

DATE OF RADIOGRAPH
MONTH DAY YEAR

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

Coal Workers' Health Surveillance Program
NIOSH
1095 Willowdale Road M/S LB208
Morgantown, West Virginia 26505

WORKER'S Social Security Number

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ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING

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

FACILITY IDENTIFICATION

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

1. FILM QUALITY

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

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

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

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

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

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

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

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

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

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

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

4B. OTHER SYMBOLS (OBLIGATORY)

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

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

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

5. PHYSICIAN'S Social Security Number* * Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

FILM READER'S INITIALS MONTH DAY YEAR

LAST NAME - STREET ADDRESS

CITY CDC/NIOSH (M) 2.8
REV. 7/2007

STATE ZIP CODE

4B. Other Symbol Definitions

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

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

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

Abnormalities of the Diaphragm

Eventration
Hiatal hernia

Airway Disorders

Bronchovascular markings, heavy or increased
Hyperinflation

Bony Abnormalities

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

Lung Parenchymal Abnormalities

Azygos lobe
Density, lung
Infiltrate
Nodule, nodular lesion

Miscellaneous Abnormalities

Foreign body
Post-surgical changes/sternal wire
Cyst

Vascular Disorders

Aorta, anomaly of
Vascular abnormality

4D. OTHER COMMENTS

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