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

DATE OF RADIOGRAPH (mm-dd-yyyy)	CHEST RADIOGRAPH CL.	ASSIFICATION	Reset Form			
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 Comb No.: 0920-0020 CDC/NIOSH (M) 2.8 REV. 01/2020 FACILITY Number - Unit Number						
EXAMINEE'S Name (Last, First MI)		_	YPE OF READING			
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 Pneumocomiosis or Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.						
IMAGE QUALITY Overexpo	sed (dark) Improper position	Underinflation	Scapula Overlay			
(If not Grade 1, mark all boxes that apply) Artifacts	osed (light) Poor contrast Poor processing	Excessive Edge	Other (please specify)			
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 Q t Q t T U T U	b. ZONES c. PROFUSIO 0/- 0/0 0 UPPER 1.0 1/0 1/1 1 MIDDLE 2/1 2/2 2 LOWER 3/2 3/3 3	N 2C. LARG	D A B C Proceed to Section 3A			
3A. ANY CLASSIFIABLE PLEURAL.	ABNORMALITIES?	YES	Complete Sections NO Proceed to Section 4A			
		(3mmr vall = 1 3 to 5 vall = 2 5 to 10	in profile only) sininum width required) sum = a sum = b sum = c R O L b c a b c			
3C. COSTOPHRENIC ANGLE OBLIT	ERATION R L Proceed to Section 3D	NO Proceed to Section	n 4A			
3D. DIFFUSE PLEURAL THICKEND Size Chest wall In profile Face on ORL	extent, and width) Calcification (mark site, caccyconton, in prof. Up to 1/4 to	chest wall; combined for le and face on) 1/4 of lateral chost wall = 1 1/2 of lateral chost wall = 2 1/2 of lateral chost wall = 3	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			
4A. ANY OTHER ABNORMALITIES? YES Complete Section: 4B-E and 5. NO Complete Section 5.						
NIOSH Reader ID (Leave ID Number blank if you are not a NIOSH		INITIALS DATE	E OF READING (mm-dd-yyyy)			
Min and						
SIGNATURE	PRINTE	NAME (LAST, FIRST MIDDLI	E)			
OTDET ADDRESS	CITY	ATT.	ATE ZZP CODE			
STREET ADDRESS CDC/NIOSH 2.8 (E), Revised January 2020,		STA	ar Zroot			

Save Form	Print

EXA	AMINEE'S Name (Last, First MI)		Previous Page
4B	OTHER SIZE THOUSE (ORLING A TORSE)		
4B.	OTHER SYMBOLS (OBLIGATORY)	fr hi l	no id ih kl me pa pb pi ps ra ro tb
	aa at ax bu ca cg cn co cp cv di ef em es		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 opacities	ho id	honeycomb hing 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 calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	kl	septal (Kerley) lines
cg cn	calcification in small pneumoconiotic opacities	me pa	mesothelioma plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity
ф	cor pulmonale cavity		with the pleura
cv di	marked distortion of an intrathoracic structure	pi px	pleural thickening of an interlobar fissure pneumothorax
ef	pleural effusion	ra	rounded atelectasis
em es	emphysema eggshell calcification of hilar or mediastinal lymph nodes	rp	rheumatoid pneumoconiosis tuberculosis
fr	fractured rib(s) (acute or healed)	tb	tupercuposis
4C. I	MARK ALL BOXES THAT APPLY: (Use of this list is inten-	ded to red	luce handwritten comments and is optional)
	Abnormalities of the Diaphragm		
	Eventration		Lung Parenchymal Abnormalities
	□ Hiatal hernia		Azygos lobe
	Airway Disorders		□Density, hing □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)		Cvst
	□Fracture, not healed (non-rib)		Vascular Disorders
	□Scoliosis		Aorta, anomaly of
	Vertebral column abnormality		☐ Vascular abnormality
	_		Date Physician or Worker notified? (mm-dd-yyyy)
æ	C1 11 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	=	
4E.	Should worker see personal physician because of findings?	YES	NO
4D.	OTHER COMMENTS		
	Save Form		Print

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 suggestings for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0020). Do not send the completed form to this address.