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) _ _ – _ _ – _ _ _ _

EXAMINEE'S Social Security Number _ _ _ – _ _ – _ _ _ _

TYPE OF READING A ☐ B ☐ F ☐

FACILITY ID#

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

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

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

2A. ANY 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
q	t	q	t
r	u	r	u

b. ZONES

	R	L
UPPER	☐	☐
MIDDLE	☐	☐
LOWER	☐	☐

c. PROFUSION

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

2C. LARGE OPACITIES

SIZE: O A B C Proceed to Section 3A

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

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

Chest wall	Site O	Site R	Site L	Calcification O	Calcification R	Calcification L
In profile	☐	☐	☐	☐	☐	☐
Face on	☐	☐	☐	☐	☐	☐
Diaphragm	☐	☐	☐	☐	☐	☐
Other site(s)	☐	☐	☐	☐	☐	☐

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

O	R	O	L
1	2	3	1	2	3

Width (in profile only)
(3mm minimum width required)
3 to 5 mm = a
5 to 10 mm = b
> 10 mm = c

O	R	O	L
a	b	c	a	b	c

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

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

Chest wall	Site O	Site R	Site L	Calcification O	Calcification R	Calcification L
In profile	☐	☐	☐	☐	☐	☐
Face on	☐	☐	☐	☐	☐	☐

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

O	R	O	L
1	2	3	1	2	3

Width (in profile only)
(3mm minimum width required)
3 to 5 mm = a
5 to 10 mm = b
> 10 mm = c

O	R	O	L
a	b	c	a	b	c

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

4B. OTHER SYMBOLS (OBLIGATORY)

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

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

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

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

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4B. Other Symbol Definitions

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

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

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*** ___ - ___ - ____

* 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 ___

DATE OF READING (mm-dd-yyyy) __ - __ - ____

SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

STATE

ZIP CODE

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