

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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**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"/>	<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	bullae														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**

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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 D-74, Atlanta, GA 30333, ATTN: PRA (0920-0020). Do not send the completed form to this address.