

Attachment 6

Chest Radiograph Classification Form – CDC/NIOSH (M) 2.8

2 page form (printed front and back)

Reset Form

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
1095 Willowdale Road, MS LB208
Morgantown, WV 26505

OMB No.: 0920-0020
CDC/NIOSH (M) 2.8
REV. 12/2013

DATE OF RADIOGRAPH (mm-dd-yyyy)

Grid for date entry (mm-dd-yyyy)

EXAMINEE'S Social Security Number

Grid for Social Security Number

FACILITY ID#

Grid for Facility ID#

TYPE OF READING A B F

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

1. IMAGE QUALITY section with checkboxes for Overexposed, Underexposed, Artifacts, Improper position, Poor contrast, Poor processing, Underinflation, Mottle, and Other.

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES/NO options and instructions.

2B. SMALL OPACITIES (SHAPE/SIZE, ZONES, PROFUSION) and 2C. LARGE OPACITIES (SIZE) with grid options.

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES/NO options and instructions.

3B. PLEURAL PLAQUES section with sub-sections for Site, Calcification, Extent, and Width.

3C. COSTOPHRENIC ANGLE OBLITERATION with R/L options and instructions.

3D. DIFFUSE PLEURAL THICKENING section with sub-sections for Site, Calcification, Extent, and Width.

4A. ANY OTHER ABNORMALITIES? YES/NO options and instructions.

4B. OTHER SYMBOLS (OBLIGATORY) with grid for symbols and instructions for OD.

4E. Should worker see personal physician because of findings in section 4? YES/NO options and date field.

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4B. Other Symbol Definitions

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

<p>aa atherosclerotic aorta</p> <p>at significant apical pleural thickening</p> <p>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</p> <p>bu bulla(e)</p> <p>ca cancer, thoracic malignancies excluding mesothelioma</p> <p>cg calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes</p> <p>cn calcification in small pneumoconiotic opacities</p> <p>co abnormality of cardiac size or shape</p> <p>cp cor pulmonale</p> <p>cv cavity</p> <p>di marked distortion of an intrathoracic structure</p> <p>ef pleural effusion</p> <p>em emphysema</p> <p>es eggshell calcification of hilar or mediastinal lymph nodes</p> <p>fr fractured rib(s) (acute or healed)</p>	<p>hi enlargement of non-calcified hilar or mediastinal lymph nodes</p> <p>ho honeycomb lung</p> <p>id ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected</p> <p>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</p> <p>kl septal (Kerley) lines</p> <p>me mesothelioma</p> <p>pa plate atelectasis</p> <p>pb parenchymal bands - significant parenchymal fibrotic strands in continuity with the pleura</p> <p>pi pleural thickening of an interlobar fissure</p> <p>px pneumothorax</p> <p>ra rounded atelectasis</p> <p>rp rheumatoid pneumoconiosis</p> <p>tb tuberculosis</p>
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4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

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

Lung Parenchymal Abnormalities

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

Miscellaneous Abnormalities

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

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number*

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

READER'S INITIALS

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DATE OF READING (mm-dd-yyyy)

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SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

STATE

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ZIP CODE

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

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