

Attachment 11 –
Chest Radiograph Classification Form – Form No. CDC/NIOSH (M) 2.8

DATE OF RADIOGRAPH (mm-dd-yyyy)

Grid for date entry

EXAMINEE'S Social Security Number

Grid for Social Security Number

Full SSN is optional, last 4 digits are required.

EXAMINEE'S Name (Last, First MI)

Text box for examinee name

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
Morgantown, WV 26508
FAX: 304-285-6058

Reset Form

OMB No.: 0920-0020
CDC/NIOSH (M) 2.8 REV. 01/2020

FACILITY Number - Unit Number

Grid for Facility Number and Unit Number

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.

Main form sections: 1. IMAGE QUALITY, 2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES?, 2B. SMALL OPACITIES, 2C. LARGE OPACITIES, 3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES?, 3B. PLEURAL PLAQUES, 3C. COSTOPHRENIC ANGLE OBLITERATION, 3D. DIFFUSE PLEURAL THICKENING, 4A. ANY OTHER ABNORMALITIES?, 5. NIOSH Reader ID, READER'S INITIALS, DATE OF READING, SIGNATURE, PRINTED NAME, STREET ADDRESS, CITY, STATE, ZIP CODE.

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[Redacted Name Box]

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

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

Abnormalities of the Diaphragm

- Eventration
- Hiatal hernia

Airway Disorders

- Bronchovascular markings, heavy or increased
- Hyperinflation

Bony Abnormalities

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

Lung Parenchymal Abnormalities

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

Miscellaneous Abnormalities

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

Vascular Disorders

- Aorta, anomaly of
- Vascular abnormality

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

4E. Should worker see personal physician because of findings? YES NO [] [] - [] [] - [] [] [] [] [] []

4D. OTHER COMMENTS

[Redacted Comment Box]

Save Form

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