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

CHEST RADIOGRAPH CLASSIFICATION

Reset Form

DATE OF RADIOGRAPH (mm-dd-yyyy)

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

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

EXAMINEE'S 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

FACILITY Number - Unit Number

EXAMINEE'S Name (Last, First MI)

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.

1. IMAGE QUALITY

1 2 3 U/R

(If not Grade 1, mark all boxes that apply)

☐ Overexposed (dark) ☐ Improper position ☐ Underinflation ☐ Scapula Overlay
☐ Underexposed (light) ☐ Poor contrast ☐ Mottle Other (please specify)
☐ Artifacts ☐ Poor processing ☐ Excessive Edge Enhancement ☐

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	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	O R L	O R L	O R 1 2 3 / O L 1 2 3	O R a b c / O L a b c
Face on	O R L	O R L		
Diaphragm	O R L	O R L		
Other site(s)	O R L	O R L		

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

3 to 5 mm = a
5 to 10 mm = b
> 10 mm = 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	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	O R L	O R L	O R 1 2 3 / O L 1 2 3	O R a b c / O L a b c
Face on	O R L	O R L		

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

3 to 5 mm = a
5 to 10 mm = b
> 10 mm = c

4A. ANY OTHER ABNORMALITIES? YES ☐ Complete Sections 4B-E and 5. NO ☐ Complete Section 5.

5. NIOSH Reader ID

(Leave ID Number blank if you are not a NIOSH A or B Reader)

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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EXAMINEE'S Name (Last, First MI)

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

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
		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
bu	bulla(e)		
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		
cv	cavity	pi	pleural thickening of an interlobar fissure
di	marked distortion of an intrathoracic structure	px	pneumothorax
ef	pleural effusion	ra	rounded atelectasis
em	emphysema	rp	rheumatoid pneumoconiosis
es	eggshell calcification of hilar or mediastinal lymph nodes	tb	tuberculosis
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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