

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

DATE OF RADIOGRAPH (mm-dd-yyyy)

Grid for date entry

CHEST RADIOGRAPH CLASSIFICATION

FEDERAL MINE SAFETY AND HEALTH ACT OF 1977
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL & PREVENTION

Reset Form

EXAMINEE'S Social Security Number

Grid for Social Security Number

Full SSN is optional, last 4 digits are required.

Coal Workers' Health Surveillance Program
National Institute for Occupational Safety and Health
1000 Frederick Lane, MS LB208
Morgantown, WV 26508
FAX: 304-285-6058

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

FACILITY Number - Unit Number

Grid for Facility Number and Unit Number

EXAMINEE'S Name (Last, First MI)

Text box for Examinee's Name

TYPE OF READING

A B F checkboxes

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

Save Form

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