nodule, nodular lesion Miscellaneous Abnormalities
<b>C.</b>	Abnormalities of the Diaphragm  Eventration Hiatal hernia  Airway Disorders Bronchovascular markings, heavy or increased Hyperinflation  Bony Abnormalities	ended to r	Lung Parenchymal Abnormalities  □ Azygos lobe □ Density, lung □ Infiltrate □ Nodule, nodular lesion  Miscellaneous Abnormalities □ Foreign body
<b>.</b>	Abnormalities of the Diaphragm  Eventration Hiatal hernia  Airway Disorders Bronchovascular markings, heavy or increased Hyperinflation  Bony Abnormalities Bony chest cage abnormality	ended to r	Lung Parenchymal Abnormalities  □ Azygos lobe □ Density, lung □ Infiltrate □ Nodule, nodular lesion  Miscellaneous Abnormalities □ Foreign body □ Post-surgical changes/sternal wire
<b>C.</b>	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)	ended to r	Lung Parenchymal Abnormalities  □ Azygos lobe □ Density, lung □ Infiltrate □ Nodule, nodular lesion  Miscellaneous Abnormalities □ Foreign body □ Post-surgical changes/sternal wire □ Cyst
<b>.</b>	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)	ended to r	Lung Parenchymal Abnormalities  Azygos lobe Density, lung Infiltrate Nodule, nodular lesion Miscellaneous Abnormalities Foreign body Post-surgical changes/sternal wire Cyst Vascular Disorders
<b>.</b>	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	ended to r	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
<b>C.</b>	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)	ended to r	Lung Parenchymal Abnormalities
	Abnormalities of the Diaphragm  Eventration  Hiatal hernia  Airway Disorders  Bronchovascular markings, heavy or increased  Hyperinflation  Bony Abnormalities  Bony chest cage abnormality  Fracture, healed (non-rib)  Fracture, not healed (non-rib)  Scoliosis  Vertebral column abnormality		Lung Parenchymal Abnormalities  Azygos lobe Density, lung Infiltrate Nodule, nodular lesion Miscellaneous Abnormalities Foreign body Post-surgical changes/sternal wire Cyst Vascular Disorders Aorta, anomaly of Vascular abnormality  Date Physician or Worker notified? (mm-dd-yg
	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		Lung Parenchymal Abnormalities  Azygos lobe Density, lung Infiltrate Nodule, nodular lesion Miscellaneous Abnormalities Foreign body Post-surgical changes/sternal wire Cyst Vascular Disorders Aorta, anomaly of Vascular abnormality  Date Physician or Worker notified? (mm-dd-yg
E.	Abnormalities of the Diaphragm  Eventration  Hiatal hernia  Airway Disorders  Bronchovascular markings, heavy or increased  Hyperinflation  Bony Abnormalities  Bony chest cage abnormality  Fracture, healed (non-rib)  Fracture, not healed (non-rib)  Scoliosis  Vertebral column abnormality		Lung Parenchymal Abnormalities  Azygos lobe Density, lung Infiltrate Nodule, nodular lesion Miscellaneous Abnormalities Foreign body Post-surgical changes/sternal wire Cyst Vascular Disorders Aorta, anomaly of Vascular abnormality  Date Physician or Worker notified? (mm-dd-yg
E.	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  Should worker see personal physician because of findings	? YES	Lung Parenchymal Abnormalities    Azygos lobe   Density, lung   Infiltrate   Nodule, nodular lesion   Miscellaneous Abnormalities   Foreign body   Post-surgical changes/sternal wire   Cyst   Vascular Disorders   Aorta, anomaly of   Vascular abnormality   Date Physician or Worker notified? (mm-dd-yg)
Œ.	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  Should worker see personal physician because of findings  OTHER COMMENTS	? YES	Lung Parenchymal Abnormalities    Azygos lobe   Density, lung   Infiltrate   Nodule, nodular lesion   Miscellaneous Abnormalities   Foreign body   Post-surgical changes/sternal wire   Cyst   Vascular Disorders   Aorta, anomaly of   Vascular abnormality   Date Physician or Worker notified? (mm-dd-yg)
Æ.	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  Should worker see personal physician because of findings  OTHER COMMENTS	? YES	Lung Parenchymal Abnormalities    Azygos lobe   Density, lung   Infiltrate   Nodule, nodular lesion   Miscellaneous Abnormalities   Foreign body   Post-surgical changes/sternal wire   Cyst   Vascular Disorders   Aorta, anomaly of   Vascular abnormality   Date Physician or Worker notified? (mm-dd-yg)
E.	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  Should worker see personal physician because of findings  OTHER COMMENTS	? YES	Lung Parenchymal Abnormalities    Azygos lobe   Density, lung   Infiltrate   Nodule, nodular lesion   Miscellaneous Abnormalities   Foreign body   Post-surgical changes/sternal wire   Cyst   Vascular Disorders   Aorta, anomaly of   Vascular abnormality   Date Physician or Worker notified? (mm-dd-yg)
E.	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  Should worker see personal physician because of findings  OTHER COMMENTS	? YES	Lung Parenchymal Abnormalities    Azygos lobe   Density, lung   Infiltrate   Nodule, nodular lesion   Miscellaneous Abnormalities   Foreign body   Post-surgical changes/sternal wire   Cyst   Vascular Disorders   Aorta, anomaly of   Vascular abnormality   Date Physician or Worker notified? (mm-dd-yg)

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance Program National Institute for Occupational Safety and Health 1095 Willowdale Road, MS LB208 Morgantown, WV 26505	CDC/NIOSH (M) 2.8 REV. 12/2013
EXAMINEE'S Social Security Number	,	FACILITY ID#
	TYPE OF READING A B X F	4 1 A
	adiograph by placing an "x" in the appropriate boxes on this form. Class moconiosis or Illustrated by the ILO Standard Radiographs. Use symbo	
1. IMAGE QUALITY Overexposed	(dark) Improper position Underinflation	ight scapula overlay right
1 X 3 U/I Underexpose	d (light) Poor contrast Mottle	
(If not Grade 1, mark all boxes that apply)  Artifacts	Poor processing Other (please specify)	
2A. ANY CLASSIFIABLE PARENCHYM	AL ABNORMALITIES?  YES	Complete Sections 2B and 2C NO Proceed to Section 3A
2B. SMALL OPACITIES  a. SHAPE/SIZE	b. ZONES	OPACITIES
PRIMARY SECONDARY  P S P S UP	PER 1/0 1/1 1/2	Proceed to
	DDLE 2/1 2/2 2/3	A B C Proceed to Section 3A
r u r u	WER 3/2 3/3 3/+	
3A. ANY CLASSIFIABLE PLEURAL AB	NORMALITIES? YES	Complete Sections NO Proceed to Section 4A
3B. PLEURAL PLAQUES (mark site, calculated Chest wall Site Calcific	fication, extent, and width) ation Extent (chest wall; combined for Width (ir	n profile only)
In profile O R L O R	in profile and face on) (3mm mi Up to $1/4$ of lateral chest wall = 1 3 to 5 m	inimum width required) nm = a
Face on O R L O R	1/4 to $1/2$ of lateral chest wall = 2 5 to 10 n	mm = b mm = c
Diaphragm O R L O R	> 1/2 of lateral chest wall = 3	_
Other site(s) O R L O R		o c a b c
3C. COSTOPHRENIC ANGLE OBLITER	RATION R L Proceed to Section 3D	NO Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING		Width (in profile only) (3mm minimum width required)
Site		3 to 5 mm = a 5 to 10 mm = b
Chest wall	Calcification > 1/2 of lateral chest wall = 3	> 10 mm = c
In profile ORL	O R L O R O L	O R O L
Face on ORL	O R L 1 2 3 1 2 3	a b c a b c
4A. ANY OTHER ABNORMALITIES?	YES	Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5
4B. OTHER SYMBOLS (OBLIGATORY)  aa at ax bu ca cg cn co	cp cv di ef em es fr hi ho id ih kl me p	pa pb pi px ra rp tb
OD If other diseases or significant abr (See reverse for other symbol defin	ormalities (OD), <b>findings must be recorded on reverse.</b> (section 4C/4 itions.)	D) r Worker notified? (mm-dd-yyyy)
<b>4E.</b> Should worker see personal physician becomes to Section 5	Date 1 Hysician of	

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

at ax bu ca eg en co ep ev di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung  ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis
	MARK ALL BOXES THAT APPLY: (Use of this list is in bnormalities of the Diaphragm	ntended	to reduce handwritten comments and is optional)  Lung Parenchymal Abnormalities
	Eventration		☐ Azygos lobe
	Hiatal hernia		☐ Density, lung
	rway Disorders		☐ Infiltrate
	Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion
	] Hyperinflation		Miscellaneous Abnormalities
	ony Abnormalities		Foreign body
	Bony chest cage abnormality		Post-surgical changes/sternal wire
	Fracture, healed (non-rib)		☐ Cyst <b>Vascular Disorders</b>
	Fracture, not healed (non-rib)		☐ Aorta, anomaly of
	Scoliosis		☐ Vascular abnormality
Ш	Vertebral column abnormality		V ascular abhormanty
D. O	THER COMMENTS		
	-		
			DE 4 DEDIG
5.	PHYSICIAN'S Social Security Number* * Furnishing your social		READER'S INITIALS DATE OF READING (mm-dd-yyyy)
	number is voluntary. Y to provide this number		
	affect your right to par this program.	rticipate in	
	SIGNATURE		
5	DIGNATURE PR	INTED NAI	ME (LAST, FIRST MIDDLE)
S	TREET ADDRESS CITY		STATE ZIP CODE

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance Program National Institute for Occupational Safety and Health 1095 Willowdale Road, MS LB208 Morgantown, WV 26505	CDC/NIOSH (M) 2.8 REV. 12/2013
EXAMINEE'S Social Security Number	Morganicovii, WV 20000	FACILITY ID#
	TYPE OF READING A B F	4 1 B
	radiograph by placing an "x" in the appropriate boxes on this fo amoconiosis or Illustrated by the ILO Standard Radiographs. Us	
1. IMAGE QUALITY Overexposed	d (dark) Improper position Underinflation	
1 3 U/R Underexpose	ed (light) Poor contrast Mottle	
(If not Grade 1, mark all boxes that apply)  Artifacts	Poor processing Other (please spec	eify)
2A. ANY CLASSIFIABLE PARENCHYM	IAL ABNORMALITIES? YES	Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES  a. SHAPE/SIZE	b. ZONES	LARGE OPACITIES
PRIMARY SECONDARY	R L 0/- 0/0 X	
	PPER 1/0 1/1 1/2 s	A B C Proceed to Section 3A
	OWER 3/2 3/3 3/+	
3A. ANY CLASSIFIABLE PLEURAL AB	NORMALITIES? YES	Complete Sections NO Proceed to Section 4A
3B. PLEURAL PLAQUES (mark site, calc Chest wall Site Calcific	ification, extent, and width) cation Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile ORLOR	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a 5 to 10 mm = b
Face on O R L O R	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s) ORLOR		
3C. COSTOPHRENIC ANGLE OBLITE	RATION R L Proceed to Section 3D	NO Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING	(mark site, calcification, extent, and width)  Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
Site	Up to 1/4 of lateral chest wall =	
Chest wall In profile O R L	Calcification   > 1/2 of lateral chest wall =   O   R   U   O   L	> 10 mm = c
In profile ORL	O R L 1 2 3 1 2 3	
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
If other diseases or significant about the other of the other symbol defined the other symbol de	normalities (OD), <b>findings must be recorded on reverse.</b> (sec nitions.)	tion 4C/4D) sician or Worker notified? (mm-dd-yyyy)
<b>4E.</b> Should worker see personal physician bear		

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

at ax bu ca eg en co ep ev di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung  ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis
	MARK ALL BOXES THAT APPLY: (Use of this list is in bnormalities of the Diaphragm	ntended	to reduce handwritten comments and is optional)  Lung Parenchymal Abnormalities
	Eventration		☐ Azygos lobe
	Hiatal hernia		☐ Density, lung
	rway Disorders		☐ Infiltrate
	Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion
	] Hyperinflation		Miscellaneous Abnormalities
	ony Abnormalities		Foreign body
	Bony chest cage abnormality		Post-surgical changes/sternal wire
	Fracture, healed (non-rib)		☐ Cyst <b>Vascular Disorders</b>
	Fracture, not healed (non-rib)		☐ Aorta, anomaly of
	Scoliosis		☐ Vascular abnormality
Ш	Vertebral column abnormality		V ascular abhormanty
D. O	THER COMMENTS		
	-		
			DE 4 DEDIG
5.	PHYSICIAN'S Social Security Number* * Furnishing your social		READER'S INITIALS DATE OF READING (mm-dd-yyyy)
	number is voluntary. Y to provide this number		
	affect your right to par this program.	rticipate in	
	SIGNATURE		
5	DIGNATURE PR	INTED NAI	ME (LAST, FIRST MIDDLE)
S	TREET ADDRESS CITY		STATE ZIP CODE

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance Program National Institute for Occupational Safety and He 1095 Willowdale Road, MS LB208 Morgantown, WV 26505	alth CDC/NIOSH (M) 2.8 REV. 12/2013
EXAMINEE'S Social Security Number	Morganiown, WV 20000	FACILITY ID#
	TYPE OF READING A B X F	4 1 C
		on this form. Classify all appearances described in the ILO raphs. Use symbols and record comments as appropriate.
1. IMAGE QUALITY Overexposed	d (dark) Improper position Underinfle	ation
Underexpose	ed (light) Poor contrast Mottle	
(If not Grade 1, mark all boxes that apply)  Artifacts	Poor processing Other (ple	ease specify)
2A. ANY CLASSIFIABLE PARENCHYM	IAL ABNORMALITIES?	YES Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES  a. SHAPE/SIZE	b. ZONES c. PROFUSION	2C. LARGE OPACITIES
PRIMARY SECONDARY	R L 0/- 0/0 0/1	
	PPER   X   X	SIZE A B C Proceed to Section 3A
	DWER 3/2 3/3 3/4	
3A. ANY CLASSIFIABLE PLEURAL AB	NORMALITIES?	Complete Sections NO Proceed to
		YES Section 4A Section 4A
3B. PLEURAL PLAQUES (mark site, calc Chest wall Site Calcific	ification, extent, and width) cation Extent (chest wall; combined for	Width (in profile only)
In profile ORLOR	in profile and face on) Up to 1/4 of lateral chest wall = 1	(3mm minimum width required) 3 to 5 mm = a
Face on ORLOR	1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3	5 to 10 mm = b > 10 mm = c
Diaphragm O R L O R		O R O L
Other site(s) ORLO	1 2 3 1 2 3	a b c a b c
3C. COSTOPHRENIC ANGLE OBLITE	RATION R L Proceed to Section 3D	NO Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING		abined for   Width (in profile only) (3mm minimum width required)
Site	extent, and width)  Up to 1/4 of lateral che 1/4 to 1/2 of lateral che	
Chest wall	Calcification > 1/2 of lateral ch	nest wall = 3 > 10 mm = c
In profile ORL	O R L O R O	
Face on ORL	O R L 1 2 3 1	2 3 a b c a b c
4A. ANY OTHER ABNORMALITIES?		YES Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5
4B. OTHER SYMBOLS (OBLIGATORY  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 about the other control of the	normalities (OD), <b>findings must be recorded on reve</b> nitions.)	rse. (section 4C/4D) te Physician or Worker notified? (mm-dd-yyyy)
<b>4E.</b> Should worker see personal physician be		X

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

at ax bu ca eg en co ep ev di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung  ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis
	MARK ALL BOXES THAT APPLY: (Use of this list is in bnormalities of the Diaphragm	ntended	to reduce handwritten comments and is optional)  Lung Parenchymal Abnormalities
	Eventration		☐ Azygos lobe
	Hiatal hernia		☐ Density, lung
	rway Disorders		☐ Infiltrate
	Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion
	] Hyperinflation		Miscellaneous Abnormalities
	ony Abnormalities		Foreign body
	Bony chest cage abnormality		Post-surgical changes/sternal wire
	Fracture, healed (non-rib)		☐ Cyst <b>Vascular Disorders</b>
	Fracture, not healed (non-rib)		☐ Aorta, anomaly of
	Scoliosis		☐ Vascular abnormality
Ш	Vertebral column abnormality		V ascular abhormanty
D. O	THER COMMENTS		
	-		
			DE 4 DEDIG
5.	PHYSICIAN'S Social Security Number* * Furnishing your social		READER'S INITIALS DATE OF READING (mm-dd-yyyy)
	number is voluntary. Y to provide this number		
	affect your right to par this program.	rticipate in	
	SIGNATURE		
5	DIGNATURE PR	INTED NAI	ME (LAST, FIRST MIDDLE)
S	TREET ADDRESS CITY		STATE ZIP CODE

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance Program National Institute for Occupational Safety and Health 1095 Willowdale Road, MS LB208 Morgantown, WV 26505	CDC/NIOSH (M) 2.8 REV. 12/2013
EXAMINEE'S Social Security Number	Morganiown, WV 20000	FACILITY ID#
	TYPE OF READING A B F	4 1 D
	adiograph by placing an "x" in the appropriate boxes on this fo moconiosis or Illustrated by the ILO Standard Radiographs. Us	
1. IMAGE QUALITY Overexposed	I (dark) Improper position Underinflation	
Underexpose	ed (light) Poor contrast Mottle	
(If not Grade 1, mark all boxes that apply)  Artifacts	Poor processing Other (please spec	ify)
2A. ANY CLASSIFIABLE PARENCHYM	AL ABNORMALITIES? YES	Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES  a. SHAPE/SIZE	b. ZONES	LARGE OPACITIES
PRIMARY SECONDARY	R L 0/- 0/0 0/1	
	PER   1/0   1/2	IZE A B C Proceed to Section 3A
	WER 3/2 3/3 3/+	
3A. ANY CLASSIFIABLE PLEURAL AB	NORMALITIES? YES	Complete Sections NO Proceed to Section 4A
	fication, extent, and width)	History (Cl. 1)
Chest wall Site Calcific	in profile and face on)	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a
In profile ORLOR	Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm O R L O R	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s) O R L O R		a b c a b c
3C. COSTOPHRENIC ANGLE OBLITER	RATION R L Proceed to Section 3D	NO Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING		Width (in profile only) (3mm minimum width required)
Site	extent, and width)  Up to $1/4$ of lateral chest wall = $1/4$ to $1/2$ of lateral chest wall =	
Chest wall	Calcification > 1/2 of lateral chest wall =	
In profile ORL	O R L O R O L	O R O L
Face on ORL	O R L 1 2 3 1 2 3	a b c a b c
4A. ANY OTHER ABNORMALITIES?	YES	Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5
4B. OTHER SYMBOLS (OBLIGATORY)  aa at 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 abr (See reverse for other symbol defin	normalities (OD), <b>findings must be recorded on reverse.</b> (sect itions.)  Date Phys	tion 4C/4D) sician or Worker notified? (mm-dd-yyyy)
<b>4E.</b> Should worker see personal physician becomes to Section 5		

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

at ax bu ca eg en co ep ev di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung  ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis
	MARK ALL BOXES THAT APPLY: (Use of this list is in bnormalities of the Diaphragm	ntended	to reduce handwritten comments and is optional)  Lung Parenchymal Abnormalities
	Eventration		☐ Azygos lobe
	Hiatal hernia		☐ Density, lung
	rway Disorders		☐ Infiltrate
	Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion
	] Hyperinflation		Miscellaneous Abnormalities
	ony Abnormalities		Foreign body
	Bony chest cage abnormality		Post-surgical changes/sternal wire
	Fracture, healed (non-rib)		☐ Cyst <b>Vascular Disorders</b>
	Fracture, not healed (non-rib)		☐ Aorta, anomaly of
	Scoliosis		☐ Vascular abnormality
Ш	Vertebral column abnormality		V ascular abhormanty
D. O	THER COMMENTS		
	-		
			DE 4 DEDIG
5.	PHYSICIAN'S Social Security Number* * Furnishing your social		READER'S INITIALS DATE OF READING (mm-dd-yyyy)
	number is voluntary. Y to provide this number		
	affect your right to par this program.	rticipate in	
	SIGNATURE		
5	DIGNATURE PR	INTED NAI	ME (LAST, FIRST MIDDLE)
S	TREET ADDRESS CITY		STATE ZIP CODE

## FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

	CENTERS FOR DISEASE CONTROL & PREVENTION	OMB No.: 0920-0020
DATE OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance Program	CDC/NIOSH (M) 2.8
	National Institute for Occupational Safety and Health 1095 Willowdale Road, MS LB208 Morgantown, WV 26505	REV. 12/2013
EXAMINEE'S Social Security Number	Morgantown, w v 20003	FACILITY ID#
EXAMINEE 5 Social Security Number		4 0 4
	TYPE OF READING A B X F	4 2 A
International Classification of Radiographs of Pne	radiograph by placing an "x" in the appropriate boxes on this form. Classify a umoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols an	
1. IMAGE QUALITY Overexpose	d (dark) Improper position Underinflation	
Underexpos	sed (light) Poor contrast Mottle	
(If not Grade 1, mark all boxes that apply)  Artifacts	Poor processing Other (please specify)	
2A. ANY CLASSIFIABLE PARENCHYM		1. 0 6
ZA. ANT CLASSIFIABLE TAKENCITTE	VEC	plete Sections NO NO Proceed to Section 3A
2B. SMALL OPACITIES	b. ZONES c. PROFUSION 2C. LARGE OPA	ACITIES
a. SHAPE/SIZE Primary secondary	R L 0/- 0/0 0/1	
p s p s	PPER 1/0 1/1 1/2 SIZE O	A B C Proceed to
q t q t		Section 3A
r u r u	OWER 3/2 3/3 3/+	
3A. ANY CLASSIFIABLE PLEURAL AI	BNORMALITIES?	plete Sections NO Proceed to
J	YES YES 3B, 3	
Sita   Calaif	cification, extent, and width) cation   Extent (chest wall; combined for   Width (in proj	file only)
Chest wall	in profile and face on) (3mm minimu	m width required)
In profile	1/4  to  1/2  of lateral chest wall = 1 $1/4  to  1/2  of lateral chest wall = 2$ $5  to  10  mm = 1$	b
	> 1/2 of lateral chest wall = 3	c OI
Other site(s) O R L O		
3C. COSTOPHRENIC ANGLE OBLITE	RATION R L Proceed to Section 3D	NO Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING	(mark site, calcification, in profile and face on)	th (in profile only) m minimum width required)
Site	Up to $1/4$ of lateral chest wall = 1 3 to	o 5 mm = a 10 mm = b
Chest wall	Calcification	10 mm = c
In profile ORL	ORL OR OL	R O L
Face on ORL	O R L 1 2 3 1 2 3 a	b c a b c
4A. ANY OTHER ABNORMALITIES?		plete Sections Proceed to Section 5
4B. OTHER SYMBOLS (OBLIGATOR)  aa at ax bu ca cg cn co		pb pi px ra rp tb
	normalities (OD), <b>findings must be recorded on reverse.</b> (section 4C/4D)	
(See reverse for other symbol defi	nitions.) Date Physician or W	orker notified? (mm-dd-yyyy)
<b>4E.</b> Should worker see personal physician be Proceed to Section 5	cause of findings in section 4? YES NO	-     -

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

bu ca cg cn cco cp cv di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung  ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis
	MARK ALL BOXES THAT APPLY: (Use of this list is i	intended	
	] Eventration		<b>Lung Parenchymal Abnormalities</b> ☐ Azygos lobe
	Hiatal hernia		Density, lung
Ai	irway Disorders		☐ Infiltrate
	Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion
	] Hyperinflation		Miscellaneous Abnormalities
В	ony Abnormalities		☐ Foreign body
	Bony chest cage abnormality		Post-surgical changes/sternal wire
	Fracture, healed (non-rib)		☐ Cyst
	Fracture, not healed (non-rib)		Vascular Disorders
	Scoliosis		☐ Aorta, anomaly of
	Vertebral column abnormality		☐ Vascular abnormality
וח מי	THED COMMENTS		
њ. О	THER COMMENTS		
_	DINVOICIANIC C 11C 4 N 1 4		READER'S
5.	PHYSICIAN'S Social Security Number* * Furnishing your soci number is voluntary. Y	our refusal	INITIALS DATE OF READING (mm-dd-yyyy)
	to provide this number affect your right to par		
	this program.	L	
	SIGNATURE PR	INTED NA	ME (LAST, FIRST MIDDLE)
<u></u>	TREET ADDRESS CITY		STATE ZIP CODE
D			SIAID ZIPUUP

Form Approved OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy) CHEST RADIOGRAPH CLASS	SIFICATION
FEDERAL MINE SAFETY AND HEAL' DEPARTMENT OF HEALTH AND HUI CENTERS FOR DISEASE CONTROL &	MAN SERVICES
Full SSN is optional, last 4 digits are required.  Coal Workers' Health Surveillance National Institute for Occupational Safe 1000 Frederick Lane, MS LB: Morgantown, WV 26508 FAX: 304-285-6058  EXAMINEE'S Name (Last, First MI)	ety and Health 208 FACILITY Number - Unit Number
42B	TYPE OF READING $ A \square B                                  $
Note: Please record your interpretation of a single radiograph by placing an "x" in the appropria International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standa.	ate boxes on this form. Classify all appearances described in the ILO
1. IMAGE QUALITY Overexposed (dark) Improper position	Underinflation Scapula Overlay
(If not Grade 1 mark all	Mottle Other (please specify)
boxes that apply) Artifacts Poor processing	Excessive Edge Enhancement
2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES?	YES Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES  a. SHAPE/SIZE PRIMARY SECONDARY  D D S UPPER V V 1/1 1/2	2C. LARGE OPACITIES
q t	SIZE A B C Proceed to Section 3A
3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES?	YES Complete Sections 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 = 1/4 to 1/2 of lateral chest wall =	(3mm minimum width required) = 1
3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D N	IO Proceed to Section 4A
Site (mark site, catcification, extent, and width) in profile am Up to 1/4 to 1/2 to 1/4 to 1/2 to	st wall; combined for ad face on)  of lateral chest wall = 1 of lateral chest wall = 3  of L  1 2 3  Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c  O R  O L  a b c  a b c
4A. ANY OTHER ABNORMALITIES?  YES X	Complete Sections 4B-E and 5. NO Complete Section 5.
5. NIOSH Reader ID  (Leave ID Number blank if you are not a NIOSH A or B Reader)	DATE OF READING (mm-dd-yyyy)  0 7 - 1 6 - 2 0 2 3
SIGNATURE PRINTED NA  STREET ADDRESS CITY	AME (LAST, FIRST MIDDLE)  STATE  ZIP CODE

2B			
B.	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
a	atherosclerotic aorta		nlargement of non-calcified hilar or mediastinal lymph nodes
t 	significant apical pleural thickening		oneycomb lung
X	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a		ll-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
	homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	ih i	Il-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
u	bulla(e)		one-third of the length of the left heart border
a ~	cancer, thoracic malignancies excluding mesothelioma		eptal (Kerley) lines
g n	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities		nesothelioma late atelectasis
0	abnormality of cardiac size or shape		parenchymal bands - significant parenchymal fibrotic stands in continuity
p	cor pulmonale	V	vith the pleura
v	cavity		leural thickening of an interlobar fissure
li :f	marked distortion of an intrathoracic structure pleural effusion		neumothorax ounded atelectasis
m	emphysema		heumatoid pneumoconiosis
es	eggshell calcification of hilar or mediastinal lymph nodes		uberculosis
îr	fractured rib(s) (acute or healed)		
	MARK ALL BOXES THAT APPLY: (Use of this list is intended.)  Abnormalities of the Diaphragm	ded to redu	-
1		ded to redu	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
1	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	ded to redu	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
1	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	ded to redu	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

Form Approved OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)	CHEST KADIOGKAP	H CLASSIFICATIO	)N
EVAMINEE'S Social Sequeity Number	FEDERAL MINE SAFETY A DEPARTMENT OF HEALT CENTERS FOR DISEASE C	H AND HUMAN SERVIC	CES
Full SSN is optional, last 4 digits are required	National Institute for Occu 1000 Frederick I Morgantown	n Surveillance Program apational Safety and Health Lane, MS LB208 n, WV 26508 I-285-6058	FACILITY Number - Unit Number
EXAMINEE'S Name (Last, First MI)			TUDE OF DE IDNIG
42C			TYPE OF READING  A B F F
Note: Please record your interpretation of a sing			A B X F L  form. Classify all appearances described in the ILO Use symbols and record comments as appropriate.
1. IMAGE QUALITY Overexpo	sed (dark) Improper pos	ition Underinflation	Scapula Overlay
Underexp	osed (light) Poor contrast	Motife	Other (please specify)
boxes that apply)  Artifacts	Poor processi	ng Excessive Edge Enhancement	
2A. ANY CLASSIFIABLE PARENCHY	'MAL ABNORMALITIES?	YE	S Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES a. SHAPE/SIZE	b. ZONES c.	PROFUSION 2C.	LARGE OPACITIES
PRIMARY SECONDARY  P  Q  t  q  t	R L   0/2   1/4	0/0 0/1 0 X 1/2 1 2/2 2/3 2 3/3 3/+	SIZE A B C Proceed to Section 3A
ı u ı u	XX	2 3/3 3/4	
3A. ANY CLASSIFIABLE PLEURAL A	ABNORMALITIES?	YES	Complete Sections NO Section 4A
	R L in profile and fa Up to 1/4 of lat 1/4 to 1/2 of lat	all; combined for ace on) eral chest wall = 1 teral chest wall = 2 teral chest wall = 3  U  1 2 3	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c  OR  BC  COR  COR  COR  COR  COR  COR
3C. COSTOPHRENIC ANGLE OBLIT	ERATION IR III I	oceed to ction 3D NO Proceed	ed to Section 4A
3D. DIFFUSE PLEURAL THICKENIN  Site  Chest wall  In profile O R L  Face on O R L		Extent (chest wall; combined for in profile and face on) Up to 1/4 of lateral chest wall 1/4 to 1/2 of lateral chest wall > 1/2 of lateral chest wall	(3mm minimum width required) = 1 3 to 5 mm = a = 2 5 to 10 mm = b
4A. ANY OTHER ABNORMALITIES?		YES Complete Sections 4	4B-E and 5. NO Complete Section 5.
5. NIOSH Reader ID	RF	EADER'S INITIALS	DATE OF READING (mm-dd-yyyy)
			0 7 - 1 6 - 2 0 2 3
(Leave ID Number blank if you are not a NIOSH.	A or B Reader)		
SIGNATURE		PRINTED NAME (LAST, FIRS	T MIDDLE)
STREET ADDRESS	CITY		STATE ZIP CODE

	XAMINEE'S Name (Last, First MI)	
42C	C	
4B.		
110.		i ho id ih kl me pa pb pi px ra rp tb
		i ho id ih kl me pa pb pi px ra rp tb
aa	atherosclerotic aorta hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities id	ill-defined diaphragm border - should be recorded only if more than
	remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the ih	one-third of one hemidiaphragm is affected ill-defined heart border - should be recorded only if the length of the heart
	presence or in the absence of large opacities	border affected, whether on the right or on the left side, is more than
bu	bulla(e)	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 co	calcification in small pneumoconiotic opacities pa abnormality of cardiac size or shape pb	plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity
ср	cor pulmonale	with the pleura
cv	cavity pi	pleural thickening of an interlobar fissure
di	marked distortion of an intrathoracic structure px	pneumothorax
ef	pleural effusion ra	rounded atelectasis
em es	emphysema rp eggshell calcification of hilar or mediastinal lymph nodes tb	rheumatoid pneumoconiosis tuberculosis
fr	fractured rib(s) (acute or healed)	tubeleurosis
	☐ 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	□ 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
	Vertebrai corumin abnormanty	•
		Date Physician or Worker notified? (mm-dd-yyyy
4E.	. Should worker see personal physician because of findings? YES	S NO NO NO
4D.	O. OTHER COMMENTS	
	Note that this image is the s/s 1/1 ILO standard.	

Form Approved OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy) CHEST RADIOGRAPH CLASSIFIC	CATION
FEDERAL MINE SAFETY AND HEALTH ACD DEPARTMENT OF HEALTH AND HUMAN SEXAMINEE'S Social Security Number  EXAMINEE'S Social Security Number	SERVICES
Coal Workers' Health Surveillance Program National Institute for Occupational Safety and I 1000 Frederick Lane, MS LB208 Morgantown, WV 26508 FAX: 304-285-6058  EXAMINEE'S Name (Last, First MI)	FACILITY Number - Unit Number
42D	TYPE OF READING  A B F F
Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxe International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs.	es on this form. Classify all appearances described in the ILO
1. IMAGE QUALITY Overexposed (dark) Improper position Underin	flation Scapula Overlay
Underexposed (light) Poor contrast Mottle	Other (please specify)
(If not Grade 1, mark all boxes that apply)  Artifacts  Poor processing  Excessing  Enhance	ve Edge ement
2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES?	YES Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES  a. SHAPE/SIZE PRIMARY SECONDARY  b. ZONES  c. PROFUSION  0/- 0/0 0/1	2C. LARGE OPACITIES
p       x       p       s       upper       x       1/0       x       1/2         q       t       q       x       x       x       2/1       2/2       2/3         r       u       r       u       x       x       x       3/2       3/3       3/+	SIZE A B C Proceed to Section 3A
3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES?	YES Complete Sections NO Proceed to Section 4A
3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)  Chest wall  In profile  Face on  Oiaphragm  Other site(s)  Other site(s)  Chest wall  Site  Calcification  Calcification  Oix L  Oi	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = 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  Chest wall  In profile ORL  Face on ORL  ORL  ORL  ORL  ORL  ORL  ORL  ORL	(3mm minimum width required) chest wall = 1 chest wall = 2 chest wall = 3
4A. ANY OTHER ABNORMALITIES? YES Complete	Sections 4B-E and 5. NO Complete Section 5.
5. NIOSH Reader ID  (Leave ID Number blank if you are not a NIOSH A or B Reader)	DATE OF READING (mm-dd-yyyy)  0 7 - 1 6 - 2 0 2 3
SIGNATURE PRINTED NAME (LA STREET ADDRESS CITY	AST, FIRST MIDDLE)  STATE  ZIP CODE

EXA	AMINEE'S Name (Last, First MI)		
12D			
4B.	OTHER SYMBOLS (OBLIGATORY)		
	aa at ax bu ca cg cn co cp cv di ef em es	fr hi l	ho id ih kl me pa pb pi px ra rp tb
aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities	id	ill-defined diaphragm border - should be recorded only if more than
	remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the	ih	one-third of one hemidiaphragm is affected ill-defined heart border - should be recorded only if the length of the heart
	presence or in the absence of large opacities	111	border affected, whether on the right or on the left side, is more than
bu	bulla(e)		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
co	calcification in small pneumoconiotic opacities abnormality of cardiac size or shape	pa pb	plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity
ср	cor pulmonale	Р	with the pleura
cv	cavity	pi	pleural thickening of an interlobar fissure
di	marked distortion of an intrathoracic structure	px	pneumothorax
ef	pleural effusion	ra	rounded atelectasis
em es	emphysema eggshell calcification of hilar or mediastinal lymph nodes	rp tb	rheumatoid pneumoconiosis tuberculosis
fr	fractured rib(s) (acute or healed)		
	☐ 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)		□ Azygos lobe □ Density, lung □ Infiltrate □ Nodule, nodular lesion  Miscellaneous Abnormalities □ Foreign body □ Post-surgical changes/sternal wire □ Cyst  Vascular Disorders □ Aorta, anomaly of
	Scoliosis		
	☐Vertebral column abnormality		☐ Vascular abnormality
			Date Physician or Worker notified? (mm-dd-yyy
4E.	Should worker see personal physician because of findings	? YES	NO X
4D.	OTHER COMMENTS		

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

### CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance Progran National Institute for Occupational Safety and I			
	1095 Willowdale Road, MS LB208	icalii KLV. 12/2013		
EVAMPLEDIS C. 16 .4 N. I	Morgantown, WV 26505			
EXAMINEE'S Social Security Number	er 	FACILITY ID#		
	TYPE OF READING A B	F		
		s on this form. Classify all appearances described in the ILO ographs. Use symbols and record comments as appropriate.		
International Classification of Kadiographs of F	neumocomosis of mustrated by the ILO standard Radio	ographs. Ose symbols and record comments as appropriate.		
1. IMAGE QUALITY Overexpo	osed (dark) Improper position Underin	nflation		
✓ 2 3 U/R Underex	posed (light) Poor contrast Mottle			
(If not Grade 1, mark all boxes that apply)  Artifacts		please specify)		
2A. ANY CLASSIFIABLE PARENCH	YMAL ABNORMALITIES?	YES Complete Sections NO Proceed to Section 3A		
2B. SMALL OPACITIES	b. ZONES c. PROFUSION	2C. LARGE OPACITIES		
a. SHAPE/SIZE PRIMARY SECONDARY	R L 0/- 0/0 0/1			
p s p s	UPPER 1/0 1/1 1/2	SIZE O A B C Proceed to Section 3A		
q t q t	MIDDLE 2/1 2/2 2/3	Section 3A		
r u r u	10WER 3/2 3/3 3/4			
3A. ANY CLASSIFIABLE PLEURAL	ABNORMALITIES?	YES Complete Sections NO Proceed to Section 4A		
	calcification, extent, and width) cification Extent (chest wall; combined for	Width (in profile only)		
Chest wall Site Car		(3mm minimum width required)		
	in profile and face on)	2 to 5 mm = 0		
In profile ORLO	Up to $1/4$ of lateral chest wall = 1 1/4 to $1/2$ of lateral chest wall = 2	3 to 5 mm = a 5 to 10 mm = b		
Face on ORLO	R   L   Up to 1/4 of lateral chest wall = 1   1/4 to 1/2 of lateral chest wall = 2   > 1/2 of lateral chest wall = 3	5 to 10 mm = b > 10 mm = c		
Face on ORLO Diaphragm ORLO	R   L   Up to 1/4 of lateral chest wall = 1   1/4 to 1/2 of lateral chest wall = 2   > 1/2 of lateral chest wall = 3   R   L   O   R   O   L	5 to 10 mm = b > 10 mm = c  O R  O L		
Face on ORLO  Diaphragm ORLO  Other site(s) ORLO	R   L   Up to 1/4 of lateral chest wall = 1   1/4 to 1/2 of lateral chest wall = 2   > 1/2 of lateral chest wall = 3   R   L   O   R   O   L   R   L   1   2   3   1   2   3   1   2   3	5 to 10 mm = b > 10 mm = c O R O L  a b c a b c		
Face on ORLO Diaphragm ORLO	R   L   Up to 1/4 of lateral chest wall = 1   1/4 to 1/2 of lateral chest wall = 2   > 1/2 of lateral chest wall = 3   R   L   O   R   O   L   R   L   1   2   3   1   2   3   1   2   3	5 to 10 mm = b > 10 mm = c  O R  O L  a b c a b c  NO Proceed to Section 4A		
Face on ORLO  Diaphragm ORLO  Other site(s) ORLO	R	5 to 10 mm = b  > 10 mm = c  O R  a b c a b c  NO Proceed to Section 4A  ombined for (3mm minimum width required)		
Face on ORLO Diaphragm ORLO Other site(s) ORLO  3C. COSTOPHRENIC ANGLE OBLIT  3D. DIFFUSE PLEURAL THICKENIT Site	R	5 to 10 mm = b  > 10 mm = c  O R  a b c a b c  NO Proceed to Section 4A  ombined for n)  (3mm minimum width required)  3 to 5 mm = a		
Face on ORLO Diaphragm ORLO Other site(s) ORLO  3C. COSTOPHRENIC ANGLE OBLIT  3D. DIFFUSE PLEURAL THICKENII  Site Chest wall	R	5 to 10 mm = b  > 10 mm = c  O R  O L  a b c  NO Proceed to Section 4A  ombined for (n)  chest wall = 1 chest wall = 2 chest wall = 3  Chest wall = 3  S to 10 mm = b  > 10 mm = c		
Face on ORLO Diaphragm ORLO Other site(s) ORLO  3C. COSTOPHRENIC ANGLE OBLIT  3D. DIFFUSE PLEURAL THICKENIT  Site Chest wall In profile ORL	R	5 to 10 mm = b  > 10 mm = c  O R  O L  a b c  NO Proceed to Section 4A  ombined for n)  chest wall = 1 chest wall = 2 chest wall = 3  D L  O R  O L  O D  O D  O D  O D  O D  O D  O D		
Face on ORLO Diaphragm ORLO Other site(s) ORLO  3C. COSTOPHRENIC ANGLE OBLIT  3D. DIFFUSE PLEURAL THICKENII  Site Chest wall	R	5 to 10 mm = b  > 10 mm = c  O R  O L  a b c  NO Proceed to Section 4A  ombined for (n)  chest wall = 1 chest wall = 2 chest wall = 3  Chest wall = 3  S to 10 mm = b  > 10 mm = c		
Face on ORLO Diaphragm ORLO Other site(s) ORLO  3C. COSTOPHRENIC ANGLE OBLIT  3D. DIFFUSE PLEURAL THICKENIT  Site Chest wall In profile ORL	R	5 to 10 mm = b  > 10 mm = c  O R  O L  a b c  NO Proceed to Section 4A  ombined for n)  chest wall = 1 chest wall = 2 chest wall = 3  D L  O R  O L  O D  O D  O D  O D  O D  O D  O D		
Face on ORLO Diaphragm ORLO Other site(s) ORLO  3C. COSTOPHRENIC ANGLE OBLIT  3D. DIFFUSE PLEURAL THICKENIT  Site Chest wall In profile ORLO Face on ORLO	R	5 to 10 mm = b  > 10 mm = c  O R  NO Proceed to Section 4A  ombined for n)  chest wall = 1 chest wall = 2 chest wall = 3  O R  O R  O L  3 to 5 mm = a 5 to 10 mm = b  > 10 mm = c  O R  O L  A B C  Proceed to Section 4A		
Face on ORLO Diaphragm ORLO Other site(s) ORLO  3C. COSTOPHRENIC ANGLE OBLIT  3D. DIFFUSE PLEURAL THICKENIT  Site Chest wall In profile ORLO Face on ORLO  4A. ANY OTHER ABNORMALITIES  4B. OTHER SYMBOLS (OBLIGATO)	R	5 to 10 mm = b  > 10 mm = c  O R  NO Proceed to Section 4A  ombined for n)  chest wall = 1 chest wall = 2 chest wall = 3  O R  O R  O L  3 to 5 mm = a 5 to 10 mm = b  > 10 mm = c  O R  O L  A B C  Proceed to Section 4A		
Face on ORLO Diaphragm ORLO Other site(s) ORLO  3C. COSTOPHRENIC ANGLE OBLIT  3D. DIFFUSE PLEURAL THICKENIT  Site Chest wall In profile ORL Face on ORL  4A. ANY OTHER ABNORMALITIES  4B. OTHER SYMBOLS (OBLIGATO aa at ax bu ca cg cn	R	S to 10 mm = b  > 10 mm = c  O R  a b c a b c  NO Proceed to Section 4A  ombined for n)  chest wall = 1  chest wall = 2  chest wall = 3  I L  2 3  YES  Complete Sections  4B, 4C, 4D, 4E  NO  Proceed to Section 4A  O L  a b c  Proceed to Section 4A  O L  a b c  Proceed to Section 5		

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

at	significant apical pleural thickening coalescence of small opacities - with margins of the small opacities	ho id	honeycomb lung ill-defined diaphragm border - should be recorded only if more than
ax	remaining visible, whereas a large opacity demonstrates a	Iu	one-third of one hemidiaphragm is affected
	homogeneous opaque appearance - may be recorded either in the	ih	ill-defined heart border - should be recorded only if the length of the heart
	presence or in the absence of large opacities		border affected, whether on the right or on the left side, is more than
bu	bulla(e)		one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	kl	septal (Kerley) lines mesothelioma
cg cn	calcification in small pneumoconiotic opacities	me pa	plate atelectasis
co	abnormality of cardiac size or shape	pb pb	parenchymal bands - significant parenchymal fibrotic stands in continuity
ср	cor pulmonale	Po	with the pleura
cv	cavity	pi	pleural thickening of an interlobar fissure
di	marked distortion of an intrathoracic structure	px	pneumothorax
ef	pleural effusion	ra	rounded atelectasis
em	emphysema	rp	rheumatoid pneumoconiosis
es fr	eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	tb	tuberculosis
	MARK ALL BOXES THAT APPLY: (Use of this list is bnormalities of the Diaphragm	intended t	•
	Eventration		Lung Parenchymal Abnormalities
	Hiatal hernia		☐ Azygos lobe
			☐ Density, lung
	rway Disorders		☐ Infiltrate
	Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion
	] Hyperinflation		Miscellaneous Abnormalities
В	ony Abnormalities		☐ Foreign body
			☐ Post-surgical changes/sternal wire
	Bony chest cage abnormality		
	Fracture, healed (non-rib)		☐ Cyst
	Fracture, not healed (non-rib)		Vascular Disorders
	Scoliosis		Aorta, anomaly of
	Vertebral column abnormality		☐ Vascular abnormality
_	• • • • • • • • • • • • • • • • • • • •		
4D. O	THER COMMENTS		
	-		
			READER'S
5	PHYSICIAN'S Social Security Number* * Furnishing your social Security Number * Purnishing your social Security Number *		INITIALS DATE OF READING (mm-dd-yyyy)
	number is voluntary. to provide this numb		
	affect your right to po	articipate in	
	uns program.		
	SIGNATURE PI	RINTED NAN	IE (LAST, FIRST MIDDLE)
	•		
S	TREET ADDRESS CITY		STATE ZID CODE

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

	CENTERS FOR DISEASE CONTROL & PREVENTION	OMB No.: 0920-0020
DATE OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance Program	CDC/NIOSH (M) 2.8
	National Institute for Occupational Safety and Health 1095 Willowdale Road, MS LB208 Morgantown, WV 26505	REV. 12/2013
EXAMINEE'S Social Security Number	Ç	FACILITY ID#
	7	4 3 B
	TYPE OF READING A B X F	4 3 B
	diograph by placing an "x" in the appropriate boxes on this form. noconiosis or Illustrated by the ILO Standard Radiographs. Use s	
1. IMAGE QUALITY Overexposed	(dark) Improper position Underinflation	
1 X 3 U/R Underexpose	d (light) Poor contrast Mottle	
(If not Grade 1, mark all		
boxes that apply)  Artifacts	Poor processing Other (please specify)	
2A. ANY CLASSIFIABLE PARENCHYM	AL ABNORMALITIES? YES	Complete Sections 2B and 2C NO Proceed to Section 3A
2B. SMALL OPACITIES	b. ZONES c. PROFUSION 2C. LA	RGE OPACITIES
a. SHAPE/SIZE PRIMARY SECONDARY	R L 0/- 0/0	
p s p s UPI	PER 1/0 1/1 1/2 SIZE	A B C Proceed to
q X q X MII	DDLE 2/1 2/2 2/3	Section 3A
r u r u LO	WER 3/2 3/3 3/+	
ANN OF ACCIDING IN ENDING AND	VODWALITIES?	
3A. ANY CLASSIFIABLE PLEURAL ABY	YES YES	Complete Sections NO Proceed to Section 4A
	fication, extent, and width)	
Chest wall Site Calcification	in profile and face on) (3	idth (in profile only) mm minimum width required)
In profile OXXX	op to 17 to I lateral ellege wall	8 to 5 mm = a to 10 mm = b
Face on R L R	1/1 to 1/2 of lateral chest wan 2	> 10 mm = c
Diaphragm O R X O R		
Other site(s) R L R		b c b c
3C. COSTOPHRENIC ANGLE OBLITER	ATION R L Proceed to Section 3D	NO Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING	(mark site, calcification, Extent (chest wall; combined for	Width (in profile only) (3mm minimum width required)
Site	extent, and width)  in profile and face on)  Up to 1/4 of lateral chest wall = 1	3 to 5 mm = $a$
Chest wall	Calcification	5 to 10 mm = b > 10 mm = c
In profile ORL	ORL OR OL	O R O L
Face on ORL	O R L 1 2 3 1 2 3	a b c a b c
4A. ANY OTHER ABNORMALITIES?	YES X	Complete Sections 4B, 4C, 4D, 4E  NO  Proceed to Section 5
4B. OTHER SYMBOLS (OBLIGATORY)		
aa at ax bu ca cn co	cp cv di ef em es fr hi ho id ih kl n	ne pa pi px ra rp tb
OD If other diseases or significant abn (See reverse for other symbol defini	ormalities (OD), <b>findings must be recorded on reverse.</b> (section tions.)  Date Physici	an or Worker notified? (mm-dd-yyyy)
<b>4E.</b> Should worker see personal physician bec Proceed to Section 5		

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

at ax bu ca eg en co ep ev di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung  ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis		
	MARK ALL BOXES THAT APPLY: (Use of this list is in bnormalities of the Diaphragm	ntended	to reduce handwritten comments and is optional)  Lung Parenchymal Abnormalities		
	Eventration		☐ Azygos lobe		
	Hiatal hernia		☐ Density, lung		
	rway Disorders		☐ Infiltrate		
	Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion		
	] Hyperinflation		Miscellaneous Abnormalities  ☐ Foreign body ☐ Post-surgical changes/sternal wire ☐ Cyst  Vascular Disorders		
	ony Abnormalities				
	Bony chest cage abnormality				
	Fracture, healed (non-rib)				
☐ Fracture, not healed (non-rib)			Aorta, anomaly of		
	Scoliosis		☐ Vascular abnormality		
Ш	Vertebral column abnormality		V ascular abhormanty		
D. O	THER COMMENTS				
	-				
			DE 4 DEDIG		
5.	PHYSICIAN'S Social Security Number* * Furnishing your social		READER'S INITIALS DATE OF READING (mm-dd-yyyy)		
	number is voluntary. Y to provide this number				
	affect your right to par this program.	rticipate in			
	SIGNATURE				
5	DIGNATURE PR	INTED NAI	ME (LAST, FIRST MIDDLE)		
S	TREET ADDRESS CITY		STATE ZIP CODE		

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

	CENTERS FOR DISEASE CONTROL & PREVEN	NTION OMB No.: 0920-0020					
DATE OF RADIOGRAPH (mm-dd-yyyy) Coal Workers' Health Surveillance Program CDC/NIOSH (M) 2.8							
National Institute for Occupational Safety and Health REV. 12/2013 1095 Willowdale Road, MS LB208 Morgantown, WV 26505							
EXAMINEE'S Social Security Number	5	FACILITY ID#					
		4 3 C					
	TYPE OF READING A B X F	4 3 0					
Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classify all appearances described in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.							
1. IMAGE QUALITY Overexpose	ed (dark) Improper position Underinf	flation					
Z 3 U/R Underexpo	sed (light) Poor contrast Mottle						
(If not Grade 1, mark all							
boxes that apply)  Artifacts	Poor processing Other (pl	lease specify)					
2A. ANY CLASSIFIABLE PARENCHY	MAL ABNORMALITIES?	YES Complete Sections NO Proceed to Section 3A					
2B. SMALL OPACITIES	b. ZONES c. PROFUSION	2C. LARGE OPACITIES					
a. SHAPE/SIZE Primary secondary	R L 0/- 0/0 0/1						
p s p s	1/1 1/2     1/1 1/2	SIZE A B C Proceed to					
q 🔀 q 🔀	MIDDLE 2/1 2/2 2/3	Section 3A					
r u r u	OWER 3/2 3/3 3/+						
3A. ANY CLASSIFIABLE PLEURAL A	DNODMALTTIES?						
3A. ANY CLASSIFIABLE PLEURAL A	NORMALITIES.	YES Complete Sections NO Proceed to Section 4A					
	cification, extent, and width)	Weld (c. Cl. 1)					
Cliest wall	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)					
in prome	Up to $1/4$ of lateral chest wall = 1 1/4 to $1/2$ of lateral chest wall = 2	3 to 5 mm = a 5 to 10 mm = b					
Face on ORLO	R L > 1/2 of lateral chest wall = 3	> 10 mm = c					
Diaphragm O R L O	R L O R O L	O R O L					
Other site(s) O R L O	R L 1 2 3 1 2 3	a b c a b c					
3C. COSTOPHRENIC ANGLE OBLITE	RATION R L Proceed to Section 3D	NO Proceed to Section 4A					
3D. DIFFUSE PLEURAL THICKENING	Extent (chest wall; con	(2					
Site	extent, and width) in profile and face on) Up to 1/4 of lateral cl	hest wall = $1$ 3 to 5 mm = $a$					
Chest wall	Calcification 1/4 to 1/2 of lateral c	I					
In profile ORL	ORL ORO	L OR OL					
Face on ORL	O R L 1 2 3 1	2 3 a b c a b c					
4A. ANY OTHER ABNORMALITIES?		YES Complete Sections AB, 4C, 4D, 4E NO Proceed to Section 5					
4B. OTHER SYMBOLS (OBLIGATOR) at ax bu ca cg cn co		ih kl me pa pb pi px ra rp tb					
OD If other diseases or significant al (See reverse for other symbol def	onormalities (OD), <b>findings must be recorded on revo</b> nitions.)	erse. (section 4C/4D) ate Physician or Worker notified? (mm-dd-yyyy)					
<b>4E.</b> Should worker see personal physician b							

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

at ax bu ca eg en co ep ev di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung  ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis		
	MARK ALL BOXES THAT APPLY: (Use of this list is in bnormalities of the Diaphragm	ntended	to reduce handwritten comments and is optional)  Lung Parenchymal Abnormalities		
	Eventration		☐ Azygos lobe		
	Hiatal hernia		☐ Density, lung		
	rway Disorders		☐ Infiltrate		
	Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion		
	] Hyperinflation		Miscellaneous Abnormalities  ☐ Foreign body ☐ Post-surgical changes/sternal wire ☐ Cyst  Vascular Disorders		
	ony Abnormalities				
	Bony chest cage abnormality				
	Fracture, healed (non-rib)				
☐ Fracture, not healed (non-rib)			Aorta, anomaly of		
	Scoliosis		☐ Vascular abnormality		
Ш	Vertebral column abnormality		V ascular abhormanty		
D. O	THER COMMENTS				
	-				
			DE 4 DEDIG		
5.	PHYSICIAN'S Social Security Number* * Furnishing your social		READER'S INITIALS DATE OF READING (mm-dd-yyyy)		
	number is voluntary. Y to provide this number				
	affect your right to par this program.	rticipate in			
	SIGNATURE				
5	DIGNATURE PR	INTED NAI	ME (LAST, FIRST MIDDLE)		
S	TREET ADDRESS CITY		STATE ZIP CODE		

DATE OF RADIOGRAPH (mm-dd-yyyy) CHEST RADIOGRAPH CLASSI	FICATION					
FEAMINEE'S Social Security Number  FEDERAL MINE SAFETY AND HEALTH DEPARTMENT OF HEALTH AND HUMA CENTERS FOR DISEASE CONTROL & P	AN SERVICES					
Coal Workers' Health Surveillance Program National Institute for Occupational Safety and Health 1000 Frederick Lane, MS LB208 FAX: 304-285-6058  SXAMINEE'S Name (Last, First MI)  FACILITY Number - Unit Number  FACILITY Number - Unit Number						
43D	TYPE OF READING					
Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard						
1. IMAGE QUALITY Overexposed (dark) Improper position Unc	derinflation Scapula Overlay					
Underexposed (light) Poor contrast Mo	ttle Other (please specify)					
boxes that apply)   Attitacts     1 ool processing	cessive Edge hancement					
2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES?	YES Complete Sections NO Proceed to Section 3A					
2B. SMALL OPACITIES  a. SHAPE/SIZE  b. ZONES  c. PROFUSION	2C. LARGE OPACITIES					
PRIMARY         SECONDARY         R         L         0'-1 0/0 10/1           P         S         P         S         UPPER         X         X         1/0 1/2         1/2         1/2         2/1 2/2 2/3         2/1 2/2 2/3         2/3 3/3 3/+         3/2 3/3 3/-         3/2 3/3 3/-         <	SIZE A B C Proceed to Section 3A					
3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES?	YES Complete Sections 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    Face on O X X   O X X   O X X    Other site(s) O X X X	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c  R  a b c b c					
3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO	Proceed to Section 4A					
Site (mark site, catcification, extent, and width) in profile and fe Up to 1/4 of la 1/4 to 1/2 of la	mll; combined for nece on)  teral chest wall = 1					
4A. ANY OTHER ABNORMALITIES?  YES Com	plete Sections 4B-E and 5. NO Complete Section 5.					
5. NIOSH Reader ID  (Leave ID Number blank if you are not a NIOSH A or B Reader)	DATE OF READING (mm-dd-yyyy)  0 7 - 1 6 - 2 0 2 3					
SIGNATURE PRINTED NAMI  STREET ADDRESS CITY	E (LAST, FIRST MIDDLE)  STATE  ZIP CODE					
STREET ADDRESS CITT	STATE ZIP CODE					

43D			
4B.	OTHER SYMBOLS (OBLIGATORY)		
	aa at ax bu ca cg cn co cp cv di ef em e	s fr hi l	no id ih kl me pa pb pi px ra rp tb
aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities		ill-defined diaphragm border - should be recorded only if more than
	remaining visible, whereas a large opacity demonstrates a		one-third of one hemidiaphragm is affected
	homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	ih	ill-defined heart border - should be recorded only if the length of the heart
bu	bulla(e)		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 l.	plate atelectasis
co cp	abnormality of cardiac size or shape cor pulmonale	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cv	cavity	pi	pleural thickening of an interlobar fissure
di	marked distortion of an intrathoracic structure	px	pneumothorax
ef	pleural effusion	ra	rounded atelectasis
em	emphysema eggshell calcification of hilar or mediastinal lymph nodes	rp tb	rheumatoid pneumoconiosis tuberculosis
es fr	fractured rib(s) (acute or healed)	to	tuberculosis
	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
			Date Physician or Worker notified? (mm-dd-yyyy)
4E.	Should worker see personal physician because of findings	s? YES	NO X
4D.	OTHER COMMENTS		

EXAMINEE'S Name (Last, First MI)

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

	CENTERS FOR DISEASE CONTROL & PREVENTION	OMB No.: 0920-0020			
DATE OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance Program	CDC/NIOSH (M) 2.8 REV. 12/2013			
	National Institute for Occupational Safety and Health 1095 Willowdale Road, MS LB208	REV. 12/2013			
	Morgantown, WV 26505	EACH ITY ID!			
EXAMINEE'S Social Security Number	_	FACILITY ID#			
	TYPE OF READING A B K F	4 4 A			
Note: Please record your interpretation of a single	radiograph by placing an "x" in the appropriate boxes on this form. Classify a	ll appearances described in the ILO			
	umoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and				
1. IMAGE QUALITY Overexpose	🗆				
	ed (dark) Improper position Underinflation				
Underexpo	sed (light) Poor contrast Mottle				
(If not Grade 1, mark all boxes that apply)  Artifacts	Poor processing Other (please specify)				
2A. ANY CLASSIFIABLE PARENCHY!	MAL ABNORMALITIES? YES Comp 2B an	olete Sections NO Proceed to Section 3A			
2B. SMALL OPACITIES	c PROFUSION 2C LARCE OPA				
a. SHAPE/SIZE PRIMARY SECONDARY	b. ZONES R L 0/- 0/0 0/1	CITIES			
	1/0 1/1 1/2 SIZE O	A P C Proceed to			
	MIDDLE 2/1 2/2 2/3	A B C Proceed to Section 3A			
	OWER 3/2 3/3 3/+				
3A. ANY CLASSIFIABLE PLEURAL A	BNORMALITIES? YES Comp. 3B, 30	olete Sections NO Proceed to Section 4A			
	cification, extent, and width)	Na only)			
Chest wan		m width required)			
in pione	1/4 to 1/2 of lateral chest wall = 2 5 to 10 mm = 1				
	Not 1/2 of lateral chest wall = 3   Not 1/2 of lateral chest wal				
	R L O R O L O R				
Other site(s) O R L O	R L 1 2 3 1 2 3 a b c	a b c			
3C. COSTOPHRENIC ANGLE OBLITE	RATION R L Proceed to Section 3D	NO Proceed to Section 4A			
3D. DIFFUSE PLEURAL THICKENING	(mark site, calcification, in profile and face on)	th (in profile only) m minimum width required)			
Site	Up to $1/4$ of lateral chest wall = 1 3 to	5 mm = a 10 mm = b			
Chest wall	Calcification	10 mm = c			
In profile ORL	ORL OR OL O	R O L			
Face on ORL	O R L 1 2 3 1 2 3 a	b c a b c			
4A. ANY OTHER ABNORMALITIES?		olete Sections C, 4D, 4E NO Proceed to Section 5			
4B. OTHER SYMBOLS (OBLIGATORY)					
aa at ax bu ca cg cn cc	cp cv di ef em es fr hi ho id ih kl me pa p	ob pi px ra rp tb			
OD If other diseases or significant al (See reverse for other symbol defi	onormalities (OD), <b>findings must be recorded on reverse.</b> (section 4C/4D) nitions.)  Date Physician or Wo	orker notified? (mm-dd-yyyy)			
<b>4E.</b> Should worker see personal physician be Proceed to Section 5	· ·				

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

at ax bu ca eg en co ep ev di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung  ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis		
	MARK ALL BOXES THAT APPLY: (Use of this list is in bnormalities of the Diaphragm	ntended	to reduce handwritten comments and is optional)  Lung Parenchymal Abnormalities		
	Eventration		☐ Azygos lobe		
	Hiatal hernia		☐ Density, lung		
	rway Disorders		☐ Infiltrate		
	Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion		
	] Hyperinflation		Miscellaneous Abnormalities  ☐ Foreign body ☐ Post-surgical changes/sternal wire ☐ Cyst  Vascular Disorders		
	ony Abnormalities				
	Bony chest cage abnormality				
	Fracture, healed (non-rib)				
☐ Fracture, not healed (non-rib)			Aorta, anomaly of		
	Scoliosis		☐ Vascular abnormality		
Ш	Vertebral column abnormality		V ascular abhormanty		
D. O	THER COMMENTS				
	-				
			DE 4 DEDIG		
5.	PHYSICIAN'S Social Security Number* * Furnishing your social		READER'S INITIALS DATE OF READING (mm-dd-yyyy)		
	number is voluntary. Y to provide this number				
	affect your right to par this program.	rticipate in			
	SIGNATURE				
5	DIGNATURE PR	INTED NAI	ME (LAST, FIRST MIDDLE)		
S	TREET ADDRESS CITY		STATE ZIP CODE		

DATE OF RADIOGRAPH (mm-dd-yyyy) CHEST RADIOGRAPH CLASSIFICATION
FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR DISEASE CONTROL & PREVENTION
Coal Workers' Health Surveillance Program National Institute for Occupational Safety and Health 1000 Frederick Lane, MS LB208 FAX: 304-285-6058  FAX: 304-285-6058  FAX: 304-285-6058
EXAMINEE'S Name (Last, First MI)
44D TYPE OF READING $A \square B \bowtie F \square$
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 ILC 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   Scapula Overlay
Underexposed (light) Poor contrast Mottle Other (please specify)
boxes that apply)  Artifacts  Poor processing  Excessive Edge Enhancement
2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES?  YES   Complete Sections 2B and 2C NO Proceed to Section 3A
2B. SMALL OPACITIES  a. SHAPE/SIZE  b. ZONES  c. PROFUSION  2C. LARGE OPACITIES
PRIMARY SECONDARY R L 0/- 0/0 0/1  P S P S UPPER X X 1/0 X 1/2  Q t Q t MIDDLE X X 2/1 2/2 2/3  X U X U LOWER 3/2 3/3 3/+
3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES?  YES  Complete Sections 3B, 3C  NO Proceed to Section 4A
3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)           Chest wall         Site         Calcification         Extent (chest wall; combined for in profile and face on)         Width (in profile only)           In profile         O         R         L         O         R         L         O         R         In profile and face on)         (3 to 5 mm = a)         3 to 5 mm = a         5 to 10 mm = b         5 to 10 mm = b         > 10 mm = c         > 10 mm = c         O         R         O         R         O         R         O         R         O         R         O         L         O         R         O         L         O         R         O         L         O         R         O         L         O         R         O         L         A         D         L         A         D         L         A         D         L         A         D         L         A         D         L         A         D         L         A         D         L         A         D         L         A         D         L         A         D         L         A         D         L         A         D         L         A         D         L         D
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  Chest wall  In profile  ORL  Face on ORL  ORL  ORL  ORL  ORL  ORL  ORL  ORL
4A. ANY OTHER ABNORMALITIES?  YES Complete Sections 4B-E and 5. NO Complete Section 5.
5. NIOSH Reader ID  (Leave ID Number blank if you are not a NIOSH A or B Reader)  READER'S INITIALS  DATE OF READING (mm-dd-yyyy)  0 7 - 1 6 - 2 0 2 3
SIGNATURE PRINTED NAME (LAST, FIRST MIDDLE)
STREET ADDRESS CITY STATE ZIP CODE

44D			
4B.	OTHER SYMBOLS (OBLIGATORY)		
	aa at ax bu ca cg cn co cp cv di ef em es	fr hi	ho id ih kl me pa pb pi px ra rp tb
aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
	homogeneous opaque appearance - may be recorded either in the	ih	ill-defined heart border - should be recorded only if the length of the heart
	presence or in the absence of large opacities		border affected, whether on the right or on the left side, is more than
bu	bulla(e)	1.1	one-third of the length of the left heart border
ca cg	cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	kl me	septal (Kerley) lines 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
cp	cor pulmonale		with the pleura
cv	cavity	pi	pleural thickening of an interlobar fissure
di	marked distortion of an intrathoracic structure	px	pneumothorax
ef em	pleural effusion emphysema	ra	rounded atelectasis rheumatoid pneumoconiosis
es	eggshell calcification of hilar or mediastinal lymph nodes	rp tb	tuberculosis
fr	fractured rib(s) (acute or healed)		
	☐ 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		□ Azygos lobe □ Density, lung □ Infiltrate □ Nodule, nodular lesion  Miscellaneous Abnormalities □ Foreign body ☑ Post-surgical changes/sternal wire □ Cyst  Vascular Disorders □ Aorta, anomaly of
	☐ Vertebral column abnormality		☐ Vascular abnormality
			Date Physician or Worker notified? (mm-dd-yyyy)
4E.	Should worker see personal physician because of findings?	YES	NO X
4D.	OTHER COMMENTS		
	Bilateral shoulder arthroplasty.		
	Nipple markers		

EXAMINEE'S Name (Last, First MI)

DATE OF RADIOGRAPH (mm-dd-yyyy)	CHEST KADIOGRAPH	I CLASSIFICATION	(
EXAMINEE'S Social Security Number	FEDERAL MINE SAFETY AND DEPARTMENT OF HEALTH CENTERS FOR DISEASE CO	AND HUMAN SERVICES	S
Full SSN is optional, last 4 digits are required	Coal Workers' Health S National Institute for Occupe 1000 Frederick La Morgantown, FAX: 304-2	ational Safety and Health ane, MS LB208 WV 26508	FACILITY Number - Unit Number
EXAMINEE'S Name (Last, First MI)			TVDE OF DEADDIC
45A			TYPE OF READING  A B K F
Note: Please record your interpretation of a singl International Classification of Radiographs of Pr			rm. Classify all appearances described in the ILO
1. IMAGE QUALITY Overexpos	sed (dark) Improper position	on Underinflation	Scapula Overlay
Underexpo	osed (light) Poor contrast	Mottle	Other (please specify)
boxes that apply)  Artifacts	Poor processing	Excessive Edge Enhancement	
2A. ANY CLASSIFIABLE PARENCHY	MAL ABNORMALITIES?	YES [	Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES a. SHAPE/SIZE	b. ZONES		LARGE OPACITIES
PRIMARY SECONDARY  P S P S  Q t Q t	$\begin{array}{c cccc} & R & L & & 0/-\\ & \swarrow & \swarrow & & 1/0 \\ \text{MIDDLE} & \swarrow & \searrow & & 2/1 \\ \text{LOWER} & \swarrow & \searrow & & 3/2 \\ \end{array}$	0/0   0/1	ZE O B C Proceed to Section 3A
3A. ANY CLASSIFIABLE PLEURAL A	BNORMALITIES?	YES	Complete Sections NO Proceed to Section 4A
	Comparison   Com	e on) al chest wall = 1	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c  R  B  C  A  B  C  C  C  C  C  C  C  C  C  C  C  C
3C. COSTOPHRENIC ANGLE OBLIT	ERATION IRIII	eed to on 3D NO Proceed to	o Section 4A
3D. DIFFUSE PLEURAL THICKENING Site Chest wall In profile O R L Face on O R 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 R O L 2 3 1 2 3	5 to 10 mm = b
4A. ANY OTHER ABNORMALITIES?	Y	ES Complete Sections 4B-I	E and 5. NO Complete Section 5.
5. NIOSH Reader ID  (Leave ID Number blank if you are not a NIOSH A		DER'S INITIALS	DATE OF READING (mm-dd-yyyy)  0 7 - 1 6 - 2 0 2 3
(Ecare 15 Number Smith II you are not a Nosi17	Tor B reader)		
CICNATURE		PRINTED NAME (LAST, FIRST M	MIDDLE)
SIGNATURE		(201,11011)	7
STREET ADDRESS	CITY		STATE ZIP CODE

45A			
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
00	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
aa at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities	id	ill-defined diaphragm border - should be recorded only if more than
	remaining visible, whereas a large opacity demonstrates a	.,	one-third of one hemidiaphragm is affected
	homogeneous opaque appearance - may be recorded either in the presence or in the absence of large opacities	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
bu	bulla(e)		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 co	calcification in small pneumoconiotic opacities abnormality of cardiac size or shape	pa pb	plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity
ср	cor pulmonale	ро	with the pleura
cv	cavity	pi	pleural thickening of an interlobar fissure
di	marked distortion of an intrathoracic structure	px	pneumothorax
ef	pleural effusion	ra	rounded atelectasis
em es	emphysema eggshell calcification of hilar or mediastinal lymph nodes	rp tb	rheumatoid pneumoconiosis tuberculosis
fr	fractured rib(s) (acute or healed)		
	Abnormalities of the Diaphragm  Eventration Hiatal hernia  Airway Disorders Bronchovascular markings, heavy or increased Hyperinflation  Bony Abnormalities Bony chest cage abnormality Fracture, healed (non-rib) Fracture, not healed (non-rib) Scoliosis Vertebral column abnormality		Lung Parenchymal Abnormalities  Azygos lobe Density, lung Infiltrate Nodule, nodular lesion  Miscellaneous Abnormalities Foreign body Post-surgical changes/sternal wire Cyst  Vascular Disorders Aorta, anomaly of Vascular abnormality
			Date Physician or Worker notified? (mm-dd-yyyy)
4E.	Should worker see personal physician because of findings?	YES	NO X
4D.	OTHER COMMENTS		

EXAMINEE'S Name (Last, First MI)

DATE OF RADIOGRAPH (mm-dd-yyyy)	CHEST RADIOGRAPI	H CLASSIFICATIO	11
EVAMINEE'S Social Security Number	FEDERAL MINE SAFETY A DEPARTMENT OF HEALTH CENTERS FOR DISEASE CO	H AND HUMAN SERVICE	ES
Full SSN is optional, last 4 digits are required	Coal Workers' Health: National Institute for Occup 1000 Frederick L Morgantown, FAX: 304-	pational Safety and Health Lane, MS LB208 , WV 26508	FACILITY Number - Unit Number
EXAMINEE'S Name (Last, First MI)			TYPE OF DEADING
45B			TYPE OF READING  A B F F
			form. Classify all appearances described in the ILO Use symbols and record comments as appropriate.
1. IMAGE QUALITY Overexpos	sed (dark) Improper posit	tion Underinflation	Scapula Overlay
Underexp	osed (light) Poor contrast	Mottle	Other (please specify)
boxes that apply)  Artifacts	Poor processin	Excessive Edge Enhancement	
2A. ANY CLASSIFIABLE PARENCHY	MAL ABNORMALITIES?	YES	Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES a. SHAPE/SIZE	b. ZONES		LARGE OPACITIES
PRIMARY SECONDARY  P S P S  q t q t	R L  UPPER	1/1 1/2	BIZE O B C Proceed to Section 3A
3A. ANY CLASSIFIABLE PLEURAL A	ABNORMALITIES?	YES	Complete Sections NO NO Proceed to Section 4A
-	1/4 to 1/2 of late		Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c  OR  BOL  a b c a b c
3C. COSTOPHRENIC ANGLE OBLIT	ERATION IR II I	ceed to tion 3D NO Proceed	I to Section 4A
3D. DIFFUSE PLEURAL THICKENIN  Site  Chest wall  In profile O R L  Face on O R L		Extent (chest wall; combined for in profile and face on)  Up to 1/4 of lateral chest wall = 1/4 to 1/2 of lateral chest wall = > 1/2 of lateral chest wall =   DR DL  2 3 1 2 3	(3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c  OR  OR  OL
4A. ANY OTHER ABNORMALITIES?		YES Complete Sections 4E	B-E and 5. NO Complete Section 5.
5. NIOSH Reader ID	REA	ADER'S INITIALS	DATE OF READING (mm-dd-yyyy)
			0 7 - 1 6 - 2 0 2 3
(Leave ID Number blank if you are not a NIOSH A	A or B Reader)		
	_		
SIGNATURE		PRINTED NAME (LAST, FIRST	MIDDLE)
STREET ADDRESS	CITY		STATE ZIP CODE

EXA	MINEE'S Name (Last, First MI)		
δB			
3.	OTHER SYMBOLS (OBLIGATORY)		
	aa at ax bu ca cg cn co cp cv di ef em es	fr hi l	no id ih kl me pa pb pi px ra rp tb
	atherosclerotic aorta	hi 1-	enlargement of non-calcified hilar or mediastinal lymph nodes
	significant apical pleural thickening coalescence of small opacities - with margins of the small opacities	ho id	honeycomb lung ill-defined diaphragm border - should be recorded only if more than
	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	ih	one-third of one hemidiaphragm is affected ill-defined heart border - should be recorded only if the length of the heart
	bulla(e)		border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
1 )	calcification in small pneumoconiotic opacities abnormality of cardiac size or shape	pa pb	plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity
,	cor pulmonale	Po	with the pleura
7	cavity	pi	pleural thickening of an interlobar fissure
i	marked distortion of an intrathoracic structure	px	pneumothorax
f n	pleural effusion emphysema	ra rp	rounded atelectasis rheumatoid pneumoconiosis
8	eggshell calcification of hilar or mediastinal lymph nodes	tb	tuberculosis
•	fractured rib(s) (acute or healed)		
	□ 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		Lung Parenchymal Abnormalities
	☐Vertebral column abnormality		□ Vascular abnormality
_		_	Date Physician or Worker notified? (mm-dd-y
£.	Should worker see personal physician because of findings?	YES	NO [X]
D.	OTHER COMMENTS		
	Arrow on L indicates an area of AX		

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

	CENTERS FOR DISEASE CONTROL & PREVENTION	N OMB No.: 0920-0020
DATE OF RADIOGRAPH (mm-dd-yyyy)	CDC/NIOSH (M) 2.8	
	REV. 12/2013	
EXAMINEE'S Social Security Number	Morgantown, WV 26505	FACILITY ID#
	7	4 5 C
	TYPE OF READING A B X F	4 5 0
	diograph by placing an "x" in the appropriate boxes on the moconiosis or Illustrated by the ILO Standard Radiographs	
1. IMAGE QUALITY Overexposed	(dark) Improper position Underinflation	1
1 X 3 U/R Underexpose	d (light) Poor contrast Mottle	
(If not Grade 1, mark all		
boxes that apply) Artifacts	Poor processing Other (please s	specify)
2A. ANY CLASSIFIABLE PARENCHYM	AL ABNORMALITIES?	YES Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES	b. ZONES c. PROFUSION 2C	C. LARGE OPACITIES
a. SHAPE/SIZE PRIMARY SECONDARY	R L 0/- 0/0 0/1	
p s p s UP	PER 1/0 1/1 1/2	SIZE O A C Proceed to
t q t MII	DDLE 2/1 2/2 2/3	Section 3A
r u X u	WER 3/3 3/+	
3A. ANY CLASSIFIABLE PLEURAL ABI	NORMALITIES?	Complete Sections NO Proceed to
	Y1	ES Sections NO Proceed to Section 4A
Sita   Calaifia	fication, extent, and width)  tion   Extent (chest wall; combined for	Width (in profile only)
Chest wall  In profile  ORL  OR	in profile and face on) Up to 1/4 of lateral chest wall = 1	(3mm minimum width required) 3 to 5 mm = a
Face on ORLOR	1/4 to $1/2$ of lateral chest wall = 2	5 to 10 mm = b
Diaphragm O R L O R	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s) O R L O R		
Other site(s) O R L O R		
3C. COSTOPHRENIC ANGLE OBLITER	ATION R L Proceed to Section 3D	NO Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING		d for Width (in profile only) (3mm minimum width required)
Site	extent, and width)  Up to 1/4 of lateral chest w 1/4 to 1/2 of lateral chest w	
Chest wall	Calcification > 1/2 of lateral chest w	vall = 3 $> 10  mm = c$
In profile ORL	O R L O R O L	O R O L
Face on ORL	O R L 1 2 3 1 2	3 a b c a b c
4A. ANY OTHER ABNORMALITIES?	Y	ES Complete Sections NO Proceed to Section 5
4B. OTHER SYMBOLS (OBLIGATORY)  aa at a	cp cv es fr ho id ih	kl me pa pb pi px ra rp tb
If other diseases or significant abn (See reverse for other symbol defin	ormalities (OD), <b>findings must be recorded on reverse.</b> tions.)  Date P	(section 4C/4D) Physician or Worker notified? (mm-dd-yyyy)
<b>4E.</b> Should worker see personal physician bec Proceed to Section 5		

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

at ax bu ca eg en co ep ev di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung  ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis		
	MARK ALL BOXES THAT APPLY: (Use of this list is in bnormalities of the Diaphragm	ntended	to reduce handwritten comments and is optional)  Lung Parenchymal Abnormalities		
	Eventration		☐ Azygos lobe		
	Hiatal hernia		☐ Density, lung		
	rway Disorders		☐ Infiltrate		
	Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion		
	] Hyperinflation		Miscellaneous Abnormalities		
	ony Abnormalities		☐ Foreign body		
	Bony chest cage abnormality		Post-surgical changes/sternal wire		
	Fracture, healed (non-rib)		☐ Cyst <b>Vascular Disorders</b>		
	Fracture, not healed (non-rib)		☐ Aorta, anomaly of		
	Scoliosis		☐ Vascular abnormality		
Ш	Vertebral column abnormality		V ascular abhormanty		
D. O	THER COMMENTS				
	-				
			DE 4 DEDIG		
5.	PHYSICIAN'S Social Security Number* * Furnishing your social		READER'S INITIALS DATE OF READING (mm-dd-yyyy)		
	number is voluntary. Y to provide this number				
	affect your right to par this program.	rticipate in			
	SIGNATURE				
5	DIGNATURE PR	INTED NAI	ME (LAST, FIRST MIDDLE)		
S	TREET ADDRESS CITY		STATE ZIP CODE		

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance Program National Institute for Occupational Safety and Health 1095 Willowdale Road, MS LB208 Morgantown, WV 26505	CDC/NIOSH (M) 2.8 REV. 12/2013
EXAMINEE'S Social Security Number		FACILITY ID#
	TYPE OF READING A B X F	4 5 D
	adiograph by placing an "x" in the appropriate boxes on t moconiosis or Illustrated by the ILO Standard Radiograp	
1. IMAGE QUALITY Overexposed	(dark) Improper position Underinflation	on
1 X 3 U/R Underexpose	ed (light) Poor contrast Mottle	
(If not Grade 1, mark all boxes that apply)  Artifacts	Poor processing Other (please	e specify)
2A. ANY CLASSIFIABLE PARENCHYM	AL ABNORMALITIES?	YES Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES  a. SHAPE/SIZE	D. ZUNES	C. LARGE OPACITIES
PRIMARY SECONDARY	R L 0/- 0/0 0/1	
	PER	SIZE O A Proceed to Section 3A
	WER 3/2 3/3 X+	
3A. ANY CLASSIFIABLE PLEURAL AB	NORMALITIES?	YES Complete Sections NO Proceed to
an present process		3B, 3C Section 4A
3B. PLEURAL PLAQUES (mark site, calculated) Chest wall  Site  Calcific		Width (in profile only) (3mm minimum width required)
In profile ORLOR	in profile and face on) Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on ORLOR	1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3	5 to 10 mm = b > 10 mm = c
Diaphragm O R L O R	L OR OL	O R O L
Other site(s) O R L O R	L 1 2 3 1 2 3	a b c a b c
3C. COSTOPHRENIC ANGLE OBLITER	RATION R L Proceed to Section 3D	NO Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING	(mark site, calcification, extent, and width)  Extent (chest wall; combining in profile and face on)	ed for Width (in profile only) (3mm minimum width required)
Site	Up to 1/4 of lateral chest	
Chest wall	Calcification > 1/2 of lateral chest	wall = 3 > 10  mm = c
In profile ORL		
Face on ORL	O R L 1 2 3 1 2	a b c a b c
4A. ANY OTHER ABNORMALITIES?		YES Complete Sections AB, 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	me pa pb pi px ra rp tb
If other diseases or significant abr (See reverse for other symbol defin	normalities (OD), <b>findings must be recorded on reverse</b> itions.)	. (section 4C/4D) Physician or Worker notified? (mm-dd-yyyy)
<b>4E.</b> Should worker see personal physician becomes to Section 5		

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

at ax bu ca eg en co ep ev di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung  ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis		
	MARK ALL BOXES THAT APPLY: (Use of this list is in bnormalities of the Diaphragm	ntended	to reduce handwritten comments and is optional)  Lung Parenchymal Abnormalities		
	Eventration		☐ Azygos lobe		
	Hiatal hernia		☐ Density, lung		
	rway Disorders		☐ Infiltrate		
	Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion		
	] Hyperinflation		Miscellaneous Abnormalities		
	ony Abnormalities		☐ Foreign body		
	Bony chest cage abnormality		Post-surgical changes/sternal wire		
	Fracture, healed (non-rib)		☐ Cyst <b>Vascular Disorders</b>		
	Fracture, not healed (non-rib)		☐ Aorta, anomaly of		
	Scoliosis		☐ Vascular abnormality		
Ш	Vertebral column abnormality		V ascular abhormanty		
D. O	THER COMMENTS				
	-				
			DE 4 DEDIG		
5.	PHYSICIAN'S Social Security Number* * Furnishing your social		READER'S INITIALS DATE OF READING (mm-dd-yyyy)		
	number is voluntary. Y to provide this number				
	affect your right to par this program.	rticipate in			
	SIGNATURE				
5	DIGNATURE PR	INTED NAI	ME (LAST, FIRST MIDDLE)		
S	TREET ADDRESS CITY		STATE ZIP CODE		

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020 DATE OF RADIOGRAPH (mm-dd-yyyy) Coal Workers' Health Surveillance Program CDC/NIOSH (M) 2.8 REV. 12/2013 National Institute for Occupational Safety and Health 1095 Willowdale Road, MS LB208 Morgantown, WV 26505 FACILITY ID# **EXAMINEE'S Social Security Number** 4 6 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 Underexposed (light) Poor contrast Mottle (If not Grade 1, mark all Other (please specify) boxes that apply) Artifacts Poor processing ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? 2A. Complete Sections Proceed to YES NO 2B and 2C Section 3A c. PROFUSION LARGE OPACITIES 2B. **SMALL OPACITIES** 2C. h ZONES a. SHAPE/SIZE 0/-0/0 PRIMARY SECONDARY UPPER Proceed to Section 3A MIDDLE LOWER ANY CLASSIFIABLE PLEURAL ABNORMALITIES? 3A. Complete Sections Proceed to YES NO 3B, 3C Section 4A 3B. PLEURAL PLAQUES (mark site, calcification, extent, and width) Width (in profile only) Site Calcification Extent (chest wall; combined for Chest wall (3mm minimum width required) in profile and face on) R L 3 to 5 mm = aIn profile Up to 1/4 of lateral chest wall = 1 5 to 10 mm = b1/4 to 1/2 of lateral chest wall = 2 R L O Face on > 10 mm = c> 1/2 of lateral chest wall = 3 R 0 R Diaphragm Other site(s) Proceed to Proceed to COSTOPHRENIC ANGLE OBLITERATION 3C. NO Section 3D Section 4A Width (in profile only) Extent (chest wall; combined for DIFFUSE PLEURAL THICKENING (mark site, calcification, 3D. (3mm minimum width required) in profile and face on) extent, and width) Up to 1/4 of lateral chest wall = 1 3 to 5 mm = aSite 5 to 10 mm = b1/4 to 1/2 of lateral chest wall = 2 Calcification Chest wall > 1/2 of lateral chest wall = 3 > 10 mm = cO R In profile 0 Face on Complete Sections Proceed to ANY OTHER ABNORMALITIES? YES X NO 4B, 4C, 4D, 4E OTHER SYMBOLS (OBLIGATORY) 4B. cn co cp em aa 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 Proceed to Section 5

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

bu ca cg cn co cp cv di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis
1	C. MARK ALL BOXES THAT APPLY: (Use of this list is in the companies of the Diaphragm ☐ Eventration	ntended	Lung Parenchymal Abnormalities
_	☐ Hiatal hernia		☐ Azygos lobe ☐ Density, lung
A	Airway Disorders		☐ Infiltrate
	☐ Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion
	☐ Hyperinflation		Miscellaneous Abnormalities
]	Bony Abnormalities		☐ Foreign body
	☐ Bony chest cage abnormality		☑ Post-surgical changes/sternal wire
	☐ Fracture, healed (non-rib)		☐ Cyst
	☐ Fracture, not healed (non-rib)		Vascular Disorders
	☐ Scoliosis		☐ Aorta, anomaly of
	☐ Vertebral column abnormality		☐ Vascular abnormality
4D (	OTHER COMMENTS		
+D. C			
	Status post left upper lobe lobectomy		
			READER'S
5.	PHYSICIAN'S Social Security Number* * Furnishing your social number is voluntary. Y		INITIALS DATE OF READING (mm-dd-yyyy)
	to provide this number affect your right to par		
L	this program.		
-	SIGNATURE PR	INTED NA	ME (LAST, FIRST MIDDLE)
	TK	ILD IVA	(2. 2., 1 1001 (1110002))
_			
	STREET ADDRESS CITY		STATE ZIP CODE

DATE OF RADIOGRAPH (mm-dd-yyyy)	CHEST KADIOGKAP	TH CLASSIFICATIO	11
EXAMINEE'S Social Security Number	FEDERAL MINE SAFETY A DEPARTMENT OF HEALT CENTERS FOR DISEASE C	TH AND HUMAN SERVICE	ES
Full SSN is optional, last 4 digits are required	National Institute for Occu 1000 Frederick Morgantown	n Surveillance Program upational Safety and Health Lane, MS LB208 n, WV 26508 4-285-6058	FACILITY Number - Unit Number
EXAMINEE'S Name (Last, First MI)			TYPE OF PEADING
46B			TYPE OF READING A B K F
			Form. Classify all appearances described in the ILO Use symbols and record comments as appropriate.
1. IMAGE QUALITY Overexpos	sed (dark) Improper pos	ution Underinflation	Scapula Overlay
1 X 3 U/R Underexpo	osed (light) Poor contrast	Modele	Other (please specify)
boxes that apply)  Artifacts	Poor processi	Excessive Edge Enhancement	
2A. ANY CLASSIFIABLE PARENCHY	MAL ABNORMALITIES?	YES	Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES a. SHAPE/SIZE	b. ZONES	PROFUSION 2C.	LARGE OPACITIES
PRIMARY SECONDARY  P S P S  t q t	R L   0/2   1/4   1/2   1/4	1   2/2   2/3   2   3/3   3/+	B C Proceed to Section 3A
3A. ANY CLASSIFIABLE PLEURAL A	ABNORMALITIES?	YES	Complete Sections NO NO Section 4A
	R L in profile and fa Up to 1/4 of lat 1/4 to 1/2 of lat	teral chest wall = 1 teral chest wall = 2 teral chest wall = 3	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c  OR  OR  a b c a b c
3C. COSTOPHRENIC ANGLE OBLIT	ERATION IRIII	oceed to ction 3D NO Proceed	to Section 4A
3D. DIFFUSE PLEURAL THICKENIN  Site  Chest wall  In profile O R L  Face on O R L		Extent (chest wall; combined for in profile and face on) Up to 1/4 of lateral chest wall = 1/4 to 1/2 of lateral chest wall = > 1/2 of lateral chest wall =  R  D R  D L	(3mm minimum width required)  3 to 5 mm = a  5 to 10 mm = b  > 10 mm = c  O R  O L
4A. ANY OTHER ABNORMALITIES?		YES Complete Sections 4B	3-E and 5. NO Complete Section 5.
5. NIOSH Reader ID	RF	EADER'S INITIALS	DATE OF READING (mm-dd-yyyy)
			07-17-2023
(Leave ID Number blank if you are not a NIOSH A	A or B Reader)		
SIGNATURE		PRINTED NAME (LAST, FIRST	MIDDLE)
STREET ADDRESS	CITY		STATE ZIP CODE

46B			
4B.	OTHER SYMBOLS (OBLIGATORY)		
	aa at ax bu ca cg cn co cp cv di ef em es	fr hi h	no id ih kl me pa pb pi px ra rp tb
aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities	id	ill-defined diaphragm border - should be recorded only if more than
	remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the	ih	one-third of one hemidiaphragm is affected ill-defined heart border - should be recorded only if the length of the heart
	presence or in the absence of large opacities	•••	border affected, whether on the right or on the left side, is more than
bu	bulla(e)		one-third of the length of the left heart border
ca cg	cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	kl me	septal (Kerley) lines 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
cp	cor pulmonale cavity	:	with the pleura
cv di	marked distortion of an intrathoracic structure	pı px	pleural thickening of an interlobar fissure pneumothorax
ef	pleural effusion	ra	rounded atelectasis
em	emphysema	rp	rheumatoid pneumoconiosis
es fr	eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	tb	tuberculosis
	☐ 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)		Lung Parenchymal Abnormalities  Azygos lobe Density, lung Infiltrate Nodule, nodular lesion  Miscellaneous Abnormalities Foreign body Post-surgical changes/sternal wire Cyst  Vascular Disorders
	Scoliosis		☐ Aorta, anomaly of
	☐ Vertebral column abnormality		☐ Vascular abnormality
			Date Physician or Worker notified? (mm-dd-yyyy)
4E.	Should worker see personal physician because of findings?	YES \[ \]	NO
4D.	OTHER COMMENTS		
	The arrow over the right mid lung zone indica	tes an a	rea of AX.

EXAMINEE'S Name (Last, First MI)

DATE OF RADIOGRAPH (mm-dd-yyyy)	CHEST RADIOGRAPH C	LASSIFICATION	
	FEDERAL MINE SAFETY AND DEPARTMENT OF HEALTH AI CENTERS FOR DISEASE CONT	ND HUMAN SERVICES	
EXAMINEE'S Social Security Number  Full SSN is optional, last 4 digits are required.	Coal Workers' Health Surv National Institute for Occupation 1000 Frederick Lane, Morgantown, WV FAX: 304-285	onal Safety and Health , MS LB208 V 26508	FACILITY Number - Unit Number
EXAMINEE'S Name (Last, First MI)			
46C			TYPE OF READING  A B F F
Note: Please record your interpretation of a singl International Classification of Radiographs of Pr			. Classify all appearances described in the ILO
1. IMAGE QUALITY Overexpos	ed (dark)     Improper position	Underinflation	Scapula Overlay
1 3 U/R Underexpo	sed (light) Poor contrast	Mottle	Other (please specify)
boxes that apply)  Artifacts	Poor processing	Excessive Edge Enhancement	
2A. ANY CLASSIFIABLE PARENCHY	MAL ABNORMALITIES?	YES X	Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES  a. SHAPE/SIZE	b. ZONES  c. PROFE		RGE OPACITIES
PRIMARY SECONDARY  P S P S  Q t X t	R L 0/- 0/-  JPPER X X 2/1 2/2  MIDDLE X X 3/2 X	(0) 0/1 /1 1/2 /2 2/3 (3/+	O A Proceed to Section 3A
3A. ANY CLASSIFIABLE PLEURAL A	BNORMALITIES?	YES	Complete Sections NO Proceed to Section 4A
Chest wall  In profile  Face on  ORL  O  Diaphragm  ORL  O  O  O  O  O  O  O  O  O  O  O  O  O	Control   Cont	$\begin{array}{c} (3) \\ \text{hest wall} = 1 \\ \text{shest wall} = 2 \end{array}$	mm minimum width required) to 5 mm = a to 10 mm = b > 10 mm = c O R O L a b c a b c
3C. COSTOPHRENIC ANGLE OBLITI	ERATION R L Proceed Section 3	NO   Proposed to S	ection 4A
3D. DIFFUSE PLEURAL THICKENING Site Chest wall In profile O R L Face on O R L	G (mark site, calcification, extent, and width)  Calcification  R L	tetent (chest wall; combined for 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  R  O L  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  OR  a b c a b c
4A. ANY OTHER ABNORMALITIES?	YES	Complete Sections 4B-E a	and 5. NO Complete Section 5.
5. NIOSH Reader ID	READI	ER'S INITIALS D	ATE OF READING (mm-dd-yyyy)
			0 7 - 1 7 - 2 0 2 3
(Leave ID Number blank if you are not a NIOSH A	or B Reader)		
SIGNATURE	PRI	NTED NAME (LAST, FIRST MID	DDLE)
STREET ADDRESS	CITY		STATE ZIP CODE

3C	AMINEE'S Name (Last, First MI)		
В.			
D.	OTHER SYMBOLS (OBLIGATORY)	C 1: 1	
	aa at ax bu ca cg cn co cp cv di ef em es	fr hi h	o id ih kl me pa pb pi px ra rp tb
a	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
t	significant apical pleural thickening	ho	honeycomb lung
X	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
	homogeneous opaque appearance - may be recorded either in the	ih	ill-defined heart border - should be recorded only if the length of the heart
	presence or in the absence of large opacities		border affected, whether on the right or on the left side, is more than
u	bulla(e) cancer, thoracic malignancies excluding mesothelioma	1-1	one-third of the length of the left heart border septal (Kerley) lines
a g	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	kl me	mesothelioma
n	calcification in small pneumoconiotic opacities	pa	plate atelectasis
0	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity
p v	cor pulmonale cavity	pi	with the pleura pleural thickening of an interlobar fissure
li	marked distortion of an intrathoracic structure	px	pneumothorax
ef	pleural effusion	ra	rounded atelectasis
em es	emphysema eggshell calcification of hilar or mediastinal lymph nodes	rp tb	rheumatoid pneumoconiosis tuberculosis
r	fractured rib(s) (acute or healed)	ιο	tubereurosis
	Abnormalities of the Diaphragm  Eventration		Lung Parenchymal Abnormalities
	☐ Hiatal hernia		☐ Azygos lobe
	Airway Disorders		☐Density, lung ☐Infiltrate
	☐ Bronchovascular markings, heavy or increased		
	Hyperinflation		☐ Nodule, nodular lesion  Miscellaneous Abnormalities
	Bony Abnormalities		Foreign body
	_ `		Post-surgical changes/sternal wire
	Bony chest cage abnormality		Cyst
	Fracture, healed (non-rib)		Vascular Disorders
	☐ Fracture, not healed (non-rib) ☐ Scoliosis		☐ Aorta, anomaly of
			☐ Vascular abnormality
	☐Vertebral column abnormality		Date Physician or Worker notified? (mm-dd-y
			Date Physician or worker notified? (min-dd-y
Ε.	Should worker see personal physician because of findings?	YES 🔀	NO
1D	OTHER COMMENTS		
. 17			
	Arrows indicate areas of AX.		

DATE OF RADIOGRAPH (mm-dd-yyyy)	CHEST KADIOGKAP	TH CLASSIFICATIO	JIN
EVAMINEE'S Social Sequeity Number	FEDERAL MINE SAFETY A DEPARTMENT OF HEALT CENTERS FOR DISEASE O	TH AND HUMAN SERVIC	CES
EXAMINEE'S Social Security Number  Full SSN is optional, last 4 digits are required	National Institute for Occi 1000 Frederick Morgantow	h Surveillance Program upational Safety and Health Lane, MS LB208 rn, WV 26508 4-285-6058	FACILITY Number - Unit Number
EXAMINEE'S Name (Last, First MI)			
46D			TYPE OF READING  A B K F
			s form. Classify all appearances described in the ILO Use symbols and record comments as appropriate.
1. IMAGE QUALITY Overexpo	sed (dark) Improper pos	sition Underinflation	Scapula Overlay
	osed (light) Poor contrast	t Mottle	Other (please specify)
(If not Grade 1, mark all boxes that apply)  Artifacts	Poor process	ing Excessive Edge Enhancement	
2A. ANY CLASSIFIABLE PARENCHY	MAL ABNORMALITIES?	YE	CS Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES  a. SHAPE/SIZE	b. ZONES	PROFUSION 2C.	LARGE OPACITIES
PRIMARY SECONDARY  P S P S  T U T U	R L   UPPER   X   X   1/2	7- 0/0 0/1 70 X 1/2 71 2/2 2/3 72 3/3 3/+	SIZE O B C Proceed to Section 3A
3A. ANY CLASSIFIABLE PLEURAL A	ABNORMALITIES?	YES	Complete Sections NO Proceed to Section 4A
	R   L	teral chest wall = 1 teral chest wall = 2 teral chest wall = 3	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c  R  a b c a b c
3C. COSTOPHRENIC ANGLE OBLIT	TERATION IR III I	roceed to NO NO Proceed	ed to Section 4A
3D. DIFFUSE PLEURAL THICKENIN  Site  Chest wall  In profile O R L  Face on O R L	(mark site, calcification, extent, and width)  Calcification  ORL  ORL	Extent (chest wall; combined for in profile and face on) Up to 1/4 of lateral chest wall 1/4 to 1/2 of lateral chest wall > 1/2 of lateral chest wall  R  D L  1 2 3 1 2	(3mm minimum width required) 3 to 5 mm = a 1 = 2 5 to 10 mm = b
4A. ANY OTHER ABNORMALITIES?	,	YES Complete Sections 4	4B-E and 5. NO Complete Section 5.
5. NIOSH Reader ID  (Leave ID Number blank if you are not a NIOSH		EADER'S INITIALS	DATE OF READING (mm-dd-yyyy)  0 7 - 1 7 - 2 0 2 3
SIGNATUDE		PRINTED NAME (LAST, FIRS	ST MIDDLE)
SIGNATURE			
STREET ADDRESS	CITY		STATE ZIP CODE

6D B. O			
aa	THER SYMBOLS (OBLIGATORY)		
	at ax bu ca cg cn co cp cv di ef em es	fr hi ho	o id ih kl me pa pb pi px ra rp tb
a	atherosclerotic aorta		enlargement of non-calcified hilar or mediastinal lymph nodes
ζ.	significant apical pleural thickening coalescence of small opacities - with margins of the small opacities		honeycomb lung ill-defined diaphragm border - should be recorded only if more than
	remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the	ih	one-third of one hemidiaphragm is affected ill-defined heart border - should be recorded only if the length of the heart
1	presence or in the absence of large opacities bulla(e)		border affected, whether on the right or on the left side, is more than one-third of the length of the left heart border
a	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
g	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes		mesothelioma
n o	calcification in small pneumoconiotic opacities abnormality of cardiac size or shape	1	plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity
p	cor pulmonale	_	with the pleura
V	cavity	pi	pleural thickening of an interlobar fissure
i f	marked distortion of an intrathoracic structure		pneumothorax
f m	pleural effusion emphysema		rounded atelectasis rheumatoid pneumoconiosis
s	eggshell calcification of hilar or mediastinal lymph nodes		tuberculosis
r	fractured rib(s) (acute or healed)		
	onormalities of the Diaphragm		Lung Parenchymal Abnormalities
Air Bo	Eventration Hiatal hernia  way Disorders Bronchovascular markings, heavy or increased Hyperinflation  ny Abnormalities Bony chest cage abnormality Fracture, healed (non-rib) Fracture, not healed (non-rib) Scoliosis		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
Air Bo	Eventration Hiatal hernia  way Disorders Bronchovascular markings, heavy or increased Hyperinflation  ny Abnormalities Bony chest cage abnormality Fracture, healed (non-rib) Fracture, not healed (non-rib)		□ 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
Air Bo	Eventration Hiatal hernia  way Disorders Bronchovascular markings, heavy or increased Hyperinflation  ny Abnormalities Bony chest cage abnormality Fracture, healed (non-rib) Fracture, not healed (non-rib) Scoliosis	YES X	□ Azygos lobe □ Density, lung □ Infiltrate □ Nodule, nodular lesion  Miscellaneous Abnormalities □ Foreign body □ Post-surgical changes/sternal wire □ Cyst  Vascular Disorders □ Aorta, anomaly of □ Vascular abnormality  Date Physician or Worker notified? (mm-dd-yy

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

	CENTERS FOR DISEASE CONTROL & PREVE	NTION OMB No.: 0920-	-0020
DATE OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance Program National Institute for Occupational Safety and H 1095 Willowdale Road, MS LB208	ealth CDC/NIOSH (M REV. 12/2013	2.8
	Morgantown, WV 26505	FACILITY ID#	
EXAMINEE'S Social Security Number		TACILITI ID	$\neg$
	TYPE OF READING A B I		7
International Classification of Radiographs of Pne	radiograph by placing an "x" in the appropriate boxes umoconiosis or Illustrated by the ILO Standard Radio		
1. IMAGE QUALITY Overexpose	ed (dark) Improper position Underin	flation	
Underexpo	sed (light) Poor contrast Mottle		
(If not Grade 1, mark all boxes that apply)  Artifacts	Poor processing Other (p	lease specify)	_
2A. ANY CLASSIFIABLE PARENCHY!			
ZA. ANT CLASSIFIABLE LAKENCHTI	TAL ADMINISTRES:	YES Complete Sections NO NO	Proceed to Section 3A
2B. SMALL OPACITIES	b. ZONES c. PROFUSION	2C. LARGE OPACITIES	
a. SHAPE/SIZE PRIMARY SECONDARY	R L 0/- 0/0 0/1		
	JPPER 1/0 1/1 1/2	SIZE O A B C Proceed Section	
	MIDDLE 2/1 2/2 2/3		371
r u r u	OWER 3/2 3/3 3/+		
3A. ANY CLASSIFIABLE PLEURAL A	BNORMALITIES?	YES Complete Sections NO 3B, 3C	Proceed to Section 4A
	cification, extent, and width) Cacation Extent (chest wall; combined for	Width (in profile only)	
Chest wall	in profile and face on)	(3mm minimum width required) 3 to 5 mm = a	
In profile Face on OXX	Up to $1/4$ of lateral chest wall = 1 1/4 to $1/2$ of lateral chest wall = 2	5 to 10 mm = b	
Diaphragm O X X	> 1/2 of lateral chest wall = 3	> 10 mm = c	
Other site(s)			
3C. COSTOPHRENIC ANGLE OBLITE	Proceed to		Proceed to
	Section 3D	MO Midth (in profile only)	Section 4A
3D. DIFFUSE PLEURAL THICKENING	extent, and width) in profile and face or	(3mm minimum width required)	
Site Chest wall	Up to 1/4 of lateral of 1/4 to 1/2 of lateral of 1/4 to 1/	thest wall = 2 $5 \text{ to } 10 \text{ mm} = b$	
In profile O R L	O R L O R O	chest wall = 3 > 10  mm = c $ chest wall = 3 > 10  mm = c$ $ chest wall = 3 > 10  mm = c$	
Face on O R L	O R L 1 2 3 1	2 3 a b c a b	С
4A. ANY OTHER ABNORMALITIES?		YES Complete Sections 4B, 4C, 4D, 4E NO	Proceed to Section 5
4B. OTHER SYMBOLS (OBLIGATOR)  aa at ax bu ca cg cn cc		ih kl me pa pb pi px ra rp	tb
If other diseases or significant al (See reverse for other symbol defi	onormalities (OD), <b>findings must be recorded on rev</b> initions.)	erse. (section 4C/4D) ate Physician or Worker notified? (mm-c	ld-vvvv)
<b>4E.</b> Should worker see personal physician be Proceed to Section 5			7,7,7,7

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

bu ca cg cn cco cp cv di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung  ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis		
	MARK ALL BOXES THAT APPLY: (Use of this list is i	intended			
	] Eventration		<b>Lung Parenchymal Abnormalities</b> ☐ Azygos lobe		
	Hiatal hernia		Density, lung		
Ai	irway Disorders		☐ Infiltrate		
	Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion		
	] Hyperinflation		Miscellaneous Abnormalities		
В	ony Abnormalities		☐ Foreign body		
	Bony chest cage abnormality		Post-surgical changes/sternal wire		
	Fracture, healed (non-rib)		☐ Cyst  Vascular Disorders  ☐ Aorta, anomaly of		
	Fracture, not healed (non-rib)				
	Scoliosis				
	Vertebral column abnormality		☐ Vascular abnormality		
וח מי	THED COMMENTS				
њ. О	THER COMMENTS				
_	DINVOICIANIC C 11C 4 N 1 4		READER'S		
5.	PHYSICIAN'S Social Security Number* * Furnishing your soci number is voluntary. Y	our refusal	INITIALS DATE OF READING (mm-dd-yyyy)		
	to provide this number affect your right to par				
	this program.	L			
	SIGNATURE PR	INTED NA	ME (LAST, FIRST MIDDLE)		
<u></u>	TREET ADDRESS CITY		STATE ZIP CODE		
D			SIAID ZIPUUP		

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

	CENTERS FOR DISEASE CONTROL & PREVENTION	OMB No.: 0920-0020
DATE OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance Program	CDC/NIOSH (M) 2.8
	National Institute for Occupational Safety and Health 1095 Willowdale Road, MS LB208 Morgantown, WV 26505	REV. 12/2013
EXAMINEE'S Social Security Number	,	FACILITY ID#
		4 0
	TYPE OF READING A B X F	4 8
International Classification of Radiographs of Pne	radiograph by placing an "x" in the appropriate boxes on this form. Cla umoconiosis or Illustrated by the ILO Standard Radiographs. Use syml	
1. IMAGE QUALITY Overexpose	d (dark) Improper position Underinflation	
Underexpos	sed (light) Poor contrast Mottle	
(If not Grade 1, mark all		
boxes that apply) Artifacts	Poor processing Other (please specify)	
2A. ANY CLASSIFIABLE PARENCHYN	MAL ABNORMALITIES?  YES	Complete Sections 2B and 2C NO Proceed to Section 3A
2B. SMALL OPACITIES	b. ZONES c. PROFUSION 2C. LARG	GE OPACITIES
a. SHAPE/SIZE PRIMARY SECONDARY	R L 0/- 0/0 0/1	
p s p s	PPER 1/0 1/1 1/2 SIZE	A B C Proceed to
qt xt	MIDDLE 2/1 2/2 2/3	Section 3A
L Tu Tu L	OWER   3/3 3/4	
3A. ANY CLASSIFIABLE PLEURAL AI	BNORMALITIES? YES	Complete Sections 3B, 3C NO Proceed to Section 4A
	cification, extent, and width)	(in profile only)
Chest wall	in profile and face on) (3mm	minimum width required)
in prome	$\frac{1/4 \text{ to } 1/2 \text{ of lateral chest wall}}{1/4 \text{ to } 1/2 \text{ of lateral chest wall}} = 2$	5 mm = a 0 mm = b
Face on ORLO	V II I I I I	0 mm = c
Diaphragm O R L O 1	R L O R O L	R O L
Other site(s) O R L O	R L 1 2 3 1 2 3 a	b c a b c
3C. COSTOPHRENIC ANGLE OBLITE	RATION R L Proceed to Section 3D	NO Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING	(mark site, calcification, Extent (chest wall; combined for	Width (in profile only)
Site	extent, and width)  in profile and face on)  Up to 1/4 of lateral chest wall = 1	(3mm minimum width required) 3 to 5 mm = a
Chest wall	Calcification 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3	5 to 10 mm = b > 10 mm = c
In profile ORL	O R L O R O L	O R O L
Face on O R L	O R L 1 2 3 1 2 3	a b c a b c
4A. ANY OTHER ABNORMALITIES?	YES X	Complete Sections 4B, 4C, 4D, 4E  NO Proceed to Section 5
4B. OTHER SYMBOLS (OBLIGATORY at   bu   ca   cg   cn   co		pa pb pi px ra rp tb
OD If other diseases or significant ab	onormalities (OD), <b>findings must be recorded on reverse.</b> (section 4C nitions.)	<i>'</i>
4E. Should worker see personal physician be Proceed to Section 5	Date I Hysician	or Worker notified? (mm-dd-yyyy)

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

bu ca cg cn cco cp cv di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung  ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis		
	MARK ALL BOXES THAT APPLY: (Use of this list is i	intended			
	] Eventration		<b>Lung Parenchymal Abnormalities</b> ☐ Azygos lobe		
	Hiatal hernia		Density, lung		
Ai	irway Disorders		☐ Infiltrate		
	Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion		
	] Hyperinflation		Miscellaneous Abnormalities		
В	ony Abnormalities		☐ Foreign body		
	Bony chest cage abnormality		Post-surgical changes/sternal wire		
	Fracture, healed (non-rib)		☐ Cyst  Vascular Disorders  ☐ Aorta, anomaly of		
	Fracture, not healed (non-rib)				
	Scoliosis				
	Vertebral column abnormality		☐ Vascular abnormality		
וח מי	THED COMMENTS				
њ. О	THER COMMENTS				
_	DINVOICIANIC C 11C 4 N 1 4		READER'S		
5.	PHYSICIAN'S Social Security Number* * Furnishing your soci number is voluntary. Y	our refusal	INITIALS DATE OF READING (mm-dd-yyyy)		
	to provide this number affect your right to par				
	this program.	L			
	SIGNATURE PR	INTED NA	ME (LAST, FIRST MIDDLE)		
<u></u>	TREET ADDRESS CITY		STATE ZIP CODE		
D			SIAID ZIPUUP		

DATE OF RADIOGRAPH (mm-dd-yyyy)	CHEST RADIOGRAPH CLASSIFIC	CATION
	FEDERAL MINE SAFETY AND HEALTH AC DEPARTMENT OF HEALTH AND HUMAN CENTERS FOR DISEASE CONTROL & PRE	SERVICES
EXAMINEE'S Social Security Number  Full SSN is optional, last 4 digits are required	Coal Workers' Health Surveillance Progra National Institute for Occupational Safety and 1000 Frederick Lane, MS LB208	am
EXAMINEE'S Name (Last, First MI)		TYPE OF READING
49		A B F
		tes on this form. Classify all appearances described in the ILO diographs. Use symbols and record comments as appropriate.
1. IMAGE QUALITY Overexpo	osed (dark) Improper position Underin	nflation Scapula Overlay
Underexp	posed (light) Poor contrast Mottle	Other (please specify)
boxes that apply)  Artifacts	Poor processing Excessing Enhance	sive Edge cement
2A. ANY CLASSIFIABLE PARENCH	YMAL ABNORMALITIES?	YES Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES  a. SHAPE/SIZE PRIMARY SECONDARY  PSP SP S  Q t Q t  T U T U	b. ZONES  R L  UPPER	2C. LARGE OPACITIES  SIZE O A B C Proceed to Section 3A
3A. ANY CLASSIFIABLE PLEURAL	ABNORMALITIES?	YES Complete Sections NO Proceed to Section 4A
	Calcification, extent, and width	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c  O R O L a b c a b c
3C. COSTOPHRENIC ANGLE OBLIT	TERATION R L Proceed to Section 3D NO	Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING  Site  Chest wall  In profile ORL  Face on ORL	extent, and width)  Up to 1/4 of lateral  Calcification  1/4 to 1/2 of lateral	(3mm minimum width required) 1 chest wall = 1 1 chest wall = 2 1 chest wall = 3 1 chest wall = 3 1 chest wall = 3
4A. ANY OTHER ABNORMALITIES	? YES X Complete	te Sections 4B-E and 5. NO Complete Section 5.
5. NIOSH Reader ID  (Leave ID Number blank if you are not a NIOSH	READER'S INITIAL  I A or B Reader)	DATE OF READING (mm-dd-yyyy)  0 7 - 1 7 - 2 0 2 3
SIGNATURE	PRINTED NAME (La	AST, FIRST MIDDLE)
STREET ADDRESS	CITY	STATE ZIP CODE

OTHER SYMBOLS (OBLIGATORY)		
na 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
atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
		honeycomb lung ill-defined diaphragm border - should be recorded only if more than
remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the	ih	one-third of one hemidiaphragm is affected 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
cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
	pa	plate atelectasis
	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
•	pi	pleural thickening of an interlobar fissure
marked distortion of an intrathoracic structure	px	pneumothorax
pleural effusion	ra	rounded atelectasis
emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	rp tb	rheumatoid pneumoconiosis tuberculosis
bnormalities of the Diaphragm  ] Eventration		T D 1 141 199
		Lung Parenchymal Abnormalities
_		☐Azygos lobe
Hiatal hernia		☐ Azygos lobe ☐ Density, lung
Hiatal hernia rway Disorders		☐ Azygos lobe ☐ Density, lung ☐ Infiltrate
Hiatal hernia  rway Disorders  Bronchovascular markings, heavy or increased		☐ Azygos lobe ☐ Density, lung
Hiatal hernia  rway Disorders  Bronchovascular markings, heavy or increased  Hyperinflation		☐ Azygos lobe ☐ Density, lung ☐ Infiltrate ☐ Nodule, nodular lesion Miscellaneous Abnormalities
Hiatal hernia  rway Disorders  Bronchovascular markings, heavy or increased		□ Azygos lobe □ Density, lung □ Infiltrate □ Nodule, nodular lesion  Miscellaneous Abnormalities □ Foreign body
Hiatal hernia  rway Disorders  Bronchovascular markings, heavy or increased  Hyperinflation		☐ Azygos lobe ☐ Density, lung ☐ Infiltrate ☐ Nodule, nodular lesion Miscellaneous Abnormalities
Hiatal hernia rway Disorders Bronchovascular markings, heavy or increased Hyperinflation ony Abnormalities Bony chest cage abnormality		□ Azygos lobe □ Density, lung □ Infiltrate □ Nodule, nodular lesion  Miscellaneous Abnormalities □ Foreign body
Hiatal hernia rway Disorders Bronchovascular markings, heavy or increased Hyperinflation ony Abnormalities Bony chest cage abnormality Fracture, healed (non-rib)		□ Azygos lobe □ Density, lung □ Infiltrate □ Nodule, nodular lesion  Miscellaneous Abnormalities □ Foreign body □ Post-surgical changes/sternal wire
Hiatal hernia rway Disorders Bronchovascular markings, heavy or increased Hyperinflation ony Abnormalities Bony chest cage abnormality Fracture, healed (non-rib) Fracture, not healed (non-rib)		□ Azygos lobe □ Density, lung □ Infiltrate □ Nodule, nodular lesion  Miscellaneous Abnormalities □ Foreign body □ Post-surgical changes/sternal wire □ Cyst
Hiatal hernia  rway Disorders  Bronchovascular markings, heavy or increased  Hyperinflation  ony Abnormalities  Bony chest cage abnormality  Fracture, healed (non-rib)  Scoliosis		□ Azygos lobe □ Density, lung □ Infiltrate □ Nodule, nodular lesion  Miscellaneous Abnormalities □ Foreign body □ Post-surgical changes/sternal wire □ Cyst  Vascular Disorders
Hiatal hernia rway Disorders Bronchovascular markings, heavy or increased Hyperinflation ony Abnormalities Bony chest cage abnormality Fracture, healed (non-rib) Fracture, not healed (non-rib)		□ Azygos lobe □ Density, lung □ Infiltrate □ Nodule, nodular lesion  Miscellaneous Abnormalities □ Foreign body □ Post-surgical changes/sternal wire □ Cyst  Vascular Disorders □ Aorta, anomaly of
Hiatal hernia  rway Disorders  Bronchovascular markings, heavy or increased  Hyperinflation  ony Abnormalities  Bony chest cage abnormality  Fracture, healed (non-rib)  Scoliosis	YES S	□ Azygos lobe □ Density, lung □ Infiltrate □ Nodule, nodular lesion  Miscellaneous Abnormalities □ Foreign body □ Post-surgical changes/sternal wire □ Cyst  Vascular Disorders □ Aorta, anomaly of □ Vascular abnormality  Date Physician or Worker notified? (mm-dd-yy
	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)  ARK ALL BOXES THAT APPLY: (Use of this list is inte	significant apical pleural thickening coalescence of small opacities - with margins of the small opacities id 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 bulla(e)  cancer, thoracic malignancies excluding mesothelioma kl calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes me calcification in small pneumoconiotic opacities pa abnormality of cardiac size or shape cor pulmonale cavity pi marked distortion of an intrathoracic structure px pleural effusion ra emphysema rp eggshell calcification of hilar or mediastinal lymph nodes tb fractured rib(s) (acute or healed)  ARK ALL BOXES THAT APPLY: (Use of this list is intended to red

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy) Coal Workers' Health Surveillance Program CDC/NIOSH (M) 2.8 REV. 12/2013 National Institute for Occupational Safety and Health 1095 Willowdale Road, MS LB208 Morgantown, WV 26505 FACILITY ID# **EXAMINEE'S Social Security Number** 5 0 TYPE OF READING A B K 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 Consider repeat image Underexposed (light) Poor contrast Mottle (If not Grade 1, mark all Other (please specify) boxes that apply) Artifacts Poor processing ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? 2A. Complete Sections Proceed to YES NO X 2B and 2C c. PROFUSION LARGE OPACITIES 2B. **SMALL OPACITIES** 2C. h ZONES a. SHAPE/SIZE PRIMARY SECO 0/0 SECONDARY Τ. UPPER Proceed to SIZE Section 3A MIDDLE q LOWER u ANY CLASSIFIABLE PLEURAL ABNORMALITIES? 3A. Complete Sections Proceed to YES NO 3B, 3C Section 4A 3B. PLEURAL PLAQUES (mark site, calcification, extent, and width) Width (in profile only) Site Calcification Extent (chest wall: combined for Chest wall (3mm minimum width required) in profile and face on) R 3 to 5 mm = aIn profile Up to 1/4 of lateral chest wall = 1 5 to 10 mm = b1/4 to 1/2 of lateral chest wall = 2 R Face on > 10 mm = c> 1/2 of lateral chest wall = 3 R Diaphragm R Other site(s) Proceed to Proceed to COSTOPHRENIC ANGLE OBLITERATION 3C. NO Section 3D Section 4A Width (in profile only) Extent (chest wall; combined for DIFFUSE PLEURAL THICKENING (mark site, calcification, 3D. (3mm minimum width required) in profile and face on) extent, and width) Up to 1/4 of lateral chest wall = 1 3 to 5 mm = aSite 5 to 10 mm = b1/4 to 1/2 of lateral chest wall = 2 Calcification Chest wall > 1/2 of lateral chest wall = 3 > 10 mm = c0 R In profile  $\cap$ Face on Complete Sections Proceed to ANY OTHER ABNORMALITIES? YES X NO 4B, 4C, 4D, 4E OTHER SYMBOLS (OBLIGATORY) 4B. id cn со ср di em aa at 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

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

at ax bu ca cg cn co cp cv di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis		
<b>A</b>	MARK ALL BOXES THAT APPLY: (Use of this list is in bnormalities of the Diaphragm)  Beventration	ntended t	Lung Parenchymal Abnormalities  Azygos lobe		
	Hiatal hernia		☐ Density, lung		
	rway Disorders  Bronchovascular markings, heavy or increased		☐ Infiltrate		
	Hyperinflation		□ Nodule, nodular lesion		
	ony Abnormalities	Miscellaneous Abnormalities  ☐ Foreign body ☑ Post-surgical changes/sternal wire ☐ Cyst Vascular Disorders			
	Bony chest cage abnormality				
	Fracture, healed (non-rib)				
	Fracture, not healed (non-rib)				
	Scoliosis		Aorta, anomaly of		
	Vertebral column abnormality		☐ Vascular abnormality		
4D 01	THER COMMENTS				
<del>т</del> D. О1	sternal wires				
	otoma, wiece				
			_		
			_		
			_		
	_		_		
			READER'S		
5	PHYSICIAN'S Social Security Number* * Furnishing your soci		INITIALS DATE OF READING (mm-dd-yyyy)		
	to provide this number affect your right to par	r will not			
	this program.	_			
S	SIGNATURE PR	INTED NAN	ME (LAST, FIRST MIDDLE)		
S	TREET ADDRESS CITY		STATE ZIP CODE		

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

		CENTERS FOR DISEASE CONTROL & PRI	EVENTION	OMB No.: 0920-0020
DATE OF	RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance Pro		CDC/NIOSH (M) 2.8
-	-	National Institute for Occupational Safety a 1095 Willowdale Road, MS LB20 Morgantown, WV 26505		REV. 12/2013
EXA	MINEE'S Social Security Number			FACILITY ID#
	Social Security (valider	$\neg$		
	-     -	TYPE OF READING A B	X F	5   1
		adiograph by placing an "x" in the appropriate b moconiosis or Illustrated by the ILO Standard R		
1. IN	IAGE QUALITY Overexposed	(dark)   Improper position   Und	derinflation	
1	3 U/F Underexpose	ed (light) Poor contrast Mo	ttle.	
(If not	Grade 1, mark all			
boxes t	hat apply) Artifacts	Poor processing X Oth	er (please specify) scap	oular overlay
2A. A	NY CLASSIFIABLE PARENCHYM	AL ABNORMALITIES?		mplete Sections and 2C NO Proceed to Section 3A
2B. SI	MALL OPACITIES	b. ZONES c. PROFUSION	2C. LARGE O	PACITIES
:	a. SHAPE/SIZE PRIMARY SECONDARY	R L 0/- 0/0 0/1		
	p s p s u	PER 1/0 1/1 1/2	SIZE 😿	A B C Proceed to
	$\overline{\chi}$ $\overline{t}$ $\overline{q}$ $\overline{t}$ $M$	DDLE 2/1 2/3		Section 3A
Ī	r u X u LC	WER 3/2 3/3 3/+		
3A. A	NY CLASSIFIABLE PLEURAL AB	NORMALITIES?		mplete Sections NO Proceed to Section 4A
3B. Pl		fication, extent, and width)	Width (in pr	rofile only)
Che	st wall Site Calcific	in profile and face on)	(3mm minin	num width required)
	In profile ORLO	Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2	3 to 5 mm 5 to 10 mm	
	Face on O R L O F	> 1/2 of lateral chest wall = 3	> 10 mm	= c
Dia	aphragm ORLOF	L O R O L	O R	OL
Otl	ner site(s) O R L O F	L 1 2 3 1 2	3 a b	c a b c
3C. C	OSTOPHRENIC ANGLE OBLITE	RATION R L Proceed to Section 3D		NO Proceed to Section 4A
3D. D	IFFUSE PLEURAL THICKENING	(mark site, calcification. Extent (chest we	all; combined for	idth (in profile only)
		extent, and width) in profile and for		smm minimum width required) 3 to 5 mm = a
Che	Site est wall	Calcification	terar enest wan 2	to $10 \text{ mm} = b$ > $10 \text{ mm} = c$
	In profile ORL	O R L O R	teral chest wall = 3	O R O L
	Face on O R L	O R L 1 2 3		a b c a b c
	Tace on O R E		1 2 3	
4A. A	NY OTHER ABNORMALITIES?			mplete Sections , 4C, 4D, 4E NO Proceed to Section 5
4B. O	THER SYMBOLS (OBLIGATORY  a at ax bu ca cg cn co	cp cv di ef em fr hi ho	id ih kl me pa	pb pi px ra rp tb
O	If other diseases or significant about (See reverse for other symbol defined)	normalities (OD), <b>findings must be recorded o</b>	` ′	
<b>4E.</b> Sh	ould worker see personal physician be	200 11 1 12	NO X	Vorker notified? (mm-dd-yyyy)
	oceed to Section 5	. 6		-    -

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

at	significant apical pleural thickening coalescence of small opacities - with margins of the small opacities	ho id	honeycomb lung
ax	remaining visible, whereas a large opacity demonstrates a	10	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
	homogeneous opaque appearance - may be recorded either in the	ih	ill-defined heart border - should be recorded only if the length of the heart
	presence or in the absence of large opacities		border affected, whether on the right or on the left side, is more than
bu	bulla(e)		one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
eg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
en	calcification in small pneumoconiotic opacities	pa	plate atelectasis
со	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity
ер	cor pulmonale		with the pleura
cv	cavity	pi	pleural thickening of an interlobar fissure
di	marked distortion of an intrathoracic structure	px	pneumothorax
ef	pleural effusion	ra	rounded atelectasis
em	emphysema eggshell calcification of hilar or mediastinal lymph nodes	rp tb	rheumatoid pneumoconiosis tuberculosis
es fr	fractured rib(s) (acute or healed)	to	tuberculosis
	Abnormalities of the Diaphragm  Eventration  Hiatal hernia  irway 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
			READER'S
5.	PHYSICIAN'S Social Security Number* * Furnishing your social		INITIALS DATE OF READING (mm-dd-yyyy)
Г	number is voluntary. Y to provide this number		
	affect your right to par this program.		
_	SIGNATURE PR	RINTED NAM	ME (LAST, FIRST MIDDLE)
_	CERTIFICAL ADDRESS.		
	STREET ADDRESS CITY		STATE ZID CODE

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

## CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance Program National Institute for Occupational Safety and Hea 1095 Willowdale Road, MS LB208 Morgantown, WV 26505	CDC/NIOSH (M) 2.8 REV. 12/2013
EXAMINEE'S Social Security Number		FACILITY ID#
	TYPE OF READING A B F [	5 2
		this form. Classify all appearances described in the ILO aphs. Use symbols and record comments as appropriate.
1. IMAGE QUALITY Overexposed	(dark)   Improper position   Underinfla	<sup>tion</sup> scapula overlay
1 X 3 U/F Underexpose	ed (light) Poor contrast Mottle	
(If not Grade 1, mark all boxes that apply)  Artifacts	Poor processing	use specify)
2A. ANY CLASSIFIABLE PARENCHYM	AL ABNORMALITIES?	YES Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES  a. SHAPE/SIZE	b. ZONES c. PROFUSION	2C. LARGE OPACITIES
PRIMARY SECONDARY	R L 0/- 0/0 0/1	
	DDLE 2/1 2/2 2/3	SIZE A B C Proceed to Section 3A
	WER 3/2 3/3 3/+	
3A. ANY CLASSIFIABLE PLEURAL AB	NORMALITIES?	YES Complete Sections NO Proceed to Section 4A
Chest wall         Site         Calcific           In profile         O R L         O R           Face on         O R L         O R           Diaphragm         O R L         O R           Other site(s)         O R L         O R	L	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c  R  a b c  Proceed to
3C. COSTOPHRENIC ANGLE OBLITER	RATION R L Section 3D	NO Section 4A
Site Chest wall In profile Face on ORL	(mark site, calcification, extent, and width)  Calcification  ORL  ORL  ORL  12311  Extent (chest wall; comb in profile and face on) Up to 1/4 of lateral ches 1/4 to 1/2 of lateral ches > 1/2 of lateral ches	(3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b 5 to 10 mm = c C R  2 3  a b c a b c
4A. ANY OTHER ABNORMALITIES?		YES Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5
4B. OTHER SYMBOLS (OBLIGATORY)  aa at ax bu ca cg cn co		h kl me pa pb 🗶 px ra rp tb
If other diseases or significant abn (See reverse for other symbol defin	normalities (OD), <b>findings must be recorded on rever</b> itions.)	se. (section 4C/4D) e Physician or Worker notified? (mm-dd-yyyy)
<b>4E.</b> Should worker see personal physician bec Proceed to Section 5		

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

at ax bu ca cg cn co cp cv di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis
Ali 	MARK ALL BOXES THAT APPLY: (Use of this list is in bonormalities of the Diaphragm Eventration Hiatal hernia rway Disorders Bronchovascular markings, heavy or increased Hyperinflation ony Abnormalities Bony chest cage abnormality Fracture, healed (non-rib) Fracture, not healed (non-rib) Scoliosis Vertebral column abnormality THER COMMENTS	intended to	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
Si	PHYSICIAN'S Social Security Number*  * Furnishing your soci number is voluntary. Y to provide this number affect your right to part this program.  IGNATURE  PR	our refusal r will not rticipate in	READER'S INITIALS DATE OF READING (mm-dd-yyyy)    -     E (LAST, FIRST MIDDLE)  STATE ZIP CODE

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance Program National Institute for Occupational Safety and Health 1095 Willowdale Road, MS LB208 Morgantown, WV 26505	CDC/NIOSH (M) 2.8 REV. 12/2013
EXAMINEE'S Social Security Number		FACILITY ID#
	TYPE OF READING A B F	5 3
	radiograph by placing an "x" in the appropriate boxes on this for amoconiosis or Illustrated by the ILO Standard Radiographs. Us	
1. IMAGE QUALITY Overexposed	d (dark) Improper position Underinflation	
Underexpose	ed (light) Poor contrast Mottle	
(If not Grade 1, mark all boxes that apply)  Artifacts	Poor processing Other (please speci	ify)
2A. ANY CLASSIFIABLE PARENCHYM	MAL ABNORMALITIES? YES	Complete Sections 2B and 2C NO Proceed to Section 3A
2B. SMALL OPACITIES  a. SHAPE/SIZE	b. ZONES	LARGE OPACITIES
PRIMARY SECONDARY	R L 0/- 0/0 0/1	
	PPER 1/0 1/1 1/2 SI  IDDLE 2/1 2/2 2/3	IZE O A B C Proceed to Section 3A
	OWER 3/2 3/3 3/+	
3A. ANY CLASSIFIABLE PLEURAL AB	NORMALITIES?	Complete Sections NO Proceed to
	YES YES	3B, 3C NO Proceed to Section 4A
3B. PLEURAL PLAQUES (mark site, calc Chest wall Site Calcific	cification, extent, and width) cation Extent (chest wall; combined for	Width (in profile only)
In profile O R L O R	in profile and face on) Up to 1/4 of lateral chest wall = 1	(3mm minimum width required) 3 to 5 mm = a
Face on ORLOR	1/4 to $1/2$ of lateral chest wall = 2	5  to  10  mm = b > $10 \text{ mm} = \text{c}$
Diaphragm O R L O R		O R O L
Other site(s) ORLOF	R L 1 2 3 1 2 3	a b c a b c
3C. COSTOPHRENIC ANGLE OBLITE	RATION R L Proceed to Section 3D	NO Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING		Width (in profile only) (3mm minimum width required)
Site	extent, and width)  Up to $1/4$ of lateral chest wall = $1/4$ to $1/2$ of lateral chest wall =	
Chest wall	Calcification > 1/2 of lateral chest wall =	3 > 10 mm = c
In profile ORL	O R L O R O L	
Face on ORL	O R L 1 2 3 1 2 3	a b c a b c
4A. ANY OTHER ABNORMALITIES?	YES	Complete Sections 4B, 4C, 4D, 4E  NO Proceed to Section 5
4B. OTHER SYMBOLS (OBLIGATORY  aa at ax bu ca cg cn co		me pa pb pi px ra rp tb
If other diseases or significant about the other of the symbol definition of the symbol definiti	normalities (OD), <b>findings must be recorded on reverse.</b> (sect nitions.)	tion 4C/4D) ician or Worker notified? (mm-dd-yyyy)
<b>4E.</b> Should worker see personal physician be		

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

at ax bu ca eg en co ep ev di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung  ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis
	MARK ALL BOXES THAT APPLY: (Use of this list is in bnormalities of the Diaphragm	ntended	to reduce handwritten comments and is optional)  Lung Parenchymal Abnormalities
	Eventration		☐ Azygos lobe
	Hiatal hernia		☐ Density, lung
	rway Disorders		☐ Infiltrate
	Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion
	] Hyperinflation		Miscellaneous Abnormalities
	ony Abnormalities		Foreign body
	Bony chest cage abnormality		Post-surgical changes/sternal wire
	Fracture, healed (non-rib)		☐ Cyst <b>Vascular Disorders</b>
	Fracture, not healed (non-rib)		☐ Aorta, anomaly of
	Scoliosis		☐ Vascular abnormality
Ш	Vertebral column abnormality		V ascular abhormanty
D. O	THER COMMENTS		
	-		
			DE 4 DEDIG
5.	PHYSICIAN'S Social Security Number* * Furnishing your social		READER'S INITIALS DATE OF READING (mm-dd-yyyy)
	number is voluntary. Y to provide this number		
	affect your right to par this program.	rticipate in	
	SIGNATURE		
5	DIGNATURE PR	INTED NAI	ME (LAST, FIRST MIDDLE)
S	TREET ADDRESS CITY		STATE ZIP CODE

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION	OMB No.: 0920-0020
DATE OF RADIOGRAPH (mm-dd-yyyy) Coal Workers' Health Surveillance Program	CDC/NIOSH (M) 2.8
National Institute for Occupational Safety and Health 1095 Willowdale Road, MS LB208 Morgantown, WV 26505	REV. 12/2013
EXAMINEE'S Social Security Number	FACILITY ID#
TYPE OF READING A B X F	5 4
Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxes on this form. Classif International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols	
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  Other (please specify)	
	omplete Sections 3 and 2C  NO  Proceed to Section 3A
D ZUNES	PACITIES
a. SHAPE/SIZE PRIMARY SECONDARY  R L  0/- 0/0 0/1	
p s p s UPPER	A B C Proceed to
q t q MIDDLE X X 2/1 2/2 X	Section 3A
V   U   I   LOWER   X   X   3/2   3/3   3/+	
	omplete Sections NO Proceed to Section 4A
3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)	
Chest Wall in profile and face on) (3mm mini	profile only) mum width required)
In profile O R L Up to 1/4 of lateral chest wall = 1 3 to 5 mm  1/4 to 1/2 of lateral chest wall = 2 5 to 10 mm	
Face on O R L O R L > 1/2 of lateral chest wall = 3	1 = c
Diaphragm O R L O R L O R O L	O L
Other site(s) O R L O R L 1 2 3 1 2 3 b	c a b c
3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D	NO Proceed to Section 4A
3D. DIFFUSE PLEURAL I HICKENING (mark site, calcification,	Width (in profile only)
extent, and width) $\begin{array}{c} in \ profite \ and \ face \ on) \\ Un to 1/4 \ of \ face \ vall = 1 \end{array}$	3 mm minimum width required) 3 to 5 mm = a
Calcification	5 to 10 mm = b > 10 mm = c
Chest wall  In profile O R L O R L O R C O L	O R O L
Face on O R L O R L 1 2 3 1 2 3	a b c a b c
	omplete Sections B, 4C, 4D, 4E NO Proceed to Section 5
4B. OTHER SYMBOLS (OBLIGATORY)  aa	pb pi 🔀 ra rp 🔀
If other diseases or significant abnormalities (OD), <b>findings must be recorded on reverse</b> . (section 4C/4D (See reverse for other symbol definitions.)	) Worker notified? (mm-dd-yyyy)
4E. Should worker see personal physician because of findings in section 4? YES NO	

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

at ax bu ca eg en co ep ev di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung  ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis
	MARK ALL BOXES THAT APPLY: (Use of this list is in bnormalities of the Diaphragm	ntended	to reduce handwritten comments and is optional)  Lung Parenchymal Abnormalities
	Eventration		☐ Azygos lobe
	Hiatal hernia		☐ Density, lung
	rway Disorders		☐ Infiltrate
	Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion
	] Hyperinflation		Miscellaneous Abnormalities
	ony Abnormalities		Foreign body
	Bony chest cage abnormality		Post-surgical changes/sternal wire
	Fracture, healed (non-rib)		☐ Cyst <b>Vascular Disorders</b>
	Fracture, not healed (non-rib)		☐ Aorta, anomaly of
	Scoliosis		☐ Vascular abnormality
Ш	Vertebral column abnormality		V ascular abhormanty
D. O	THER COMMENTS		
	-		
			DE 4 DEDIG
5.	PHYSICIAN'S Social Security Number* * Furnishing your social		READER'S INITIALS DATE OF READING (mm-dd-yyyy)
	number is voluntary. Y to provide this number		
	affect your right to par this program.	rticipate in	
	SIGNATURE		
5	DIGNATURE PR	INTED NAI	ME (LAST, FIRST MIDDLE)
S	TREET ADDRESS CITY		STATE ZIP CODE

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

	CENTERS FOR DISEASE CONTROL & PREVENTION	OMB No.: 0920-0020
DATE OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance Program	CDC/NIOSH (M) 2.8
	National Institute for Occupational Safety and Health 1095 Willowdale Road, MS LB208 Morgantown, WV 26505	REV. 12/2013
EXAMINEE'S Social Security Number		FACILITY ID#
EXAMINEE 5 Social Security (valide)		
-     -	TYPE OF READING A B X F	5   5
International Classification of Radiographs of Pno	e radiograph by placing an "x" in the appropriate boxes on this form. Classeumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbol	
1. IMAGE QUALITY Overexpos	ed (dark) Improper position Underinflation	
Z 3 U/R Underexpo	osed (light) Poor contrast Mottle	_
(If not Grade 1, mark all		_
boxes that apply)  Artifacts	Poor processing Other (please specify)	
2A. ANY CLASSIFIABLE PARENCHY	MAL ABNORMALITIES? YES	Complete Sections 2B and 2C NO Proceed to Section 3A
2B. SMALL OPACITIES	b. ZONES c. PROFUSION 2C. LARGE	OPACITIES
a. SHAPE/SIZE PRIMARY SECONDARY	R L 0/- 0/0 0/1	
p s p s	UPPER 1/0 1/1 1/2 SIZE (	O A B C Proceed to
q t q t	MIDDLE 2/1 2/2 2/3	Section 3A
r u r u	LOWER 3/2 3/3 3/+	
3A. ANY CLASSIFIABLE PLEURAL A	BNORMALITIES? YES	Complete Sections 3B, 3C NO Proceed to Section 4A
Sita   Calai	lcification, extent, and width) fication   Extent (chest wall; combined for   Width (i	in profile only)
Chest wall	in profile and face on) (3mm m	ninimum width required)
In profile	Up to 1/4 of lateral chest wall = 1 3 to 5 r  1/4 to 1/2 of lateral chest wall = 2 5 to 10 r	
Face on OXX	> 1/2 of lateral chest wall = 3 $> 10$	mm = c
Diaphragm O X X		R L
Other site(s)	X L X 2 3 X 2 3 a	b c a b c
3C. COSTOPHRENIC ANGLE OBLIT	ERATION R L Proceed to Section 3D	NO Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING	G (mark site, calcification, Extent (chest wall; combined for	Width (in profile only)
	extent, and width)  in profile and face on)  Up to 1/4 of lateral chest wall = 1	(3mm minimum width required) 3 to 5 mm = a
Site Chest wall	Calcification $   1/4 \text{ to } 1/2 \text{ of lateral chest wall} = 2 $ $ > 1/2 \text{ of lateral chest wall} = 3 $	5 to 10 mm = b > 10 mm = c
In profile ORL	O R L O R O L	O R O L
Face on O R L	O R L 1 2 3 1 2 3	a b c a b c
4A. ANY OTHER ABNORMALITIES?		
	YES X	Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5
4B. OTHER SYMBOLS (OBLIGATOR  at ax bu ca cg cn	Y)	
4B. OTHER SYMBOLS (OBLIGATOR  at ax bu ca cg cn   OD If other diseases or significant a	Y)  Cp cv di ef em es fr hi ho id ih kl me p  bnormalities (OD), findings must be recorded on reverse. (section 4C/4	4B, 4C, 4D, 4E NO Section 5  pa pb pi px ra rp tb  4D)
4B. OTHER SYMBOLS (OBLIGATOR  at ax bu ca cg cn	Y) Cp cv di ef em es fr hi ho id ih kl me p bnormalities (OD), findings must be recorded on reverse. (section 4C/4 finitions.)  Date Physician o	AB, 4C, 4D, 4E NO Section 5  pa pb pi px ra rp tb

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

bu ca eg cn co cp cv di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id  ih  kl me pa pb  pi px ra rp tb	honeycomb lung ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis		
A	MARK ALL BOXES THAT APPLY: (Use of this list is in bnormalities of the Diaphragm)  1 Eventration	ntended	Lung Parenchymal Abnormalities		
	Hiatal hernia		☐ Azygos lobe		
	irway Disorders		☐ Density, lung ☐ Infiltrate		
	Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion		
	] Hyperinflation		Miscellaneous Abnormalities		
В	ony Abnormalities		☐ Foreign body		
	Bony chest cage abnormality		☑ Post-surgical changes/sternal wire		
	Fracture, healed (non-rib)		□ Cyst		
	Fracture, not healed (non-rib)		Vascular Disorders		
□ Scoliosis			☐ Aorta, anomaly of		
	Vertebral column abnormality		☐ Vascular abnormality		
וח חו	THER COMMENTS				
њ. О	Pacemaker noted projecting over left chest.				
	r acemaker noted projecting over left chest.				
5.	PHYSICIAN'S Social Security Number* *Furnishing your social	al security	READER'S INITIALS DATE OF READING (mm-dd-yyyy)		
	number is voluntary. Y to provide this number	our refusal	HATTALS TITLE OF THE STATE OF T		
	affect your right to par this program.				
_	uns program.				
_					
S	SIGNATURE PR	INTED NAM	ME (LAST, FIRST MIDDLE)		
S	TREET ADDRESS CITY		STATE ZIP CODE		

Form Approved OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)	EST RADIOGRAPH CLASSIFIC	CATION
DEF	DERAL MINE SAFETY AND HEALTH A PARTMENT OF HEALTH AND HUMAN NTERS FOR DISEASE CONTROL & PRE	SERVICES
Full SSN is optional, last 4 digits are required.	Coal Workers' Health Surveillance Progra National Institute for Occupational Safety and 1000 Frederick Lane, MS LB208 Morgantown, WV 26508 FAX: 304-285-6058	
EXAMINEE'S Name (Last, First MI)		TVDE OF DEADING
56		TYPE OF READING  A B K F
		tes on this form. Classify all appearances described in the ILO diographs. Use symbols and record comments as appropriate.
1. IMAGE QUALITY Overexposed (d	ark) Improper position Underin	nflation Scapula Overlay
Underexposed (		<u> </u>
boxes that apply)  Artifacts	1 001 processing	sive Edge cement
2A. ANY CLASSIFIABLE PARENCHYMAI	ABNORMALITIES?	YES Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES  a. SHAPE/SIZE	b. ZONES c. PROFUSION	2C. LARGE OPACITIES
PRIMARY SECONDARY  P S P X UPPER  Q t Q t MIDDI  X U T U LOWE	LE \( \) \(	SIZE O A C Proceed to Section 3A
3A. ANY CLASSIFIABLE PLEURAL ABNO	RMALITIES?	YES Complete Sections NO Proceed to Section 4A
3B. PLEURAL PLAQUES (mark site, calcification of the content of the calcification of the calc	tition, extent, and width)  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  R  0  X  R  1  2  3	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c  R  a b c b c
3C. COSTOPHRENIC ANGLE OBLITERA	TION R L Proceed to Section 3D NO S	Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING (mexico)  Site  Chest wall  In profile ORL  Face on ORL	cark site, calcification, tent, and width)  Calcification  Calcification  Extent (chest wall; a in profile and face of Up to 1/4 of lateral 1/4 to 1/2 of latera > 1/2 of latera	(3mm  minimum width required) $   1  chest wall = 1 $ $   3  to  5  mm = a$
4A. ANY OTHER ABNORMALITIES?	YES Complet	te Sections 4B-E and 5. NO Complete Section 5.
5. NIOSH Reader ID  (Leave ID Number blank if you are not a NIOSH A or B	READER'S INITIAL	DATE OF READING (mm-dd-yyyy)  0 7 - 1 7 - 2 0 2 3
SIGNATURE	PRINTED NAME (L	AST, FIRST MIDDLE)
STREET ADDRESS	CITY	STATE ZIP CODE

56			
4B.	OTHER SYMBOLS (OBLIGATORY)		
	•	fr hi l	no id ih kl me pa pb pi px ra rp tb
		$\neg \Box \Box$	
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	id	ill-defined diaphragm border - should be recorded only if more than
	remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the	ih	one-third of one hemidiaphragm is affected ill-defined heart border - should be recorded only if the length of the heart
	presence or in the absence of large opacities	111	border affected, whether on the right or on the left side, is more than
bu	bulla(e)		one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma	kl	septal (Kerley) lines
cg cn	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities	me pa	mesothelioma plate atelectasis
co	abnormality of cardiac size or shape	pb pb	parenchymal bands - significant parenchymal fibrotic stands in continuity
cp	cor pulmonale	•	with the pleura
cv	cavity	pi	pleural thickening of an interlobar fissure
di ef	marked distortion of an intrathoracic structure pleural effusion	px	pneumothorax rounded atelectasis
em	emphysema	ra rp	rheumatoid pneumoconiosis
es	eggshell calcification of hilar or mediastinal lymph nodes	tb	tuberculosis
fr	fractured rib(s) (acute or healed)		
	Abnormalities of the Diaphragm  Eventration Hiatal hernia  Airway Disorders Bronchovascular markings, heavy or increased Hyperinflation  Bony Abnormalities Bony chest cage abnormality Fracture, healed (non-rib) Fracture, not healed (non-rib) Scoliosis Vertebral column abnormality		Lung Parenchymal Abnormalities  Azygos lobe Density, lung Infiltrate Nodule, nodular lesion  Miscellaneous Abnormalities Foreign body Post-surgical changes/sternal wire Cyst  Vascular Disorders Aorta, anomaly of Vascular abnormality
			Date Physician or Worker notified? (mm-dd-yyyy)
4E.	Should worker see personal physician because of findings?	YES	NO X     -     -
4D.	OTHER COMMENTS		

EXAMINEE'S Name (Last, First MI)

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance Program National Institute for Occupational Safety and Health 1095 Willowdale Road, MS LB208 Morgantown, WV 26505	CDC/NIOSH (M) 2.8 REV. 12/2013
EXAMINEE'S Social Security Number		FACILITY ID#
	TYPE OF READING A B X F	5 7
	radiograph by placing an "x" in the appropriate boxes on this fo amoconiosis or Illustrated by the ILO Standard Radiographs. U	
1. IMAGE QUALITY Overexpose	d (dark) Improper position Underinflation	
▼ 2 3 U/R Underexpos	sed (light) Poor contrast Mottle	
(If not Grade 1, mark all boxes that apply)  Artifacts	Poor processing Other (please spec	cify)
2A. ANY CLASSIFIABLE PARENCHYM	MAL ABNORMALITIES? YES	Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES  a. SHAPE/SIZE	b. ZONES c. PROFUSION 2C.	LARGE OPACITIES
PRIMARY SECONDARY	R L 0/- 0/0 0/1  PPER	
	iddle	SIZE A B C Proceed to Section 3A
r u r u	OWER 3/2 3/3 3/+	
3A. ANY CLASSIFIABLE PLEURAL AE	BNORMALITIES? YES	Complete Sections NO Proceed to Section 4A
Sita   Calaifi	cification, extent, and width) cation Extent (chest wall; combined for	Width (in profile only)
Chest wall In profile O R L O F	in profile and face on)  Up to 1/4 of lateral chest wall = 1	(3mm minimum width required) 3 to 5 mm = a
Face on O R L O F	1/4 to $1/2$ of lateral chest wall = 2	5 to $10 \text{ mm} = \text{b}$
	> 1/2 of lateral chest wall = 3	> 10 mm = c
	R L 1 2 3 1 2 3	a b c a b c
3C. COSTOPHRENIC ANGLE OBLITE	RATION R L Proceed to Section 3D	NO Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING		Width (in profile only) (3mm minimum width required)
Site	Extent, and width)   Up to 1/4 of lateral chest wall =   1/4 to 1/2 of lateral chest wall =	
Chest wall	Calcification > 1/2 of lateral chest wall =	-
In profile ORL	ORL OR OL	O R O L
Face on ORL	O R L 1 2 3 1 2 3	a b c a b c
4A. ANY OTHER ABNORMALITIES?	YES	Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5
4B. OTHER SYMBOLS (OBLIGATORY  at ax bu ca cg cn co		me pa pb pi px ra rp tb
If other diseases or significant ab (See reverse for other symbol defin	normalities (OD), <b>findings must be recorded on reverse.</b> (sec nitions.)	ction 4C/4D) sician or Worker notified? (mm-dd-yyyy)
<b>4E.</b> Should worker see personal physician be	Date Tilys	IIIII-dd-yyyy)

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

at ax bu ca eg en co ep ev di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung  ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis
	MARK ALL BOXES THAT APPLY: (Use of this list is in bnormalities of the Diaphragm	ntended	to reduce handwritten comments and is optional)  Lung Parenchymal Abnormalities
	Eventration		☐ Azygos lobe
	Hiatal hernia		☐ Density, lung
	rway Disorders		☐ Infiltrate
	Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion
	] Hyperinflation		Miscellaneous Abnormalities
	ony Abnormalities		Foreign body
	Bony chest cage abnormality		Post-surgical changes/sternal wire
	Fracture, healed (non-rib)		☐ Cyst <b>Vascular Disorders</b>
	Fracture, not healed (non-rib)		☐ Aorta, anomaly of
	Scoliosis		☐ Vascular abnormality
Ш	Vertebral column abnormality		V ascular abhormanty
D. O	THER COMMENTS		
	-		
			DE 4 DEDIG
5.	PHYSICIAN'S Social Security Number* * Furnishing your social		READER'S INITIALS DATE OF READING (mm-dd-yyyy)
	number is voluntary. Y to provide this number		
	affect your right to par this program.	rticipate in	
	SIGNATURE		
5	DIGNATURE PR	INTED NAI	ME (LAST, FIRST MIDDLE)
S	TREET ADDRESS CITY		STATE ZIP CODE

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CEN	TERS FOR DISEASE CONTROL & PREVENTION	OMB No.: 0920-0020
DATE OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance Program	CDC/NIOSH (M) 2.8
Na	ational Institute for Occupational Safety and Health 1095 Willowdale Road, MS LB208 Morgantown, WV 26505	REV. 12/2013
EXAMINEE'S Social Security Number	,	FACILITY ID#
		5 0
	TYPE OF READING A B F	5   8
International Classification of Radiographs of Pneumocor	aph by placing an "x" in the appropriate boxes on this form. Classi niosis or Illustrated by the ILO Standard Radiographs. Use symbols	
1. IMAGE QUALITY Overexposed (dark	) Improper position Underinflation	
∠ 2 3 U/R. Underexposed (light)	nt) Poor contrast Mottle	
(If not Grade 1, mark all		
boxes that apply)  Artifacts	Poor processing Other (please specify)	
2A. ANY CLASSIFIABLE PARENCHYMAL A	VEC	Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES	b. ZONES c. PROFUSION 2C. LARGE (	OPACITIES
a. SHAPE/SIZE Primary secondary	R L 0/- 0/0 0/1	
p s p s upper	1/0 1/1 1/2 SIZE	A B C Proceed to
q t k t MIDDLE	× 2/2 2/3	Section 3A
LOWER LOWER	3/2 3/3 3/+	
3A. ANY CLASSIFIABLE PLEURAL ABNORN	VEC V	Complete Sections NO Proceed to Section 4A
3B. PLEURAL PLAQUES (mark site, calcification	· · · · · · · · · · · · · · · · · · ·	profile only)
Chest wall Site Calcification	in profile and face on) (3mm min	nimum width required)
In profile R L	Up to 1/4 of lateral chest wall = 1 3 to 5 mr 1/4 to 1/2 of lateral chest wall = 2 5 to 10 mr	
Face on R L R L	> 1/2 of lateral chest wall = 3 > 10 mm	m = c
Diaphragm O X L O X L		L
Other site(s) R L R L	1 2 3 1 2 3 a b	c a b c
3C. COSTOPHRENIC ANGLE OBLITERATION	Proceed to Section 3D	NO Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING (mark		Width (in profile only)
extent,	in profile and face on) Up to 1/4 of lateral chest wall = 1	(3mm minimum width required) 3 to 5 mm = a
Site  Chest wall  Ca	defication	5  to  10  mm = b > $10 \text{ mm} = \text{c}$
In profile O X L	> 1/2 of lateral chest wall = 3	
Face on O X L		
Taccon O A D	R L 1 X 3 1 2 3	
4A. ANY OTHER ABNORMALITIES?		Complete Sections NO Proceed to Section 5
4B. OTHER SYMBOLS (OBLIGATORY)  aa	cv di ef em es fr hi ho id ih kl me pa	pb px ra rp tb
If other diseases or significant abnormal (See reverse for other symbol definitions.	ities (OD), <b>findings must be recorded on reverse.</b> (section 4C/4E	O) Worker notified? (mm-dd-yyyy)
<b>4E.</b> Should worker see personal physician because of	Date I hysician of	

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

at ax bu ca eg en co ep ev di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung  ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis
	MARK ALL BOXES THAT APPLY: (Use of this list is in bnormalities of the Diaphragm	ntended	to reduce handwritten comments and is optional)  Lung Parenchymal Abnormalities
	Eventration		☐ Azygos lobe
	Hiatal hernia		☐ Density, lung
	rway Disorders		☐ Infiltrate
	Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion
	] Hyperinflation		Miscellaneous Abnormalities
	ony Abnormalities		Foreign body
	Bony chest cage abnormality		Post-surgical changes/sternal wire
	Fracture, healed (non-rib)		☐ Cyst <b>Vascular Disorders</b>
	Fracture, not healed (non-rib)		☐ Aorta, anomaly of
	Scoliosis		☐ Vascular abnormality
Ш	Vertebral column abnormality		V ascular abhormanty
D. O	THER COMMENTS		
	-		
			DE 4 DEDIG
5.	PHYSICIAN'S Social Security Number* * Furnishing your social		READER'S INITIALS DATE OF READING (mm-dd-yyyy)
	number is voluntary. Y to provide this number		
	affect your right to par this program.	rticipate in	
	SIGNATURE		
5	DIGNATURE PR	INTED NAI	ME (LAST, FIRST MIDDLE)
S	TREET ADDRESS CITY		STATE ZIP CODE

Form Approved OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)	CHESI KADIOGRAPH	CLASSIFICATION	
EVAMINEE'S Social Scounity Number	FEDERAL MINE SAFETY AN DEPARTMENT OF HEALTH CENTERS FOR DISEASE CO	AND HUMAN SERVICES	
Full SSN is optional, last 4 digits are required.	Coal Workers' Health Su National Institute for Occupa 1000 Frederick Lan Morgantown, V FAX: 304-2	ational Safety and Health ne, MS LB208 WV 26508	FACILITY Number - Unit Number
EXAMINEE'S Name (Last, First MI)			
59			TYPE OF READING  A B F F
Note: Please record your interpretation of a singl International Classification of Radiographs of Pr			m. Classify all appearances described in the ILO
1. IMAGE QUALITY Overexpos	sed (dark) Improper position	on Underinflation	Scapula Overlay
Underexpo	osed (light) Poor contrast	Mottle	Other (please specify)
boxes that apply)  Artifacts	Poor processing	Excessive Edge Enhancement	
2A. ANY CLASSIFIABLE PARENCHY	MAL ABNORMALITIES?	YES [	Complete Sections 2B and 2C NO Proceed to Section 3A
2B. SMALL OPACITIES  a. SHAPE/SIZE	b. ZONES	ofusion 2C. La	ARGE OPACITIES
PRIMARY SECONDARY  P S P S  t q t	$\begin{array}{c cccc} & R & L & & 0/-\\ & & & & & 1/0 \end{array}$ $\begin{array}{c ccccc} & & & & & 1/0 \end{array}$ $\begin{array}{c ccccc} & & & & & & 2/1 \end{array}$ $\begin{array}{c ccccc} & & & & & & 3/2 \end{array}$	0/0   0/1	B C Proceed to Section 3A
3A. ANY CLASSIFIABLE PLEURAL A	BNORMALITIES?	YES	Complete Sections NO Proceed to Section 4A
	Control   Cont	on) il chest wall = 1	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c OR DR DL a b c a b c
3C. COSTOPHRENIC ANGLE OBLIT	ERATION R L Process	NO   Proposed to	Section 4A
3D. DIFFUSE PLEURAL THICKENING Site Chest wall In profile O R L Face on O R L	G (mark 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 R O L 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  OR  a b c a b c
4A. ANY OTHER ABNORMALITIES?	YI	ES Complete Sections 4B-E	and 5. NO Complete Section 5.
5. NIOSH Reader ID  (Leave ID Number blank if you are not a NIOSH A		DER'S INITIALS	DATE OF READING (mm-dd-yyyy)  0 7 - 1 7 - 2 0 2 3
SIGNATURE	P	PRINTED NAME (LAST, FIRST M	IDDLE)
STREET ADDRESS	CITY		STATE ZIP CODE

59			
4B.	OTHER SYMBOLS (OBLIGATORY)		
	aa at ax bu ca cg cn co cp cv di ef en	n es fr hi l	no id ih kl me pa pb pi px ra rp tb
aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at ax	significant apical pleural thickening coalescence of small opacities - with margins of the small opac	ho cities id	honeycomb lung ill-defined diaphragm border - should be recorded only if more than
421	remaining visible, whereas a large opacity demonstrates a		one-third of one hemidiaphragm is affected
	homogeneous opaque appearance - may be recorded either in the	he ih	ill-defined heart border - should be recorded only if the length of the heart
bu	presence or in the absence of large opacities bulla(e)		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 node		mesothelioma
cn co	calcification in small pneumoconiotic opacities abnormality of cardiac size or shape	pa pb	plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity
ср	cor pulmonale	ро	with the pleura
cv	cavity	pi	pleural thickening of an interlobar fissure
di ef	marked distortion of an intrathoracic structure pleural effusion	px	pneumothorax rounded atelectasis
em	emphysema	ra rp	rheumatoid pneumoconiosis
es fr	eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	tb	tuberculosis
4C. 1	MARK ALL BOXES THAT APPLY: (Use of this list i  Abnormalities of the Diaphragm  Eventration	is intended to rec	luce handwritten comments and is optional)  Lung Parenchymal Abnormalities  Azygos lobe
	Hiatal hernia		☐ Density, lung
	Airway Disorders		□Infiltrate
	Bronchovascular markings, heavy or increased		□ Nodule, nodular lesion
	Hyperinflation		Miscellaneous Abnormalities
	<b>Bony Abnormalities</b>		☐ Foreign body
	☐Bony chest cage abnormality		☐ Post-surgical changes/sternal wire
	Fracture, healed (non-rib)		□Cyst
	☐Fracture, not healed (non-rib)		Vascular Disorders
	Scoliosis		Aorta, anomaly of
	☐Vertebral column abnormality		☐ Vascular abnormality
			Date Physician or Worker notified? (mm-dd-yyyy)
4E.	Should worker see personal physician because of find	lings? YES \( \sum_{\text{YES}}	
4D	OTHER COMMENTS		
4D.	OTHER COMMENTS		

EXAMINEE'S Name (Last, First MI)

Form Approved OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyyy) CHEST RADIOGRAPH CLASSIFT	ICATION
FEDERAL MINE SAFETY AND HEALTH AD DEPARTMENT OF HEALTH AND HUMAN CENTERS FOR DISEASE CONTROL & PRI	N SERVICES
Coal Workers' Health Surveillance Progr National Institute for Occupational Safety and 1000 Frederick Lane, MS LB208 Morgantown, WV 26508 FAX: 304-285-6058	
60	TYPE OF READING
	A B F
Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate borunternational Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs	
1. IMAGE QUALITY Overexposed (dark) Improper position Under	rinflation Scapula Overlay
Underexposed (light) Poor contrast Mottle	e Other (please specify)
boxes that apply)   Artifacts     1 001 processing	ssive Edge ncement
2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES?	YES Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES b. ZONES c. PROFUSION	2C. LARGE OPACITIES
a. SHAPE/SIZE PRIMARY SECONDARY R L  0/- 0/0 0/1	
p     s     p     s     UPPER     1/0     1/1     1/2       q     t     q     t     MIDDLE     2/1     2/2     2/3       r     u     r     u     LOWER     3/2     3/3     3/+	SIZE O A B C Proceed to Section 3A
3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES?	YES Complete Sections NO Proceed to Section 4A
3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)  Chest wall  In profile   X   R   L     X   R   L	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c  R  a b c a b c
3C. COSTOPHRENIC ANGLE OBLITERATION    Proceed to Section 3D NO	Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)  Site  Chest wall  In profile  Face on R L R L  Extent (chest wall; in profile and face Up to 1/4 of latera 1/4 to 1/2 of latera > 1/2 of latera	(3  mm minimum width required) al chest wall = 1 $(3 \text{ mm minimum width required})$
4A. ANY OTHER ABNORMALITIES?  YES Comple	ete Sections 4B-E and 5. NO Complete Section 5.
5. NIOSH Reader ID  (Leave ID Number blank if you are not a NIOSH A or B Reader)	DATE OF READING (mm-dd-yyyy)  0 7 - 1 7 - 2 0 2 3
SIGNATURE PRINTED NAME (I	LAST, FIRST MIDDLE)
STREET ADDRESS CITY	STATE ZIP CODE

EXA	AMINEE'S Name (Last, First MI)		
0			
В.	OTHER SYMBOLS (OBLIGATORY)		
	aa at ax bu ca cg cn co cp cv di ef em es	fr hi h	no id ih kl me pa pb pi px ra rp tb
ıa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
ıt	significant apical pleural thickening coalescence of small opacities - with margins of the small opacities	ho id	honeycomb lung ill-defined diaphragm border - should be recorded only if more than
ax	remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the	ih	one-third of one hemidiaphragm is affected ill-defined heart border - should be recorded only if the length of the heart
bu	presence or in the absence of large opacities bulla(e)		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
g	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 cor pulmonale	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity
cp cv	cavity	pi	with the pleura pleural thickening of an interlobar fissure
di	marked distortion of an intrathoracic structure	px	pneumothorax
ef	pleural effusion	ra	rounded atelectasis
em	emphysema	rp	rheumatoid pneumoconiosis
es fr	eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	tb	tuberculosis
	Abnormalities of the Diaphragm		Lung Parenchymal Abnormalities
	Eventration		☐ Azygos lobe
	Hiatal hernia		☐ Density, lung
	Airway Disorders		□Infiltrate
	☐ Bronchovascular markings, heavy or increased		□ Nodule, nodular lesion
	Hyperinflation		Miscellaneous Abnormalities
	Bony Abnormalities		☐ Foreign body
	☐Bony chest cage abnormality		Post-surgical changes/sternal wire
	☐Fracture, healed (non-rib)		Cyst
			Vascular Disorders
	□Fracture, not healed (non-rib)		☐ Aorta, anomaly of
	□Scoliosis		☐ Vascular abnormality
	☐ Vertebral column abnormality		·
			Date Physician or Worker notified? (mm-dd-yy
E.	Should worker see personal physician because of findings?	? YES \( \sum_{\text{YES}}	NO □ - □ - □ □
4D.	OTHER COMMENTS		

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

	CENTERS FOR DISEASE CONTROL & PREVENTION	OMB No.: 0920-0020
DATE OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance Program	CDC/NIOSH (M) 2.8
	National Institute for Occupational Safety and Health 1095 Willowdale Road, MS LB208 Morgantown, WV 26505	REV. 12/2013
EXAMINEE'S Social Security Number	Ç	FACILITY ID#
		6 1
	TYPE OF READING A B F	
	radiograph by placing an "x" in the appropriate boxes on this unnoconiosis or Illustrated by the ILO Standard Radiographs.	
1. IMAGE QUALITY Overexpose	ed (dark) Improper position Underinflation	
Z 3 U/R Underexpo	sed (light) Poor contrast Mottle	
(If not Grade 1, mark all		
boxes that apply) Artifacts	Poor processing Other (please spo	ecify)
2A. ANY CLASSIFIABLE PARENCHY	MAL ABNORMALITIES? YE	CS Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES  a. SHAPE/SIZE	b. ZONES c. PROFUSION 2C.	LARGE OPACITIES
PRIMARY SECONDARY	R L 0/- 0/0 0/1	
p s p s	JPPER	SIZE O B C Proceed to
t qt	AIDDLE 2/1 2/2 2/3	Section 3A
r u 🔀 u	OWER 3/2 3/3 3/+	
3A. ANY CLASSIFIABLE PLEURAL A	BNORMALITIES?	Complete Sections NO Proceed to
	YES YES	3B, 3C NO Proceed to Section 4A
Sita   Calais	cification, extent, and width) ication Extent (chest wall; combined for	Width (in profile only)
Chest wall  In profile  O R L  O	in profile and face on) Up to 1/4 of lateral chest wall = 1	(3mm minimum width required) 3 to 5 mm = a
In prome	R L 1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
	> 1/2 of lateral chest wall = 3  R L O R O L	> 10 mm = c
Other site(s) O R L O	R L 1 2 3 1 2 3	
3C. COSTOPHRENIC ANGLE OBLITE	Section 3D	NO Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING	(mark site, calcification, extent, and width)  Extent (chest wall; combined for in profile and face on)	For Width (in profile only) (3mm minimum width required)
Site	Up to 1/4 of lateral chest wall	
Chest wall	Calcification > 1/2 of lateral chest wall	1= 3 > 10 mm = c
In profile ORL	O R L O R O L	O R O L
Face on ORL	O R L 1 2 3 1 2	3 a b c a b c
4A. ANY OTHER ABNORMALITIES?	YES	Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5
4B. OTHER SYMBOLS (OBLIGATOR)  aa at bu bu ca co co		kl me pa pb pi px ra rp tb
If other diseases or significant al (See reverse for other symbol def	onormalities (OD), <b>findings must be recorded on reverse.</b> (so initions.)	ection 4C/4D) ysician or Worker notified? (mm-dd-yyyy)
<b>4E.</b> Should worker see personal physician b		

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

at ax	significant apical pleural thickening coalescence of small opacities - with margins of the small opacities	ho id	honeycomb lung ill-defined diaphragm border - should be recorded only if more than
ал	remaining visible, whereas a large opacity demonstrates a	IU	one-third of one hemidiaphragm is affected
	homogeneous opaque appearance - may be recorded either in the	ih	ill-defined heart border - should be recorded only if the length of the heart
	presence or in the absence of large opacities		border affected, whether on the right or on the left side, is more than
bu	bulla(e)		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
en	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity
ср	cor pulmonale cavity		with the pleura
ev di	marked distortion of an intrathoracic structure	pi	pleural thickening of an interlobar fissure pneumothorax
ef	pleural effusion	px ra	rounded atelectasis
em	emphysema	rp	rheumatoid pneumoconiosis
es	eggshell calcification of hilar or mediastinal lymph nodes	tb	tuberculosis
fr	fractured rib(s) (acute or healed)		tacecoatosis
A	MARK ALL BOXES THAT APPLY: (Use of this list is in Abnormalities of the Diaphragm	intended 1	to reduce handwritten comments and is optional)  Lung Parenchymal Abnormalities
	☐ Eventration		☐ Azygos lobe
	Hiatal hernia		☐ Density, lung
A	irway Disorders		☐ Infiltrate
	Bronchovascular markings, heavy or increased		
_	_		☐ Nodule, nodular lesion
L	Hyperinflation		Miscellaneous Abnormalities
F	Bony Abnormalities		☐ Foreign body
г	Bony chest cage abnormality		☐ Post-surgical changes/sternal wire
	· · · · · · · · · · · · · · · · · · ·		☐ Cyst
	Fracture, healed (non-rib)		
L	Fracture, not healed (non-rib)		Vascular Disorders
☐ Scoliosis			☐ Aorta, anomaly of
Г	Vertebral column abnormality		☐ Vascular abnormality
_	- Verteerar corumn aonormanty		·
D. O	THER COMMENTS		
	There is an increased density in the right upper zone ov	erlying 51	h posterior rib which may represent an A opacity.
			_
_	DINGLETANIC C. L.C. 4 N. I. 4		READER'S
5.	PHYSICIAN'S Social Security Number* * Furnishing your soci		INITIALS DATE OF READING (mm-dd-yyyy)
	to provide this number affect your right to par		
L	this program.	rticipate iii	
_	SIGNATURE PR	INTED NAM	ME (LAST, FIRST MIDDLE)
_			
	STREET ADDRESS CITY		STATE ZID CODE

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

	CENTERS FOR DISEASE CONTROL & PREVENT	TION OMB No.: 0920-0020
DATE OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance Program	CDC/NIOSH (M) 2.8
	National Institute for Occupational Safety and Hea 1095 Willowdale Road, MS LB208 Morgantown, WV 26505	REV. 12/2013
EXAMINEE'S Social Security Number	,	FACILITY ID#
	TYPE OF READING A B X F	
International Classification of Radiographs of Pne		n this form. Classify all appearances described in the ILO aphs. Use symbols and record comments as appropriate.
1. IMAGE QUALITY Overexpose	ed (dark) Improper position Underinfla	ntion
Z 3 U/R Underexpo	sed (light) Poor contrast Mottle	
(If not Grade 1, mark all		
boxes that apply) Artifacts	Poor processing Other (plea	ase specify)
2A. ANY CLASSIFIABLE PARENCHY	MAL ABNORMALITIES?	YES Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES	b. ZONES c. PROFUSION	2C. LARGE OPACITIES
a. SHAPE/SIZE Primary secondary	R L 0/- 0/0 0/1	
p p s	JPPER 1/1 1/2	SIZE A B C Proceed to
q t q 🔀 🕦	4IDDLE	Section 3A
	OWER 3/2 3/3 3/+	
3A. ANY CLASSIFIABLE PLEURAL A	BNORMALITIES?	YES Complete Sections NO Proceed to Section 4A
	cification, extent, and width)	Highly Control of the state of
Cliest wall	ication Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile ORLO	Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2	3 to 5 mm = a 5 to 10 mm = b
Face on O R L O	R L $> 1/2$ of lateral chest wall = 3	> 10 mm = c
Diaphragm O R L O	R L O R O L	O R O L
Other site(s) O R L O	R L 1 2 3 1 2 3	a b c a b c
3C. COSTOPHRENIC ANGLE OBLITE	CRATION R L Proceed to Section 3D	NO Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING		
JD. DIFFUSE I LEUKAL THICKENING	(mark site, catcification, extent, and width) in profile and face on) Up to 1/4 of lateral che	(3mm minimum width required)
Site	Calcification 1/4 to 1/2 of lateral che	est wall = 2 5 to 10 mm = b
Chest wall	> 1/2 of lateral che	
In profile ORL	ORL OR O	L OR OL
Face on ORL	O R L 1 2 3 1	2 3 a b c a b c
4A. ANY OTHER ABNORMALITIES?		YES Complete Sections AB, 4C, 4D, 4E NO Proceed to Section 5
4B. OTHER SYMBOLS (OBLIGATOR)  aa at ax bu ca cg cn co		ih kl me pa pb pi px ra rp tb
OD If other diseases or significant al (See reverse for other symbol def	onormalities (OD), <b>findings must be recorded on rever</b>	`
4E. Should worker see personal physician be Proceed to Section 5	, Dat	e Physician or Worker notified? (mm-dd-yyyy)

atherosclerotic aorta

aa

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."

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	id	ill-defined diaphragm border - should be recorded only if more than
	remaining visible, whereas a large opacity demonstrates a		one-third of one hemidiaphragm is affected
	homogeneous opaque appearance - may be recorded either in the	ih	ill-defined heart border - should be recorded only if the length of the heart
	presence or in the absence of large opacities		border affected, whether on the right or on the left side, is more than
bu	bulla(e)		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
en	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	* .	parenchymal bands - significant parenchymal fibrotic stands in continuity
	cor pulmonale	pb	with the pleura
ср	cavity	:	
CV a:	marked distortion of an intrathoracic structure	pı	pleural thickening of an interlobar fissure
di ef		px	pneumothorax
ef	pleural effusion	ra	rounded atelectasis
em	emphysema	rp	rheumatoid pneumoconiosis
es	eggshell calcification of hilar or mediastinal lymph nodes	tb	tuberculosis
fr	fractured rib(s) (acute or healed)		
4C.	MARK ALL BOXES THAT APPLY: (Use of this list is i	intended	to reduce handwritten comments and is optional)
	bnormalities of the Diaphragm		Lung Parenchymal Abnormalities
	Eventration		☐ Azygos lobe
	Hiatal hernia		☐ Density, lung
Ai	rway Disorders		☐ Infiltrate
	·		
	Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion
	Hyperinflation		Miscellaneous Abnormalities
R	ony Abnormalities		☐ Foreign body
			_ *
	Bony chest cage abnormality		Post-surgical changes/sternal wire
	Fracture, healed (non-rib)		□ Cyst
			Vascular Disorders
	Fracture, not healed (non-rib)		
	Scoliosis		☐ Aorta, anomaly of
	Vertebral column abnormality		☐ Vascular abnormality
	Verteoral column aonomianty		·
רט מו	THER COMMENTS		
rD. 01			
	Old rib fracture 9th rib posteriorly		
			READER'S
5.	PHYSICIAN'S Social Security Number* * Furnishing your soci	ial security	INITIALS DATE OF READING (mm-dd-yyyy)
"—	number is voluntary. Y	our refusal	INTITIALS DITTO OF RELIGION (min da 9555)
	to provide this number		
	this program.	rticipate in	
-	IGNATURE DR	DITED MAS	ME (LACT FIRST MIDDLE)
	PR	INTED NAI	ME (LAST, FIRST MIDDLE)
	TREET ADDRESS		
S'	TREET ADDRESS CITY		STATE ZIP CODE

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

	CENTERS FOR DISEASE CONTROL & PREVENTION	OMB No.: 0920-0020
DATE OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance Program	CDC/NIOSH (M) 2.8
	National Institute for Occupational Safety and Health 1095 Willowdale Road, MS LB208	REV. 12/2013
	Morgantown, WV 26505	
EXAMINEE'S Social Security Number		FACILITY ID#
		6 2
	TYPE OF READING A B X F	6 3
	radiograph by placing an "x" in the appropriate boxes on this form. Class	
International Classification of Radiographs of Pne	eumoconiosis or Illustrated by the ILO Standard Radiographs. Use symb	ols and record comments as appropriate.
		1
1. IMAGE QUALITY Overexpose	ed (dark) Improper position Underinflation	
Z 3 J/R Underexpo	sed (light) Poor contrast Mottle	
(If not Grade 1, mark all		
boxes that apply)  Artifacts	Poor processing Other (please specify)	
2A. ANY CLASSIFIABLE PARENCHY	MAL ABNORMALITIES?  YES	Complete Sections NO Proceed to
		2B and 2C Section 3A
2B. SMALL OPACITIES  a. SHAPE/SIZE	b. ZONES c. PROFUSION 2C. LARGI	E OPACITIES
PRIMARY SECONDARY	R L 0/- 0/0 0/1	
p s p s	UPPER X X 1/0 1/1 1/2 SIZE	O B C Proceed to
t q t	MIDDLE 2/1 2/3	Section 3A
r u X u	LOWER 3/2 3/3 3/+	
3A. ANY CLASSIFIABLE PLEURAL A	BNORMALITIES? YES	Complete Sections 3B, 3C NO Proceed to Section 4A
3B. PLEURAL PLAQUES (mark site, cal	lcification, extent, and width)	Section III
	fication Extent (chest wall; combined for Width (	(in profile only)
In profile O R L O	D I T I I I I I I I I I I I I I I I I I	ninimum width required) mm = a
Face on O R L O	R 1/4 to 1/2 of lateral chest wall = 2 5 to 10	mm = b mm = c
	1/2 of lateral close was 3	ROL
		b c a b c
Other site(s) O R L O		
3C. COSTOPHRENIC ANGLE OBLITE	ERATION R L Proceed to	Proceed to
	Section 3D	NO Section 4A
3D. DIFFUSE PLEURAL THICKENING	Section 3D	Width (in profile only)  Section 4A
	G (mark site, calcification, extent, and width)  Section 3D  Extent (chest wall; combined for in profile and face on)	NO Section 4A
Site	G (mark site, calcification, extent, and width)  Calcification  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	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b
Site Chest wall	Section 3D  G (mark site, calcification, extent, and width)  Calcification  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
Site Chest wall In profile  O R L	Section 3D  G (mark site, calcification, extent, and width)  Calcification  ORL  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  OR  OL	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c  O R O L
Site Chest wall	Section 3D  G (mark site, calcification, extent, and width)  Calcification  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
Site Chest wall In profile  O R L	Section 3D  G (mark site, calcification, extent, and width)  Calcification  ORL  ORL  ORL  Section 3D  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  OR  OR  OL  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  O R  O L  a b c  Complete Sections
Site Chest wall In profile O R L Face on O R L  4A. ANY OTHER ABNORMALITIES?	Section 3D  G (mark site, calcification, extent, and width)  Calcification  ORL  ORL  ORL  Section 3D  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  OR  ORL  YES	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c  O R  O L  a b c  a b c
Site Chest wall In profile O R L Face on O R L  4A. ANY OTHER ABNORMALITIES?  4B. OTHER SYMBOLS (OBLIGATOR)	Section 3D  G (mark site, calcification, extent, and width)  Calcification  ORL  ORL  ORL  1 2 3 1 2 3  YES	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c  O R  O L  a b c  Complete Sections 4B, 4C, 4D, 4E  NO  Proceed to Section 5
Site  Chest wall  In profile O R L  Face on O R L  4A. ANY OTHER ABNORMALITIES?  4B. OTHER SYMBOLS (OBLIGATOR)  aa at bu ca cg cn cc	Section 3D  G (mark site, calcification, extent, and width)  Calcification  ORL  ORL  ORL  1 2 3 1 2 3  YES  YO  OCP CV Feb Section 3D  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  OR  YES	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c O R O L a b c  Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5
Site  Chest wall  In profile O R L  Face on O R L  4A. ANY OTHER ABNORMALITIES?  4B. OTHER SYMBOLS (OBLIGATOR)  aa at bu ca cg cn co	Section 3D  G (mark site, calcification, extent, and width)  Calcification  ORL  ORL  ORL  1 2 3 1 2 3  YES  YO  De CP CV Fef Si es fr hi ho id ih kl me  bunormalities (OD), findings must be recorded on reverse. (section 4C/	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c O R O L a b c  Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5  pa pb pi px ra rp tb
Site  Chest wall  In profile O R L  Face on O R L  4A. ANY OTHER ABNORMALITIES?  4B. OTHER SYMBOLS (OBLIGATOR)  aa at bu ca cg cn cc	Section 3D  G (mark site, calcification, extent, and width)  Calcification  ORL  ORL  ORL  ORL  ORL  ORL  ORL  OR	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c O R O L a b c  Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

at ax bu ca eg en co ep ev di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung  ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis
	MARK ALL BOXES THAT APPLY: (Use of this list is in bnormalities of the Diaphragm	ntended	to reduce handwritten comments and is optional)  Lung Parenchymal Abnormalities
	Eventration		☐ Azygos lobe
	Hiatal hernia		☐ Density, lung
	rway Disorders		☐ Infiltrate
	Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion
	] Hyperinflation		Miscellaneous Abnormalities
	ony Abnormalities		Foreign body
	Bony chest cage abnormality		Post-surgical changes/sternal wire
	Fracture, healed (non-rib)		☐ Cyst <b>Vascular Disorders</b>
	Fracture, not healed (non-rib)		☐ Aorta, anomaly of
	Scoliosis		☐ Vascular abnormality
Ш	Vertebral column abnormality		V ascular abhormanty
D. O	THER COMMENTS		
	-		
			DE 4 DEDIG
5.	PHYSICIAN'S Social Security Number* * Furnishing your social		READER'S INITIALS DATE OF READING (mm-dd-yyyy)
	number is voluntary. Y to provide this number		
	affect your right to par this program.	rticipate in	
	SIGNATURE		
5	DIGNATURE PR	INTED NAI	ME (LAST, FIRST MIDDLE)
S	TREET ADDRESS CITY		STATE ZIP CODE

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

	CENTERS FOR DISEASE CONTROL & PREVENTION	OMB No.: 0920-0020
DATE OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance Program	CDC/NIOSH (M) 2.8
	National Institute for Occupational Safety and Health 1095 Willowdale Road, MS LB208 Morgantown, WV 26505	REV. 12/2013
EV AMINIERIO C: 1 C	worgantown, w v 20303	FACILITY ID#
EXAMINEE'S Social Security Number	1 Γ	
	TYPE OF READING A B X F	6 4
	ograph by placing an "x" in the appropriate boxes on this form. Classif occiniosis or Illustrated by the ILO Standard Radiographs. Use symbols	
1. IMAGE QUALITY Overexposed (c	lark)   Improper position   Underinflation	
1 X 3 U/R Underexposed		
(If not Grade 1, mark all		
boxes that apply) Artifacts	Poor processing Other (please specify)	
2A. ANY CLASSIFIABLE PARENCHYMAI	VEC	omplete Sections 3 and 2C  NO  Proceed to Section 3A
2B. SMALL OPACITIES a. SHAPE/SIZE	b. ZONES c. PROFUSION 2C. LARGE O	PACITIES
PRIMARY SECONDARY	R L 0/- 0/0 0/1	
p s p s UPPE		A B C Proceed to Section 3A
q t t MIDD		***************************************
LOWE T U	3/2 3/3 3/+	
3A. ANY CLASSIFIABLE PLEURAL ABNO	VEC	omplete Sections NO Proceed to Section 4A
3B. PLEURAL PLAQUES (mark site, calcific	ation, extent, and width)	
Chest wall Site Calcification		nrofile only) mum width required)
In profile ORLOR	Up to $1/4$ of lateral chest wall = 1 3 to 5 mm	
Face on O R L O R	L 1/4 to 1/2 of lateral chest wall = 2 5 to 10 mm > 1/2 of lateral chest wall = 3 > 10 mm	
Diaphragm O R L O R	L O R O L O R	O L
Other site(s) O R L O R	L 1 2 3 1 2 3 a b	c a b c
3C. COSTOPHRENIC ANGLE OBLITERA	TION R L Proceed to Section 3D	NO Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING (n	nark site, calcification,	Width (in profile only) 3mm minimum width required)
ex Site	tent, and width) Up to $1/4$ of lateral chest wall = 1	3 to 5 mm = a
Chest wall	Calcification $1/4$ to $1/2$ of lateral chest wall = 2 $> 1/2$ of lateral chest wall = 3	5 to 10 mm = b > 10 mm = c
In profile ORL		O R O L
Face on ORL	O R L 1 2 3 1 2 3	a b c a b c
4A. ANY OTHER ABNORMALITIES?		omplete Sections 3, 4C, 4D, 4E NO Proceed to Section 5
4B. OTHER SYMBOLS (OBLIGATORY)  at   bu   ca   co   co   co	p 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 abnor	malities (OD), <b>findings must be recorded on reverse.</b> (section 4C/4D	
(See reverse for other symbol definition	Date I hysician of	Worker notified? (mm-dd-yyyy)
<b>4E.</b> Should worker see personal physician becau Proceed to Section 5	se of findings in section 4? YES NO	-    -

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

at ax bu ca eg en co ep ev di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung  ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis		
	MARK ALL BOXES THAT APPLY: (Use of this list is in bnormalities of the Diaphragm	ntended	to reduce handwritten comments and is optional)  Lung Parenchymal Abnormalities		
	Eventration		☐ Azygos lobe		
	Hiatal hernia		☐ Density, lung		
	rway Disorders		☐ Infiltrate		
	Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion		
Hyperinflation			Miscellaneous Abnormalities		
	ony Abnormalities		Foreign body		
	Bony chest cage abnormality		Post-surgical changes/sternal wire		
	Fracture, healed (non-rib)		☐ Cyst <b>Vascular Disorders</b>		
	Fracture, not healed (non-rib)		☐ Aorta, anomaly of		
	Scoliosis		☐ Vascular abnormality		
Ш	Vertebral column abnormality		V ascular abhormanty		
D. O	THER COMMENTS				
	-				
			DE 4 DEDIG		
5.	PHYSICIAN'S Social Security Number* * Furnishing your social		READER'S INITIALS DATE OF READING (mm-dd-yyyy)		
	number is voluntary. Y to provide this number				
	affect your right to par this program.	rticipate in			
	SIGNATURE				
5	DIGNATURE PR	INTED NAI	ME (LAST, FIRST MIDDLE)		
S	TREET ADDRESS CITY		STATE ZIP CODE		

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance Program National Institute for Occupational Safety and Health 1095 Willowdale Road, MS LB208 Morgantown, WV 26505	CDC/NIOSH (M) 2.8 REV. 12/2013
EXAMINEE'S Social Security Number	,	FACILITY ID#
	TYPE OF READING A B X F	6 5
	adiograph by placing an "x" in the appropriate boxes on this form. Clas moconiosis or Illustrated by the ILO Standard Radiographs. Use symbol	
1. IMAGE QUALITY Overexposed	I (dark) Improper position Underinflation	
Underexpose	ed (light) Poor contrast Mottle	
(If not Grade 1, mark all boxes that apply)  Artifacts	Poor processing Other (please specify)	
2A. ANY CLASSIFIABLE PARENCHYM	AL ABNORMALITIES?  YES	Complete Sections 2B and 2C NO Proceed to Section 3A
2B. SMALL OPACITIES	b. ZONES c. PROFUSION 2C. LARGE	E OPACITIES
a. SHAPE/SIZE PRIMARY SECONDARY	R L 0/- 0/0	
	PER 1/0 1/1 1/2 SIZE DDLE 2/1 2/2 2/3	A B C Proceed to Section 3A
	WER 3/2 3/3 3/+	
3A. ANY CLASSIFIABLE PLEURAL AB	NORMALITIES? YES	Complete Sections NO Proceed to
2D DIEUDAL DI AQUES ( . 1		3B, 3C Section 4A
<b>3B.</b> PLEURAL PLAQUES (mark site, calc.  Chest wall Site Calcific		in profile only) ninimum width required)
In profile ORLOR	Up to $1/4$ of lateral chest wall = 1 $3 \text{ to } 5 \text{ i}$	mm = a
Face on ORLOR	1/4 to 1/2 of lateral chest wall = 2 5 to 10 to	mm = b mm = c
Diaphragm ORLOR	L OR OL OI	R O L
Other site(s) ORLOR	L 1 2 3 1 2 3 a	b c a b c
3C. COSTOPHRENIC ANGLE OBLITEI	RATION R L Proceed to Section 3D	NO Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING		Width (in profile only) (3mm minimum width required)
Site	extent, and width)  Up to 1/4 of lateral chest wall = 1  1/4 to 1/2 of lateral chest wall = 2	3 to 5 mm = a 5 to 10 mm = b
Chest wall	Calcification > 1/2 of lateral chest wall = 3	> 10 mm = c
In profile ORL	ORL OR OL	O R O L
Face on ORL	O R L 1 2 3 1 2 3	a b c a b c
4A. ANY OTHER ABNORMALITIES?	YES	Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5
4B. OTHER SYMBOLS (OBLIGATORY  aa at ax bu ca cg cn co	cp cv di ef em es fr hi ho id ih kl me	pa pb pi px ra rp tb
OD If other diseases or significant abs (See reverse for other symbol defin	normalities (OD), <b>findings must be recorded on reverse.</b> (section 4C/4 itions.)	4D) or Worker notified? (mm-dd-yyyy)
<b>4E.</b> Should worker see personal physician bed	Date I hysician o	

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

at ax bu ca eg en co ep ev di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung  ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis		
	MARK ALL BOXES THAT APPLY: (Use of this list is in bnormalities of the Diaphragm	ntended	to reduce handwritten comments and is optional)  Lung Parenchymal Abnormalities		
	Eventration		☐ Azygos lobe		
	Hiatal hernia		☐ Density, lung		
	rway Disorders		☐ Infiltrate		
	Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion		
Hyperinflation			Miscellaneous Abnormalities		
	ony Abnormalities		Foreign body		
	Bony chest cage abnormality		Post-surgical changes/sternal wire		
	Fracture, healed (non-rib)		☐ Cyst <b>Vascular Disorders</b>		
	Fracture, not healed (non-rib)		☐ Aorta, anomaly of		
	Scoliosis		☐ Vascular abnormality		
Ш	Vertebral column abnormality		V ascular abhormanty		
D. O	THER COMMENTS				
	-				
			DE 4 DEDIG		
5.	PHYSICIAN'S Social Security Number* * Furnishing your social		READER'S INITIALS DATE OF READING (mm-dd-yyyy)		
	number is voluntary. Y to provide this number				
	affect your right to par this program.	rticipate in			
	SIGNATURE				
5	DIGNATURE PR	INTED NAI	ME (LAST, FIRST MIDDLE)		
S	TREET ADDRESS CITY		STATE ZIP CODE		

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

	CENTERS FOR DISEASE CONTROL & PREVENTION	OMB No.: 0920-0020
DATE OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance Program	CDC/NIOSH (M) 2.8
	National Institute for Occupational Safety and Health 1095 Willowdale Road, MS LB208 Morgantown, WV 26505	REV. 12/2013
EVAMINEELS Social Security Number	Morganiown, w v 20005	FACILITY ID#
EXAMINEE'S Social Security Number		
	TYPE OF READING A B X F	6   6
	radiograph by placing an "x" in the appropriate boxes on this form. Clas umoconiosis or Illustrated by the ILO Standard Radiographs. Use symbol	
1. IMAGE QUALITY Overexpose	ed (dark) Improper position Underinflation	
1 X 3 U/R Underexpo	sed (light) Poor contrast Mottle	
(If not Grade 1, mark all		
boxes that apply)  Artifacts	Poor processing Other (please specify)	
2A. ANY CLASSIFIABLE PARENCHY	MAL ABNORMALITIES?  YES	Complete Sections 2B and 2C NO Proceed to Section 3A
2B. SMALL OPACITIES	b. ZONES c. PROFUSION 2C. LARGE	E OPACITIES
a. SHAPE/SIZE Primary secondary	R L 0/- 0/0 0/1	
p s p s	1/0 1/1 1/2 SIZE (	O A Proceed to
X t q t	MIDDLE 2/1 2/2 2/2 1	Section 3A
r u X u	OWER 3/2 3/3 3/+	
3A. ANY CLASSIFIABLE PLEURAL A	DNODMALITIES?	
3A. ANY CLASSIFIABLE PLEURAL A	YES YES	Complete Sections 3B, 3C NO Proceed to Section 4A
	cification, extent, and width)	in mar Classical
Cliest wall	in profile and face on) (3mm m	in profile only) ninimum width required)
In profile ORLO	$\frac{1/4 \text{ to } 1/2 \text{ of lateral chest wall}}{2} = 2$ 5 to 10 to	mm = a mm = b
Face on ORLO		mm = c
Diaphragm O R L O	R L O R O L O I	R O L
Other site(s) O R L O	R L 1 2 3 1 2 3 a	b c a b c
3C. COSTOPHRENIC ANGLE OBLITE	RATION R L Proceed to Section 3D	NO Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING	Extent (chest wall; combined for	Width (in profile only) (3mm minimum width required)
Site	extent, and width)  in profile and face on)  Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Chest wall	Calcification $1/4 \text{ to } 1/2 \text{ of lateral chest wall} = 2$ $> 1/2 \text{ of lateral chest wall} = 3$	5 to 10 mm = b > 10 mm = c
In profile ORL	ORL OROL	O R O L
Face on ORL	O R L 1 2 3 1 2 3	a b c a b c
4A. ANY OTHER ABNORMALITIES?	YES X	Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5
4B. OTHER SYMBOLS (OBLIGATOR)		pa pb pi px ra rp tb
OD If other diseases or significant al	onormalities (OD), <b>findings must be recorded on reverse.</b> (section 4C/	
		TD)
(See reverse for other symbol def  4E. Should worker see personal physician b	nitions.) Date Physician o	r Worker notified? (mm-dd-yyyy)

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

at ax	significant apical pleural thickening coalescence of small opacities - with margins of the small opacities	ho id	honeycomb lung ill-defined diaphragm border - should be recorded only if more than		
ал	remaining visible, whereas a large opacity demonstrates a	Iu	one-third of one hemidiaphragm is affected		
	homogeneous opaque appearance - may be recorded either in the	ih	ill-defined heart border - should be recorded only if the length of the heart		
	presence or in the absence of large opacities		border affected, whether on the right or on the left side, is more than		
bu	bulla(e)		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		
en	calcification in small pneumoconiotic opacities	pa	plate atelectasis		
со	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity		
ср	cor pulmonale		with the pleura		
CV a:	cavity marked distortion of an intrathoracic structure	pi	pleural thickening of an interlobar fissure		
di ef	pleural effusion	px ra	rounded atelectasis		
em	emphysema		rheumatoid pneumoconiosis		
es	eggshell calcification of hilar or mediastinal lymph nodes	rp tb	tuberculosis		
fr	fractured rib(s) (acute or healed)	10	tuoticulosis		
A	<ul><li>A. MARK ALL BOXES THAT APPLY: (Use of this list is in the control of the Diaphragm</li><li>☐ Eventration</li></ul>	ntended	Lung Parenchymal Abnormalities		
	☐ Hiatal hernia		Azygos lobe		
			☐ Density, lung		
	irway Disorders		☐ Infiltrate		
	☐ Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion		
	☐ Hyperinflation		Miscellaneous Abnormalities		
Bony Abnormalities			☐ Foreign body		
_					
L	Bony chest cage abnormality		Post-surgical changes/sternal wire		
	☐ Fracture, healed (non-rib)		☐ Cyst		
	☐ Fracture, not healed (non-rib)		Vascular Disorders		
	Scoliosis		☐ Aorta, anomaly of		
			☐ Vascular abnormality		
L	☐ Vertebral column abnormality		Vascular abnormanty		
ID. O	OTHER COMMENTS				
	calcification of small opacities makes the nodules look r	nore prof	use		
	<u> </u>				
			_		
	-				
	-				
			READER'S		
5.	PHYSICIAN'S Social Security Number* * Furnishing your soci		INITIALS DATE OF READING (mm-dd-yyyy)		
	number is voluntary. Y to provide this number				
	affect your right to par this program.				
_	uns program.				
_	SIGNATURE PR	INITED NIA	ME (LACT FIDET MIDDLE)		
	PK	INTED NA	ME (LAST, FIRST MIDDLE)		
	STREET ADDRESS CITY		STATE ZID CODE		

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance Program National Institute for Occupational Safety and Health 1095 Willowdale Road, MS LB208 Morgantown, WV 26505	CDC/NIOSH (M) 2.8 REV. 12/2013
EXAMINEE'S Social Security Number	,	FACILITY ID#
	TYPE OF READING A B F	6 7
	adiograph by placing an "x" in the appropriate boxes on this form. Cla imoconiosis or Illustrated by the ILO Standard Radiographs. Use symb	
1. IMAGE QUALITY Overexposed	l (dark) Improper position Underinflation	
Underexpose	ed (light) Poor contrast Mottle	
(If not Grade 1, mark all boxes that apply)  Artifacts	Poor processing Other (please specify)	
2A. ANY CLASSIFIABLE PARENCHYM	IAL ABNORMALITIES?  YES	Complete Sections 2B and 2C NO Proceed to Section 3A
2B. SMALL OPACITIES  a. SHAPE/SIZE	b. ZONES	E OPACITIES
PRIMARY SECONDARY	R L 0/- 0/0 0/1  PPER 1/0 1/1 1/2	
	DDLE 2/1 2/2 2/3	O A B C Proceed to Section 3A
r u r u LC	OWER 3/2 3/3 3/+	
3A. ANY CLASSIFIABLE PLEURAL AB	NORMALITIES? YES	Complete Sections 3B, 3C NO Proceed to Section 4A
Sita   Calaifa	ification, extent, and width)	(in profile only)
Chest wall  In profile  ORL  OR	in profile and face on) (3mm)	minimum width required) mm = a
Face on O R L O R	1/4 to 1/2 of lateral chest wall = 2 5 to 10	mm = b
	> 1/2 of lateral chest wall = 3	$0 \text{ mm} = c$ $R \qquad O \qquad L$
Diaphragm O R L O R		
Other site(s) O R L O R		b c a b c
3C. COSTOPHRENIC ANGLE OBLITE	RATION R L Proceed to Section 3D	NO Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING	extent_and width) in profile and face on)	Width (in profile only) (3mm minimum width required)
Site	Up to $1/4$ of lateral chest wall = 1 1/4 to $1/2$ of lateral chest wall = 2	3 to 5 mm = a 5 to 10 mm = b
Chest wall	Calcification > 1/2 of lateral chest wall = 3	> 10 mm = c
In profile ORL	O R L O R O L	O R O L
Face on ORL	O R L 1 2 3 1 2 3	a b c a b c
4A. ANY OTHER ABNORMALITIES?	YES	Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5
4B. OTHER SYMBOLS (OBLIGATORY  aa at ax bu ca cg cn co	cp cv di ef em es fr hi ho id ih kl me	pa pb pi px ra rp tb
OD If other diseases or significant about (See reverse for other symbol defined)	normalities (OD), <b>findings must be recorded on reverse.</b> (section 4C nitions.)	/4D) or Worker notified? (mm-dd-yyyy)
4E. Should worker see personal physician becomes to Section 5	Date I hysician	

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

at ax bu ca eg en co ep ev di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung  ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis		
	MARK ALL BOXES THAT APPLY: (Use of this list is in bnormalities of the Diaphragm	ntended	to reduce handwritten comments and is optional)  Lung Parenchymal Abnormalities		
	Eventration		☐ Azygos lobe		
	Hiatal hernia		☐ Density, lung		
	rway Disorders		☐ Infiltrate		
	Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion		
Hyperinflation			Miscellaneous Abnormalities		
	ony Abnormalities		Foreign body		
	Bony chest cage abnormality		Post-surgical changes/sternal wire		
	Fracture, healed (non-rib)		☐ Cyst <b>Vascular Disorders</b>		
	Fracture, not healed (non-rib)		☐ Aorta, anomaly of		
	Scoliosis		☐ Vascular abnormality		
Ш	Vertebral column abnormality		V ascular abhormanty		
D. O	THER COMMENTS				
	-				
			DE 4 DEDIG		
5.	PHYSICIAN'S Social Security Number* * Furnishing your social		READER'S INITIALS DATE OF READING (mm-dd-yyyy)		
	number is voluntary. Y to provide this number				
	affect your right to par this program.	rticipate in			
	SIGNATURE				
5	DIGNATURE PR	INTED NAI	ME (LAST, FIRST MIDDLE)		
S	TREET ADDRESS CITY		STATE ZIP CODE		

Form Approved OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy) CHEST RADIOGRAPH CLASSIFIC	CATION
FEDERAL MINE SAFETY AND HEALTH ACD DEPARTMENT OF HEALTH AND HUMAN SEXAMINEE'S Social Security Number  EXAMINEE'S Social Security Number	SERVICES
Coal Workers' Health Surveillance Program National Institute for Occupational Safety and I 1000 Frederick Lane, MS LB208  Full SSN is optional, last 4 digits are required.  Full SSN is optional, last 4 digits are required.  EXAMINEE'S Name (Last, First MI)	
68	TYPE OF READING  A B F F
Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate boxe International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs.	es on this form. Classify all appearances described in the ILO
1. IMAGE QUALITY Overexposed (dark) Improper position Underin	flation Scapula Overlay
Underexposed (light) Poor contrast Mottle	Other (please specify) ve Edge
Enhance	ement
2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES?	YES Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES  a. SHAPE/SIZE PRIMARY SECONDARY  p s p s UPPER	SIZE O A C Proceed to Section 3A
r u Ku LOWER X 3/2 3/3 3/4	
3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES?	YES Complete Sections NO Proceed to Section 4A
3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)  Chest wall  In profile  Face on  ORL  ORL  ORL  ORL  ORL  ORL  ORL  OR	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c  OR  B  C  B  C  C  C  C  C  C  C  C  C  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  Chest wall  In profile ORL  Face on ORL  ORL  ORL  ORL  ORL  ORL  ORL  ORL	(3mm minimum width required) 3 to 5 mm = a chest wall = 2 chest wall = 3 chest wall = 3 chest wall = 3 chest wall = 3
4A. ANY OTHER ABNORMALITIES?  YES Complete	Sections 4B-E and 5. NO Complete Section 5.
5. NIOSH Reader ID  (Leave ID Number blank if you are not a NIOSH A or B Reader)	DATE OF READING (mm-dd-yyyy)  0 7 - 1 7 - 2 0 2 3
SIGNATURE PRINTED NAME (LA  STREET ADDRESS CITY	AST, FIRST MIDDLE)  STATE  ZIP CODE

68			
4B.	OTHER SYMBOLS (OBLIGATORY)		
	aa at ax bu ca cg cn co cp cv di ef em es	fr hi h	no id ih kl me pa pb pi px ra rp tb
aa	atherosclerotic aorta		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	id	ill-defined diaphragm border - should be recorded only if more than
	remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the	ih	one-third of one hemidiaphragm is affected ill-defined heart border - should be recorded only if the length of the heart
	presence or in the absence of large opacities		border affected, whether on the right or on the left side, is more than
bu	bulla(e)	1.1	one-third of the length of the left heart border
ca cg	cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	kl me	septal (Kerley) lines 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
cp cv	cor pulmonale cavity	ni	with the pleura pleural thickening of an interlobar fissure
di	marked distortion of an intrathoracic structure	pı px	pneumothorax
ef	pleural effusion	ra	rounded atelectasis
em	emphysema	rp	rheumatoid pneumoconiosis tuberculosis
es fr	eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	tb	tuberculosis
	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)		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
	Scoliosis		
	☐ Vertebral column abnormality		☐ Vascular abnormality
			Date Physician or Worker notified? (mm-dd-yyyy)
4E.	Should worker see personal physician because of findings	? YES	NO X
4D	OTHER COMMENTS		
чD.	OTHER COMMENTS		

EXAMINEE'S Name (Last, First MI)

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

Coc   Notes   Health Surveillance Program   CDC/NIOSH (M) 2.8
Type of Reading 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.    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.    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. Use symbols and record comments as appropriate.    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 in the ILO International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.    Note: Please record your interpretation of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.    Note: Please record your interpretation of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.    Note: Please record your interpretation of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.    Note: Please record your interpretation of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.    Note: Please record your interpretation of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard Radiographs. Use symbol
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.    Image Quality
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
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  Mottle  (If not Grade I, mark all boxes that apply)  Artifacts  Poor processing  Other (please specify)  2. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES?  YES  Complete Sections  NO  Proceed to Section 3A  2. B. SMALL OPACITIES
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  Mottle  (If not Grade I, mark all boxes that apply)  Artifacts  Poor processing  Other (please specify)  2. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES?  YES  Complete Sections  NO  Proceed to Section 3A  2. B. SMALL OPACITIES
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
Improper position
Complete Sections   Complete Sections   Complete Sections   Complete Section   Complete
(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  2B. SMALL OPACITIES  a. SHAPE/SIZE  PRIMARY SECONDARY  P S
Complete Sections   Proceed to Section 3A
Doxes that apply)  Artifacts  Poor processing  Other (please specify)  2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES?  YES  Complete Sections 2B and 2C  NO  Proceed to Section 3A  2B. SMALL OPACITIES  a. SHAPE/SIZE PRIMARY SECONDARY  P S P S UPPER  MIDDLE  J J J J J J J J J J J J J J J J J J J
2B. SMALL OPACITIES a. SHAPESIZE PRIMARY SECONDARY  D S D S UPPER X X 1/0 1/1 1/2  T U X U LOWER X X 3/2 3/3 3/4   3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES?  3B. PLEURAL PLAQUES (mark site, calcification, extent, and width) Chest wall In profile O R L Diaphragm O R L
2B. SMALL OPACITIES  a. SHAPE/SIZE  PRIMARY SECONDARY  P S P S UPPER
a. SHAPE/SIZE PRIMARY SECONDARY R L Diaphragm O R L O R L Diaphragm O R L O R
PRIMARY SECONDARY  P S P S UPPER
A B C   Froceed to Section 3A
Tu Wu Lower 3/3/2 3/3 3/4  3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES?  YES Complete Sections 3B, 3C NO Proceed to Section 4A  3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)  Chest wall Site Calcification   Extent (chest wall; combined for in profile and face on)   Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 3  Diaphragm OR L OR L OR C OR C OR C OR C OR C OR C
3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES?  YES  Complete Sections 3B, 3C  Proceed to Section 4A  3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)  Chest wall  In profile  ORL  ORL  ORL  ORL  ORL  ORL  ORL  OR
3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)  Chest wall  In profile  ORL  ORL  ORL  ORL  ORL  ORL  ORL  OR
3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)  Chest wall  In profile  ORL  ORL  ORL  ORL  ORL  ORL  ORL  OR
Chest wall  In profile  ORL  Face on ORL  Diaphragm  ORL  Calcification  Calcification  ORL  ORL  Calcification  ORL  Up to 1/4 of lateral chest wall = 1  1/4 to 1/2 of lateral chest wall = 3  ORL  ORL  ORL  Extent (chest wall; combined for in profile only)  (3mm minimum width required)  3 to 5 mm = a  5 to 10 mm = b  > 10 mm = c  OR  OR  OR  OR  OR  OR  OR  OR  OR  O
Chest Wall
Face on O R L O R L O R L O R L O R L O R L O R L O R L O R L O R L O R L O R L O R C O R O L
Diaphragm O R L O R L O R C O L
Other site(s) O R L O R L 1 2 3 1 2 3 a b c
3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO Section 4A
3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, Extent (chest wall; combined for (3mm minimum width convict)
extent, and width) $ \begin{array}{c} \text{in profite and face on)} \\ \text{Up to } 1/4 \text{ of lateral chest wall} = 1 \end{array} $ $ \begin{array}{c} \text{Site} \\ \text{3 to 5 mm} = a \end{array} $
Chest wall  Calcification $Calcification$ $Calcificati$
In profile O R L O R L O R O L
Face on O R L O R L 1 2 3 1 2 3 a b c a b c
4A. ANY OTHER ABNORMALITIES?  YES  Complete Sections 4B, 4C, 4D, 4E  NO  Proceed to Section 5
4B. OTHER SYMBOLS (OBLIGATORY)
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

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

at ax bu ca eg en co ep ev di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung  ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis		
	MARK ALL BOXES THAT APPLY: (Use of this list is in bnormalities of the Diaphragm	ntended	to reduce handwritten comments and is optional)  Lung Parenchymal Abnormalities		
	Eventration		☐ Azygos lobe		
	Hiatal hernia		☐ Density, lung		
	rway Disorders		☐ Infiltrate		
	Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion		
Hyperinflation			Miscellaneous Abnormalities		
	ony Abnormalities		Foreign body		
	Bony chest cage abnormality		Post-surgical changes/sternal wire		
	Fracture, healed (non-rib)		☐ Cyst <b>Vascular Disorders</b>		
	Fracture, not healed (non-rib)		☐ Aorta, anomaly of		
	Scoliosis		☐ Vascular abnormality		
Ш	Vertebral column abnormality		V ascular abhormanty		
D. O	THER COMMENTS				
	-				
			DE 4 DEDIG		
5.	PHYSICIAN'S Social Security Number* * Furnishing your social		READER'S INITIALS DATE OF READING (mm-dd-yyyy)		
	number is voluntary. Y to provide this number				
	affect your right to par this program.	rticipate in			
	SIGNATURE				
5	DIGNATURE PR	INTED NAI	ME (LAST, FIRST MIDDLE)		
S	TREET ADDRESS CITY		STATE ZIP CODE		

DATE OF RADIOGRAPH (mm-dd-yyyy)	HEST RADIOGRAPH CLASSIFIC	CATION
	EDERAL MINE SAFETY AND HEALTH AO DEPARTMENT OF HEALTH AND HUMAN CENTERS FOR DISEASE CONTROL & PRE	SERVICES
Full SSN is optional, last 4 digits are required.  EXAMINEE'S Name (Last, First MI)	Coal Workers' Health Surveillance Progra National Institute for Occupational Safety and 1000 Frederick Lane, MS LB208 Morgantown, WV 26508 FAX: 304-285-6058	
70		TYPE OF READING
Note: Please record your interpretation of a single		A B F F Case on this form. Classify all appearances described in the ILO diographs. Use symbols and record comments as appropriate.
1. IMAGE QUALITY Overexposed	I (dark) Improper position Underin	nflation Scapula Overlay
Underexpose	ed (light) Poor contrast Mottle	Other (please specify)
(If not Grade 1, mark all boxes that apply)  Artifacts	Poor processing Excess Enhance	ive Edge cement
2A. ANY CLASSIFIABLE PARENCHYM	AL ABNORMALITIES?	YES Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES  a. SHAPE/SIZE  PRIMARY SECONDARY	b. ZONES  R L   c. PROFUSION  0/- 0/0 0/1	2C. LARGE OPACITIES
q t q t mi	PER   1/0 1/1 1/2   2/1 2/2 2/3   WER   3/2 3/3 3/+	SIZE O A B C Proceed to Section 3A
3A. ANY CLASSIFIABLE PLEURAL ABI	NORMALITIES?	YES Complete Sections NO Proceed to Section 4A
3B. PLEURAL PLAQUES (mark site, calcifice) Chest wall In profile Face on ORLOR Diaphragm ORLOR Other site(s) ORLOR    ORLOR	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  OR OR OL	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c
3C. COSTOPHRENIC ANGLE OBLITER	RATION R L Proceed to Section 3D NO	Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING  Site  Chest wall  In profile O R L  Face on O R L	extent, and width)  Up to 1/4 of lateral  1/4 to 1/2 of lateral	(3mm minimum width required) chest wall = 1 l chest wall = 2 l chest wall = 3
4A. ANY OTHER ABNORMALITIES?	YES X Complete	e Sections 4B-E and 5. NO Complete Section 5.
5. NIOSH Reader ID  (Leave ID Number blank if you are not a NIOSH A o	r B Reader)	DATE OF READING (mm-dd-yyyy)  0 7 - 1 7 - 2 0 2 3
SIGNATURE  STREET ADDRESS	PRINTED NAME (L.	AST, FIRST MIDDLE)  STATE  ZIP CODE

EXA	AMINEE'S Name (Last, First MI)		
70			
4B.	OTHER SYMBOLS (OBLIGATORY)		
	, , , , , , , , , , , , , , , , , , , ,	fr hi ho	id ih kl me pa pb pi px ra rp tb
aa	atherosclerotic aorta		nlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening coalescence of small opacities - with margins of the small opacities		oneycomb lung
ax	remaining visible, whereas a large opacity demonstrates a		ll-defined diaphragm border - should be recorded only if more than ne-third of one hemidiaphragm is affected
	homogeneous opaque appearance - may be recorded either in the	ih il	ll-defined heart border - should be recorded only if the length of the heart
	presence or in the absence of large opacities		order affected, whether on the right or on the left side, is more than
bu ca	bulla(e) cancer, thoracic malignancies excluding mesothelioma		ne-third of the length of the left heart border eptal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes		nesothelioma
cn	calcification in small pneumoconiotic opacities		late atelectasis
co	abnormality of cardiac size or shape		arenchymal bands - significant parenchymal fibrotic stands in continuity
cp cv	cor pulmonale cavity		vith the pleura leural thickening of an interlobar fissure
di	marked distortion of an intrathoracic structure		neumothorax
ef	pleural effusion		ounded atelectasis
em es	emphysema eggshell calcification of hilar or mediastinal lymph nodes		heumatoid pneumoconiosis uberculosis
fr	fractured rib(s) (acute or healed)	10 11	acciculosis
	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
			Date Physician or Worker notified? (mm-dd-yyyy)
4E.	Should worker see personal physician because of findings?	YES	NO 🔀
4D.	OTHER COMMENTS		
	Healed fracture R clavicle and prior trauma to	R acrom	ioclavicular joint.

DATE OF RADIOGRAPH (mm-dd-yyyy) CHEST RADIOGRAPH CLASSIF	CICATION
FEDERAL MINE SAFETY AND HEALTH DEPARTMENT OF HEALTH AND HUMA CENTERS FOR DISEASE CONTROL & PR	AN SERVICES
Full SSN is optional, last 4 digits are required.  Coal Workers' Health Surveillance Programment of National Institute for Occupational Safety a 1000 Frederick Lane, MS LB208 Morgantown, WV 26508 FAX: 304-285-6058	nd Health
EXAMINEE'S Name (Last, First MI)	TYPE OF READING
71	A B F
Note: Please record your interpretation of a single radiograph by placing an "x" in the appropriate b International Classification of Radiographs of Pneumoconiosis or Illustrated by the ILO Standard R	
1. IMAGE QUALITY Overexposed (dark) Improper position Under	erinflation Scapula Overlay
Underexposed (light) Poor contrast Mot	tle Other (please specify)
I DONES that apply)     Althacts     Fool Diocessing	essive Edge ancement
2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES?	YES Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES  a. SHAPE/SIZE  b. ZONES  c. PROFUSION	2C. LARGE OPACITIES
PRIMARY         SECONDARY         R         L         0/-         0/0         0/1           P         S         P         S         UPPER         1/0         1/1         1/2           q         t         q         t         MIDDLE         2/1         2/2         2/3           r         u         r         u         LOWER         3/2         3/3         3/+	SIZE O A B C Proceed to Section 3A
3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES?	YES Complete Sections NO Proceed to Section 4A
3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)  Chest wall  In profile  Face on  ORL  ORL  ORL  ORL  ORL  OHRL  O	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c  OR  a b c a b c
3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO	Proceed to Section 4A
Site Calcification Calcification	
4A. ANY OTHER ABNORMALITIES?  YES Comp	olete Sections 4B-E and 5. NO Complete Section 5.
5. NIOSH Reader ID  (Leave ID Number blank if you are not a NIOSH A or B Reader)	DATE OF READING (mm-dd-yyyy)  0 7 - 1 7 - 2 0 2 3
SIGNATURE PRINTED NAME  STREET ADDRESS CITY	(LAST, FIRST MIDDLE)  STATE  ZIP CODE

EXA	AMINEE'S Name (Last, First MI)		
71			
4B.	OTHER SYMBOLS (OBLIGATORY)		
	aa at ax bu ca cg cn co cp cv di ef em es	fr hi	ho id ih kl me pa pb pi px ra rp tb
aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities remaining visible, whereas a large opacity demonstrates a	id	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
	homogeneous opaque appearance - may be recorded either in the	ih	ill-defined heart border - should be recorded only if the length of the heart
	presence or in the absence of large opacities		border affected, whether on the right or on the left side, is more than
bu	bulla(e)	1.1	one-third of the length of the left heart border
ca	cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	kl me	septal (Kerley) lines mesothelioma
cg 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
cp	cor pulmonale		with the pleura
cv	cavity	pi	pleural thickening of an interlobar fissure
di ef	marked distortion of an intrathoracic structure pleural effusion	px	pneumothorax rounded atelectasis
em	emphysema	ra rp	rheumatoid pneumoconiosis
es	eggshell calcification of hilar or mediastinal lymph nodes	tb	tuberculosis
<b>4C.</b> I	MARK ALL BOXES THAT APPLY: (Use of this list is inte	ended to re	duce handwritten comments and is optional)
	Abnormalities of the Diaphragm		Lung Parenchymal Abnormalities
	☐ Eventration		Azygos lobe
	☐ Hiatal hernia		Density, lung
	Airway Disorders		☐ Infiltrate
	☐ Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion
	Hyperinflation		Miscellaneous Abnormalities
	Bony Abnormalities		Foreign body
	`		_ * * *
	Bony chest cage abnormality		☐ Post-surgical changes/sternal wire
	Fracture, healed (non-rib)		Cyst
	Fracture, not healed (non-rib)		Vascular Disorders
	Scoliosis		☐ Aorta, anomaly of
	☐ Vertebral column abnormality		☐ Vascular abnormality
			Date Physician or Worker notified? (mm-dd-yyy
4E.	Should worker see personal physician because of findings?	YES [	NO 🔀
4D.	OTHER COMMENTS		
	Elevated R diaphragm.		
	Mild pleural prominence bilaterally may repre	sent su	bpleural fat but is not scored because the
	image is judged to be U/R.		

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance Program National Institute for Occupational Safety and F 1095 Willowdale Road, MS LB208 Morgantown, WV 26505	· /
EXAMINEE'S Social Security Number	Worgantown, W V 20303	FACILITY ID#
	TYPE OF READING A B	
		s on this form. Classify all appearances described in the ILO ographs. Use symbols and record comments as appropriate.
1. IMAGE QUALITY Overexpos	ed (dark)   Improper position   Underin	nflation
1 X 3 U/F Underexpo	sed (light) Poor contrast Mottle	
(If not Grade 1, mark all boxes that apply)  Artifacts	Poor processing Other (p	please specify) scapular overlay
2A. ANY CLASSIFIABLE PARENCHY	MAL ABNORMALITIES?	YES Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES  a. SHAPE/SIZE	b. ZONES c. PROFUSION	2C. LARGE OPACITIES
PRIMARY SECONDARY  P S P S	PPER	SIZE A B C Proceed to Section 3A
4 1 4 1	MIDDLE	section sit
3A. ANY CLASSIFIABLE PLEURAL A	BNORMALITIES?	YES Complete Sections NO Proceed to Section 4A
Chest wall  In profile  O  R  L  O	Continue	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c  O R O L  a b c a b c
3C. COSTOPHRENIC ANGLE OBLITI	R L Proceed to Section 3D	NO Proceed to Section 4A
Site Chest wall In profile O R L Face on O R L	Calcification  Calcification  ORL  ORL  ORL  ORL  Calcification  Calcification  ORL  ORL  ORL  ORL  ORL  ORL  ORL  OR	n) (3mm minimum width required) chest wall = 1 chest wall = 2 chest wall = 3  chest wall = 3  chest wall = 3  chest wall = 3  chest wall = 3
4A. ANY OTHER ABNORMALITIES?		YES Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5
4B. OTHER SYMBOLS (OBLIGATOR)  aa at ax bu ca cg cn co	i—————————	ih kl me pa pb pi px ra rp tb
If other diseases or significant a (See reverse for other symbol def	bnormalities (OD), <b>findings must be recorded on re</b> vinitions.)	verse. (section 4C/4D) Date Physician or Worker notified? (mm-dd-yyyy)

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

at ax bu ca eg en co ep ev di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id  ih  kl me pa pb  pi px ra rp tb	honeycomb lung  ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis
	MARK ALL BOXES THAT APPLY: (Use of this list is in bnormalities of the Diaphragm	ntended	to reduce handwritten comments and is optional)  Lung Parenchymal Abnormalities
	Eventration		☐ Azygos lobe
	Hiatal hernia		☐ Density, lung
	rway Disorders		☐ Infiltrate
	Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion
	] Hyperinflation		Miscellaneous Abnormalities
	ony Abnormalities		Foreign body
	Bony chest cage abnormality		Post-surgical changes/sternal wire
	Fracture, healed (non-rib)		☐ Cyst <b>Vascular Disorders</b>
	Fracture, not healed (non-rib)		☐ Aorta, anomaly of
	Scoliosis		☐ Vascular abnormality
Ш	Vertebral column abnormality		V ascular abhormanty
D. O	THER COMMENTS		
	-		
			DE 4 DEDIG
5.	PHYSICIAN'S Social Security Number* * Furnishing your social		READER'S INITIALS DATE OF READING (mm-dd-yyyy)
	number is voluntary. Y to provide this number		
	affect your right to par this program.	rticipate in	
	SIGNATURE		
5	DIGNATURE PR	INTED NAI	ME (LAST, FIRST MIDDLE)
S	TREET ADDRESS CITY		STATE ZIP CODE

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance Program National Institute for Occupational Safety and Health 1095 Willowdale Road, MS LB208 Morgantown, WV 26505	CDC/NIOSH (M) 2.8 REV. 12/2013
EXAMINEE'S Social Security Number		FACILITY ID#
	TYPE OF READING A B K F	7 3
	radiograph by placing an "x" in the appropriate boxes on this fo amoconiosis or Illustrated by the ILO Standard Radiographs. Us	
1. IMAGE QUALITY Overexposed	d (dark) Improper position Underinflation	
Underexpose	ed (light) Poor contrast Mottle	
(If not Grade 1, mark all boxes that apply)  Artifacts	Poor processing Other (please spec	cify)
2A. ANY CLASSIFIABLE PARENCHYM	MAL ABNORMALITIES? YES	Complete Sections 2B and 2C NO Proceed to Section 3A
2B. SMALL OPACITIES  a. SHAPE/SIZE	b. ZONES	LARGE OPACITIES
PRIMARY SECONDARY	R L 0/- 0/0 0/1	
	PPER 1/0 1/1 1/2 S  IDDLE 2/1 2/2 2/3	SIZE O A B C Proceed to Section 3A
	DWER 3/2 3/3 3/4	
3A. ANY CLASSIFIABLE PLEURAL AB	NORMALITIES? YES	Complete Sections NO Proceed to Section 4A
Sita   Calaifa	cification, extent, and width) cation   Extent (chest wall; combined for	Width (in profile only)
Chest wall  In profile  ORL  OR	in profile and face on)  Up to 1/4 of lateral chest wall = 1	(3mm minimum width required) 3 to 5 mm = a
Face on O R L O R	1/4 to $1/2$ of lateral chest wall = 2	5 to $10 \text{ mm} = \text{b}$
Diaphragm O R L O R	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s) O R L O R		a b c a b c
3C. COSTOPHRENIC ANGLE OBLITE	PATION Proceed to	NO Proceed to
3D. DIFFUSE PLEURAL THICKENING	Section 3D	Width (in profile only)
	extent, and width)  in profile and face on)  Up to 1/4 of lateral chest wall =	(3mm minimum width required) 3 to 5 mm = a
Site Chest wall	Calcification 1/4 to 1/2 of lateral chest wall = > 1/2 of lateral chest wall =	= 2 5 to 10 mm = b
In profile ORL	O R L O R O L	O R O L
Face on ORL	O R L 1 2 3 1 2 3	a b c a b c
4A. ANY OTHER ABNORMALITIES?	YES	Complete Sections 4B, 4C, 4D, 4E NO Proceed to Section 5
4B. OTHER SYMBOLS (OBLIGATORY aa at ax bu ca c co		me pa pb pi px ra rp tb
OD If other diseases or significant abi (See reverse for other symbol defir	normalities (OD), <b>findings must be recorded on reverse.</b> (sectinitions.)	stion 4C/4D) sician or Worker notified? (mm-dd-yyyy)
4E. Should worker see personal physician bed	Date Tilys	IIIII-dd-yyyy)

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

bu ca cg cn co cp cv di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis
A	MARK ALL BOXES THAT APPLY: (Use of this list is i	ntended	to reduce handwritten comments and is optional)  Lung Parenchymal Abnormalities
	Eventration		Azygos lobe
_	Hiatal hernia		☐ Density, lung
	irway Disorders		☐ Infiltrate
	Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion
	Hyperinflation		Miscellaneous Abnormalities
В	Bony Abnormalities		Foreign body
	Bony chest cage abnormality		Post-surgical changes/sternal wire
	Fracture, healed (non-rib)		□ Cyst
	☐ Fracture, not healed (non-rib)		Vascular Disorders
	Scoliosis		☐ Aorta, anomaly of
	☐ Vertebral column abnormality		☐ Vascular abnormality
	·		
4D. O	THER COMMENTS		
	calcified granuloma R mid zone		
-	PHYSICIAN'S Social Security Number* *Furnishing your social	-1	READER'S  DATE OF PEADING (mm dd ymr)
5.	number is voluntary. Y	our refusal	INITIALS DATE OF READING (mm-dd-yyyy)
	to provide this number affect your right to par		
	this program.		
_	SIGNATURE PR	INTED NA	ME (LAST, FIRST MIDDLE)
5	STREET ADDRESS CITY		STATE ZIP CODE

DATE OF RADIOGRAPH (mm-dd-yyyy)	DIOGRAPH CLASSIFIC	CATION
DEPARTMEN	NE SAFETY AND HEALTH AO IT OF HEALTH AND HUMAN R DISEASE CONTROL & PRE	SERVICES
National I	Workers' Health Surveillance Progra nstitute for Occupational Safety and 1000 Frederick Lane, MS LB208 Morgantown, WV 26508 FAX: 304-285-6058	
EXAMINEE'S Name (Last, First MI)		TVDE OF DEA DIVG
75		TYPE OF READING  A B K F
Note: Please record your interpretation of a single radiograph by p International Classification of Radiographs of Pneumoconiosis or		tes on this form. Classify all appearances described in the ILO
1. IMAGE QUALITY Overexposed (dark)	Improper position Underin	nflation Scapula Overlay
Underexposed (light)	Poor contrast Mottle	d 1 1/
boxes that apply)  Artifacts	Poor processing Excess Enhance	sive Edge Slightly rotated LA
2A. ANY CLASSIFIABLE PARENCHYMAL ABNORM	ALITIES?	YES Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES  a. SHAPE/SIZE  b. ZONE:	c. PROFUSION	2C. LARGE OPACITIES
PRIMARY SECONDARY R L  P X P S UPPER   Q t Q X MIDDLE  T U T U LOWER X S	2/1 2/2 2/3 3/2 3/3 3/+	SIZE A B C Proceed to Section 3A
3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIE	es?	YES Complete Sections NO Proceed to Section 4A
3B. PLEURAL PLAQUES (mark site, calcification, extent, and Chest wall  In profile  Face on  Diaphragm  Other site(s)  OMAN  R  L	nd width)  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
3C. COSTOPHRENIC ANGLE OBLITERATION	R L Proceed to Section 3D NO	Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING (mark site, calcification)  Site  Chest wall  In profile O R L  Face on O R L  O R L	Up to 1/4 of lateral 1/4 to 1/2 of lateral	(3mm minimum width required) 1 chest wall = 1 1 chest wall = 2 1 chest wall = 3 1 chest wall = 3 1 chest wall = 3
4A. ANY OTHER ABNORMALITIES?	YES Complete	te Sections 4B-E and 5. NO Complete Section 5.
5. NIOSH Reader ID  (Leave ID Number blank if you are not a NIOSH A or B Reader)	READER'S INITIAL	DATE OF READING (mm-dd-yyyy)  0 7 - 1 8 - 2 0 2 3
SIGNATURE	PRINTED NAME (La	AST, FIRST MIDDLE)
STREET ADDRESS C	CITY	STATE ZIP CODE

EAF	AMINEE'S Name (Last, First MI)		
75			
4B.	OTHER SYMBOLS (OBLIGATORY)		
	aa at ax bu ca cg cn co cp cv di ef em es	fr hi	ho id ih kl me pa pb pi px ra rp tb
aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at ax	significant apical pleural thickening coalescence of small opacities - with margins of the small opacities	ho id	honeycomb lung ill-defined diaphragm border - should be recorded only if more than
	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	ih	one-third of one hemidiaphragm is affected 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
bu	bulla(e)		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 abnormality of cardiac size or shape	pa pb	plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity
ср	cor pulmonale	P	with the pleura
cv	cavity	pi	pleural thickening of an interlobar fissure
di ef	marked distortion of an intrathoracic structure pleural effusion	px	pneumothorax
em	emphysema	ra rp	rounded atelectasis rheumatoid pneumoconiosis
es	eggshell calcification of hilar or mediastinal lymph nodes	tb	tuberculosis
	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		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
	☐ Vertebral column abnormality		☐ Vascular abnormality
	- Voltooral Coramin acromany		Date Physician or Worker notified? (mm-dd-yyyy
4E.	Should worker see personal physician because of findings?	YES	NO
4D.	OTHER COMMENTS		
	3 cm density behind R heart, possible mass.		
	Note that this image is the same as #21.		

DATE OF RADIOGRAPH (mm-dd-yyyy)	EST RADIOGRAPH CLASSIFI	CATION
DEP	ERAL MINE SAFETY AND HEALTH A ARTMENT OF HEALTH AND HUMAN ITERS FOR DISEASE CONTROL & PRE	N SERVICES
Full SSN is optional, last 4 digits are required.	Coal Workers' Health Surveillance Progra National Institute for Occupational Safety and 1000 Frederick Lane, MS LB208 Morgantown, WV 26508 FAX: 304-285-6058	
EXAMINEE'S Name (Last, First MI)		TURE OF DEADING
76		TYPE OF READING  A B     F
		exes on this form. Classify all appearances described in the ILO diographs. Use symbols and record comments as appropriate.
1. IMAGE QUALITY Overexposed (da	ark)     Improper position   Underi	inflation Scapula Overlay
1 X 3 U/R Underexposed (I		
boxes that apply)  Artifacts	I I TOOL DIOCCSSING I	sive Edge
2A. ANY CLASSIFIABLE PARENCHYMAL	ABNORMALITIES?	YES Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES  a. SHAPE/SIZE	b. ZONES  c. PROFUSION	2C. LARGE OPACITIES
PRIMARY SECONDARY  P X P S UPPER  Q t Q X MIDDL  T U T U LOWER		SIZE A B C Proceed to Section 3A
3A. ANY CLASSIFIABLE PLEURAL ABNO	RMALITIES?	YES Complete Sections NO Proceed to Section 4A
3B. PLEURAL PLAQUES  Chest wall  In profile  Face on ORLOR  Diaphragm  Other site(s)  ORLOR  (mark site, calcification Calcifica	tion, extent, and width)  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 = 3  C  R  O  L  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  OR  BC  C  BC  C  C  C  C  C  C  C  C  C
3C. COSTOPHRENIC ANGLE OBLITERAT	R L Proceed to Section 3D NO	Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING (me extension of the content of the	ark site, calcification, ent, and width)  Calcification  Extent (chest wall; in profile and face of Up to 1/4 of latera 1/4 to 1/2 of latera > 1/2 of latera	on) (3mm minimum width required) al chest wall = 1 3 to 5 mm = a
4A. ANY OTHER ABNORMALITIES?	YES X Complete	te Sections 4B-E and 5. NO Complete Section 5.
5. NIOSH Reader ID	READER'S INITIAI	DATE OF READING (mm-dd-yyyy)  0 7 - 1 8 - 2 0 2 3
(Leave ID Number blank if you are not a NIOSH A or B	Reader)	
SIGNATURE	PRINTED NAME (L	LAST, FIRST MIDDLE)
STREET ADDRESS	CITY	STATE ZIP CODE

76			
4B.	OTHER SYMBOLS (OBLIGATORY)		
	aa at ax bu ca cg cn co cp cv di ef em es	fr hi ho	id ih kl me pa pb pi px ra rp tb
aa	atherosclerotic aorta	hi o	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho 1	noneycomb lung
ax	coalescence of small opacities - with margins of the small opacities		Il-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
	remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the		ll-defined heart border - should be recorded only if the length of the heart
	presence or in the absence of large opacities		porder affected, whether on the right or on the left side, is more than
bu	bulla(e)		one-third of the length of the left heart border
ca cg	cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes		septal (Kerley) lines mesothelioma
cn	calcification in small pneumoconiotic opacities		plate atelectasis
co	abnormality of cardiac size or shape	pb j	parenchymal bands - significant parenchymal fibrotic stands in continuity
ср	cor pulmonale		with the pleura
cv di	cavity marked distortion of an intrathoracic structure		oleural thickening of an interlobar fissure
ef	pleural effusion		rounded atelectasis
em	emphysema		heumatoid pneumoconiosis
es fr	eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	tb 1	uberculosis
	Abnormalities of the Diaphragm  Eventration  Hiatal hernia  Airway Disorders  Bronchovascular markings, heavy or increased  Hyperinflation  Bony Abnormalities  Bony chest cage abnormality  Fracture, healed (non-rib)  Fracture, not healed (non-rib)  Scoliosis  Vertebral column abnormality		Lung Parenchymal Abnormalities  □ Azygos lobe □ Density, lung □ Infiltrate □ Nodule, nodular lesion  Miscellaneous Abnormalities □ Foreign body □ Post-surgical changes/sternal wire □ Cyst  Vascular Disorders □ Aorta, anomaly of □ Vascular abnormality  Date Physician or Worker notified? (mm-dd-yyyy)
ΔE	Should worker see personal physician because of findings?	) vma	
4Ľ.	Should worker see personal physician because of findings?	YES	NO 🔀
4D.	OTHER COMMENTS		

EXAMINEE'S Name (Last, First MI)

DATE OF RADIOGRAPH (mm-dd-yyyy)	IEST RADIOGRAPH CLASSIFIC	CATION
-     -     DE	DERAL MINE SAFETY AND HEALTH AO PARTMENT OF HEALTH AND HUMAN NTERS FOR DISEASE CONTROL & PRE	SERVICES
Full SSN is optional, last 4 digits are required.  EXAMINEE'S Name (Last, First MI)	Coal Workers' Health Surveillance Progra National Institute for Occupational Safety and 1000 Frederick Lane, MS LB208 Morgantown, WV 26508 FAX: 304-285-6058	
77		A B K F
		es on this form. Classify all appearances described in the ILO liographs. Use symbols and record comments as appropriate.
1. IMAGE QUALITY Overexposed (c	dark) Improper position Underin	nflation Scapula Overlay
Underexposed	(light) Poor contrast Mottle	Other (please specify)
(If not Grade 1, mark all boxes that apply)  Artifacts	Poor processing Excess Enhance	ive Edge cement
2A. ANY CLASSIFIABLE PARENCHYMAI	L ABNORMALITIES?	YES Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES  a. SHAPE/SIZE  PRIMARY SECONDARY	b. ZONES c. PROFUSION  R L 0/- 0/0 0/1	2C. LARGE OPACITIES
p s p s upper q X q X midd r u r u Lown	DLE \( \sum \) \( \sum	SIZE A B C Proceed to Section 3A
3A. ANY CLASSIFIABLE PLEURAL ABNO	DRMALITIES?	YES Complete Sections NO Proceed to Section 4A
3B. PLEURAL PLAQUES (mark site, calcifice Chest wall Site Calcification In profile	L   L   L   L   L   L   L   L   L   L	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c    D   X   L     D   C   a   b   c
3C. COSTOPHRENIC ANGLE OBLITERA	TION R L Proceed to Section 3D NO	Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING (n ex Site  Chest wall  In profile ORL  Face on ORL	xtent, and width)  Up to 1/4 of lateral  Calcification  1/4 to 1/2 of lateral	(3mm minimum width required) chest wall = 1 l chest wall = 2 l chest wall = 3 l chest wall = 3   (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c
4A. ANY OTHER ABNORMALITIES?	YES Complete	e Sections 4B-E and 5. NO Complete Section 5.
5. NIOSH Reader ID  (Leave ID Number blank if you are not a NIOSH A or B	READER'S INITIAL	DATE OF READING (mm-dd-yyyy)  0 7 - 1 8 - 2 0 2 3
SIGNATURE	PRINTED NAME (L.	AST, FIRST MIDDLE)
STREET ADDRESS	CITY	STATE ZIP CODE

EXA	AMINEE'S Name (Last, First MI)		
77			
4B.	OTHER SYMBOLS (OBLIGATORY)		
	aa at ax bu ca cg cn co cp cv di ef em es	fr hi l	ho id ih kl me pa pb pi px ra rp tb
aa	atherosclerotic aorta	hi	enlargement of non-calcified hilar or mediastinal lymph nodes
at	significant apical pleural thickening	ho	honeycomb lung
ax	coalescence of small opacities - with margins of the small opacities	id	ill-defined diaphragm border - should be recorded only if more than
	remaining visible, whereas a large opacity demonstrates a homogeneous opaque appearance - may be recorded either in the	ih	one-third of one hemidiaphragm is affected ill-defined heart border - should be recorded only if the length of the heart
	presence or in the absence of large opacities	111	border affected, whether on the right or on the left side, is more than
bu	bulla(e)		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 1.	plate atelectasis
co	abnormality of cardiac size or shape cor pulmonale	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
cp cv	cavity	pi	pleural thickening of an interlobar fissure
di	marked distortion of an intrathoracic structure	px	pneumothorax
ef	pleural effusion	ra	rounded atelectasis
em	emphysema	rp	rheumatoid pneumoconiosis
es fr	eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	tb	tuberculosis
	Abnormalities of the Diaphragm  Eventration Hiatal hernia  Airway Disorders Bronchovascular markings, heavy or increased Hyperinflation  Bony Abnormalities Bony chest cage abnormality Fracture, healed (non-rib) Fracture, not healed (non-rib) Scoliosis Vertebral column abnormality		Lung Parenchymal Abnormalities  □ Azygos lobe □ Density, lung □ Infiltrate □ Nodule, nodular lesion  Miscellaneous Abnormalities □ Foreign body □ Post-surgical changes/sternal wire □ Cyst  Vascular Disorders □ Aorta, anomaly of ☑ Vascular abnormality
			Date Physician or Worker notified? (mm-dd-yyyy)
4E.	Should worker see personal physician because of findings?	YES \[ \sum_	NO
4D.	OTHER COMMENTS		
	Aortic aneurysm		

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

	CENTERS FOR DISEASE CONTROL & PREVENTION	ON OMB No.: 0920-0020
DATE OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance Program	CDC/NIOSH (M) 2.8
	National Institute for Occupational Safety and Healt 1095 Willowdale Road, MS LB208 Morgantown, WV 26505	h REV. 12/2013
EXAMINEE'S Social Security Number	,	FACILITY ID#
		7 0
	TYPE OF READING A B X F	]   7   9
International Classification of Radiographs of Pne	radiograph by placing an "x" in the appropriate boxes on tumoconiosis or Illustrated by the ILO Standard Radiograp	
1. IMAGE QUALITY Overexpose	ed (dark) Improper position Underinflation	on
1 X 3 U/R Underexpo	sed (light) Poor contrast Mottle	
(If not Grade 1, mark all		<del></del>
boxes that apply)  Artifacts	Poor processing Other (pleas	e specify)
2A. ANY CLASSIFIABLE PARENCHY	MAL ABNORMALITIES?	YES Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES	b. ZONES c. PROFUSION 2	C. LARGE OPACITIES
a. SHAPE/SIZE PRIMARY SECONDARY	R L 0/- 0/0 0/1	
p s s	JPPER   1/0 1/1   1/1   1/2	SIZE O A Y C Proceed to
T qt	4IDDLE \( \sqrt{1} \) \( \sqrt{2} \)	Section 3A
	OWER   3/2 3/3 3/+	
3A. ANY CLASSIFIABLE PLEURAL A	BNORMALITIES?	YES Complete Sections NO Proceed to Section 4A
	cification, extent, and width)	The state of the s
Cliest wall	ication Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile ORL	Up to $1/4$ of lateral chest wall = 1 1/4 to $1/2$ of lateral chest wall = 2	3 to 5 mm = a 5 to 10 mm = b
Face on ORLO	R L $> 1/2$ of lateral chest wall $= 2$ > 1/2 of lateral chest wall $= 3$	> 10 mm = c
Diaphragm O R L O	R L O R O L	O R O L
Other site(s) O R L O	R L 1 2 3 1 2 3	a b c a b c
3C. COSTOPHRENIC ANGLE OBLITE	RATION R L Proceed to Section 3D	NO Proceed to
AD DEFENSE DE END AT THE CHENTEN		Section 4A  Width (in profile only)
3D. DIFFUSE PLEURAL THICKENING	extent and width) in profile and face on)	(3mm minimum width required)
Site	Up to 1/4 of lateral chest 1/4 to 1/2 of lateral chest	
Chest wall	Calcification >1/2 of lateral chest	_
In profile ORL	O R L O R	OROL
Face on ORL	O R L 1 2 3 1 2	2 3 a b c a b c
4A. ANY OTHER ABNORMALITIES?		YES Complete Sections 4B, 4C, 4D, 4E NO Section 5
4B. OTHER SYMBOLS (OBLIGATOR)  aa at bu ca co co		kl me pa pb pi px ra rp tb
If other diseases or significant al (See reverse for other symbol def	onormalities (OD), <b>findings must be recorded on reverse</b> initions.)	e. (section 4C/4D) Physician or Worker notified? (mm-dd-yyyy)
<b>4E.</b> Should worker see personal physician b		

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

significant apical pleural thickening 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 but bulla(e) ca cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity di marked distortion of an intrathoracic structure eff pleural effusion em emphysema es eggshell calcification of hilar or mediastinal lymph nodes for fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis		
4C. MARK ALL BOXES THAT APPLY: (Use of this list is  Abnormalities of the Diaphragm	intended t			
☐ Eventration		<b>Lung Parenchymal Abnormalities</b> ☐ Azygos lobe		
☐ Hiatal hernia		☐ Density, lung ☐ Infiltrate		
Airway Disorders				
☐ Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion		
☐ Hyperinflation		Miscellaneous Abnormalities		
Bony Abnormalities		☐ Foreign body		
☐ Bony chest cage abnormality		☐ Post-surgical changes/sternal wire		
☐ Fracture, healed (non-rib)		☐ Cyst		
☐ Fracture, not healed (non-rib)		Vascular Disorders		
☐ Scoliosis		Aorta, anomaly of		
☐ Vertebral column abnormality		☐ Vascular abnormality		
ID OTHER COMMENTS				
D. OTHER COMMENTS				
When the opacities in the left and right upper zone are	added tog	getner the sum long axis diameters is greater than		
50 mm.				
		_		
		READER'S		
5. PHYSICIAN'S Social Security Number* * Furnishing your social Security Number * * Furnishing your social Security Number * * Furnishing your social Security Number * Furnishing your social Security N		INITIALS DATE OF READING (mm-dd-yyyy)		
number is voluntary. to provide this numbe	er will not			
affect your right to pa	articipate in			
SIGNATURE				
SIGNATURE	RINTED NAM	ME (LAST, FIRST MIDDLE)		
STREET ADDRESS CITY		STATE ZIP CODE		

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

	CENTERS FOR DISEASE CONTROL & PREVEN	VTION OMB No.: 0920-0020
DATE OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance Program	CDC/NIOSH (M) 2.8
	National Institute for Occupational Safety and He 1095 Willowdale Road, MS LB208 Morgantown, WV 26505	REV. 12/2013
EXAMINEE'S Social Security Number	,	FACILITY ID#
		_ 0 4
	TYPE OF READING A B X F	
International Classification of Radiographs of Pne		on this form. Classify all appearances described in the ILO graphs. Use symbols and record comments as appropriate.
1. IMAGE QUALITY Overexpose	ed (dark)     Improper position   Underinf	lation
1 X 3 U/R. Underexpo	sed (light) Poor contrast Mottle	
(If not Grade 1, mark all		
boxes that apply)  Artifacts	Poor processing Other (pl	lease specify)
2A. ANY CLASSIFIABLE PARENCHY!	MAL ABNORMALITIES?	YES Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES	b. ZONES c. PROFUSION	2C. LARGE OPACITIES
a. SHAPE/SIZE Primary secondary	R L 0/- 0/0 0/1	
X S X S	JPPER	SIZE A B C Proceed to
q t q t	4IDDLE 2/1 2/2 2/3	Section 3A
	OWER 3/2 3/3 3/+	
3A. ANY CLASSIFIABLE PLEURAL A	3NORMALITIES?	YES Complete Sections NO Proceed to Section 4A
	cification, extent, and width)	Width (in mofile only)
Cliest wall	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
in prome	Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2	3 to 5 mm = a 5 to 10 mm = b
Face on ORLO	R L $> 1/2$ of lateral chest wall = 3	> 10 mm = c
Diaphragm O R L O	R L O R O L	O R O L
Other site(s) O R L O	R L 1 2 3 1 2 3	a b c a b c
3C. COSTOPHRENIC ANGLE OBLITE	RATION R L Proceed to Section 3D	NO Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING	Extent (chest wall; con	mbined for Width (in profile only)
	extent, and width)  in profile and face on)  Up to 1/4 of lateral cl	
Site Chest wall	Calcification 1/4 to 1/2 of lateral c	
In profile ORL	> 1/2 of lateral c	thest wall = 3 OR OL
Face on O R L	O R L 1 2 3 1	
race on O R D		2 3 a b c a b c
4A. ANY OTHER ABNORMALITIES?		YES Complete Sections AB, 4C, 4D, 4E NO Proceed to Section 5
4B. OTHER SYMBOLS (OBLIGATOR)  aa at ax bu ca cg cn co		ih kl me pa pb pi px ra rp tb
OD If other diseases or significant al (See reverse for other symbol defi	onormalities (OD), <b>findings must be recorded on reve</b>	
4E. Should worker see personal physician by Proceed to Section 5	, Do	ate Physician or Worker notified? (mm-dd-yyyy)

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

bu ca cg cn cco cp cv di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung  ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis		
	MARK ALL BOXES THAT APPLY: (Use of this list is i	intended			
	] Eventration		<b>Lung Parenchymal Abnormalities</b> ☐ Azygos lobe		
	Hiatal hernia		☐ Density, lung ☐ Infiltrate		
Ai	irway Disorders				
	Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion		
	] Hyperinflation		Miscellaneous Abnormalities		
В	ony Abnormalities		☐ Foreign body		
	Bony chest cage abnormality		Post-surgical changes/sternal wire		
	Fracture, healed (non-rib)		☐ Cyst		
	Fracture, not healed (non-rib)		Vascular Disorders		
	Scoliosis		☐ Aorta, anomaly of		
	Vertebral column abnormality		☐ Vascular abnormality		
וח מי	THED COMMENTS				
њ. О	THER COMMENTS				
_	DINVOICIANIC C 11C 4 N 1 4		READER'S		
5.	PHYSICIAN'S Social Security Number* * Furnishing your soci number is voluntary. Y	our refusal	INITIALS DATE OF READING (mm-dd-yyyy)		
	to provide this number affect your right to par				
	this program.	L			
	SIGNATURE PR	INTED NA	ME (LAST, FIRST MIDDLE)		
<u></u>	TREET ADDRESS CITY		STATE ZIP CODE		
D			SIAID ZIPUUP		

# FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES

	CENTERS FOR DISEASE CONTROL & PREVENTION	N OMB No.: 0920-0020
DATE OF RADIOGRAPH (mm-dd-yyyy)	Coal Workers' Health Surveillance Program	CDC/NIOSH (M) 2.8
	National Institute for Occupational Safety and Health 1095 Willowdale Road, MS LB208 Morgantown, WV 26505	REV. 12/2013
EXAMINEE'S Social Security Number	Ç	FACILITY ID#
	TYPE OF READING A B X F	8 2
	radiograph by placing an "x" in the appropriate boxes on th umoconiosis or Illustrated by the ILO Standard Radiograph	
1. IMAGE QUALITY Overexpose	ed (dark) Improper position Underinflation	n
Z 3 U/R Underexpo	sed (light) Poor contrast Mottle	
(If not Grade 1, mark all		
boxes that apply)  Artifacts	Poor processing Other (please	specify)
2A. ANY CLASSIFIABLE PARENCHY!	MAL ABNORMALITIES?	YES Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES	b. ZONES c. PROFUSION 20	C. LARGE OPACITIES
a. SHAPE/SIZE Primary secondary	R L 0/- 0/0 0/1	
p p s	JPPER 1/1 1/2	SIZE A B C Proceed to
q t q 🔀	MIDDLE 2/1 2/2 2/3	Section 3A
r u r u	OWER 3/2 3/3 3/+	
ANN CHACCIELAN E DI EUDAL A	DNODWALITIES	
3A. ANY CLASSIFIABLE PLEURAL A	3NORMALITIES?	Complete Sections NO Proceed to Section 4A
	cification, extent, and width)	Width (in profile only)
Chest wall	ication Extent (chest wall; combined for in profile and face on)	(3mm minimum width required)
In profile O R X	Up to $1/4$ of lateral chest wall = 1 1/4 to $1/2$ of lateral chest wall = 2	3 to 5 mm = a 5 to 10 mm = b
	R L $> 1/2$ of lateral chest wall = 3	> 10 mm = c
Diaphragm R L	R L OX	XR OX
Other site(s) R L	R L 1 2 3 × 2 3	a b c 🗶 b c
3C. COSTOPHRENIC ANGLE OBLITE	RATION R L Proceed to Section 3D	NO Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING		ed for Width (in profile only) (3mm minimum width required)
Site	extent, and width) in profile and face on) Up to 1/4 of lateral chest w	vall = 1   3 to 5 mm = a
Chest wall	Calcification 1/4 to 1/2 of lateral chest v	
In profile ORL	ORL OR OL	O R O L
Face on ORL	O R L 1 2 3 1 2	a b c a b c
4A. ANY OTHER ABNORMALITIES?	Y	YES Complete Sections AB, 4C, 4D, 4E NO Section 5
4B. OTHER SYMBOLS (OBLIGATOR)		
at ax bu ca cg cn co	onormalities (OD), findings must be recorded on reverse.	kl me pa pb pi px ra rp tb
(See reverse for other symbol defi		Physician or Worker notified? (mm-dd-yyyy)
<b>4E.</b> Should worker see personal physician be Proceed to Section 5	ecause of findings in section 4? YES NO	

atherosclerotic aorta

aa

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."

hi

enlargement of non-calcified hilar or mediastinal lymph nodes

bu ca cg cn cco cp cv di ef em es fr	significant apical pleural thickening 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 bulla(e) cancer, thoracic malignancies excluding mesothelioma calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes calcification in small pneumoconiotic opacities abnormality of cardiac size or shape cor pulmonale cavity marked distortion of an intrathoracic structure pleural effusion emphysema eggshell calcification of hilar or mediastinal lymph nodes fractured rib(s) (acute or healed)	ho id ih kl me pa pb pi px ra rp tb	honeycomb lung  ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected 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 septal (Kerley) lines mesothelioma plate atelectasis parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura pleural thickening of an interlobar fissure pneumothorax rounded atelectasis rheumatoid pneumoconiosis tuberculosis		
	MARK ALL BOXES THAT APPLY: (Use of this list is i	intended			
	] Eventration		<b>Lung Parenchymal Abnormalities</b> ☐ Azygos lobe		
	Hiatal hernia		☐ Density, lung ☐ Infiltrate		
Ai	irway Disorders				
	Bronchovascular markings, heavy or increased		☐ Nodule, nodular lesion		
	] Hyperinflation		Miscellaneous Abnormalities		
В	ony Abnormalities		☐ Foreign body		
	Bony chest cage abnormality		Post-surgical changes/sternal wire		
	Fracture, healed (non-rib)		☐ Cyst		
	Fracture, not healed (non-rib)		Vascular Disorders		
	Scoliosis		☐ Aorta, anomaly of		
	Vertebral column abnormality		☐ Vascular abnormality		
וח מי	THED COMMENTS				
њ. О	THER COMMENTS				
_	DINVOICIANIC C 11C 4 N 1 4		READER'S		
5.	PHYSICIAN'S Social Security Number* * Furnishing your soci number is voluntary. Y	our refusal	INITIALS DATE OF READING (mm-dd-yyyy)		
	to provide this number affect your right to par				
	this program.	L			
	SIGNATURE PR	INTED NA	ME (LAST, FIRST MIDDLE)		
<u></u>	TREET ADDRESS CITY		STATE ZIP CODE		
D			SIAID ZIPUUP		

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EXAMINEE'S Social Security Number	Ç ,	FACILITY ID#
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	TYPE OF READING A B X F	
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1. IMAGE QUALITY Overexpose	ed (dark) Improper position Underinflat	ion
Z 3 U/R. Underexpo	sed (light) Poor contrast Mottle	
(If not Grade 1, mark all		
boxes that apply)  Artifacts	Poor processing Other (pleas	se specify)
2A. ANY CLASSIFIABLE PARENCHY!	MAL ABNORMALITIES?	YES Complete Sections NO Proceed to Section 3A
2B. SMALL OPACITIES	b. ZONES c. PROFUSION	2C. LARGE OPACITIES
a. SHAPE/SIZE PRIMARY SECONDARY	R L 0/- 0/0	
p X p X	JPPER 1/0 1/1 1/2	SIZE A B C Proceed to
q t q t	MIDDLE 2/1 2/2 2/3	Section 3A
r u r u <sup>1</sup>	OWER 3/2 3/3 3/+	
3A. ANY CLASSIFIABLE PLEURAL A	3NORMALITIES?	YES Complete Sections NO Proceed to Section 4A
Sita   Calait	cification, extent, and width) ication   Extent (chest wall; combined for	Width (in profile only)
Chest wall	in profile and face on)	(3mm minimum width required) 3 to 5 mm = a
In profile OR X	Up to 1/4 of lateral chest wall = 1  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
	R L X R O X	
Other site(s) R L	R L 1 2 3 × 2 3	
3C. COSTOPHRENIC ANGLE OBLITE	RATION R L Proceed to Section 3D	NO Proceed to Section 4A
3D. DIFFUSE PLEURAL THICKENING		ined for Width (in profile only) (3mm minimum width required)
Site	Up to 1/4 of lateral ches	
Chest wall	Calcification 1/4 to 1/2 of lateral ches	
In profile ORL	ORL ORO	L O R O L
Face on O R L	O R L 1 2 3 1	2 3 a b c a b c
4A. ANY OTHER ABNORMALITIES?		YES Complete Sections AB, 4C, 4D, 4E NO Proceed to Section 5
4B. OTHER SYMBOLS (OBLIGATOR) at ax bu ca concern		h kl me pa pi px ra rp tb
OD If other diseases or significant al (See reverse for other symbol defi	onormalities (OD), <b>findings must be recorded on revers</b> initions.)	e. (section 4C/4D) Physician or Worker notified? (mm-dd-yyyy)
<b>4E.</b> Should worker see personal physician be Proceed to Section 5		

atherosclerotic aorta

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	Hiatal hernia		☐ Density, lung		
	irway Disorders		☐ Infiltrate		
	Bronchovascular markings, heavy or increased  Hyperinflation		☐ Nodule, nodular lesion		
	Sony Abnormalities		Miscellaneous Abnormalities		
	_ *		☐ Foreign body ☐ Post-surgical changes/sternal wire		
	Bony chest cage abnormality		☐ Cyst		
	Fracture, healed (non-rib)		Vascular Disorders		
	Fracture, not healed (non-rib)		☐ Aorta, anomaly of		
	Scoliosis		☐ Vascular abnormality		
L	Vertebral column abnormality		Tusedia donomanty		
D. O	THER COMMENTS				
	Calcified AP window node.				
5.	PHYSICIAN'S Social Security Number* * Furnishing your soci	al security	READER'S INITIALS DATE OF READING (mm-dd-yyyy)		
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