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

DATE OF RADIOGRAPH (mm-dd-yyyy)	CHEST RADIOGRAPH CLASSIFICATION Reset Form				
FEDERAL MINE SAFETY AND HEALTH ACT OF 1977 DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR DISEASE CONTROL & PREVENTION					
EXAMINEE'S Social Security Number Coal Workers' Health Surveillance Program National Institute for Occupational Safety and Health 1000 Frederick Lane, MS LB208 FAX: 304-285-6058 OMB No.: 0920-0020 CDC/NIOSH (M) 2.8 REV. 01/2020 FACILITY Number - Unit Number 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.					
IMAGE QUALITY Overexpo	sed (dark) Improper position Underi	inflation Scapula Overlay			
Underexp	osed (light) Poor contrast Mottle	Other (please specify)			
boxes that apply) Artifacts		cement			
2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES? YES Complete Sections 2B and 2C NO Proceed to Section 3A					
2B. SMALL OPACTTIES a. SHAPE/SIZE PRIMARY SECONDARY	b. ZONES c. PROFUSION R L 0/- 0/0 0/1	2C. LARGE OPACITIES			
q t q t	UPPER 1/0 1/1 1/2 MIDDLE 2/1 2/2 2/3 LOWER 3/2 3/3 3/+	SIZE O A B C Proceed to Section 3A			
3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES Complete Sections NO Proceed to Section 4A					
	Alexandrian Alexandrian	Width (in profile only) (3nm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c OR a b c a b c			
3C. COSTOPHRENIC ANGLE OBLIT	ERATION R L Proceed to Section 3D NO	Proceed to Section 4A			
3D. DIFFUSE PLEURAL THICKENIN Site Chest wall In profile Face on ORL	extent, and width in profite and face Up to 1/4 of lateral 1/4 to 1/2 of lateral 1/2 of lateral 1/2 of lateral 0 R L 0 R	on) (3mm minimum width required) 1 chest wall = 1 3 to 5 mm = a			
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.	READER'S INITIAI	DATE OF READING (mm-dd-yyyy)			
SIGNATURE PRINTED NAME (LAST, FIRST MIDDLE)					

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Save Form Print

EXA	AMINEE'S Name (Last, First MI)		Previous Page
4B.	OTHER SYMBOLS (OBLIGATORY)		
	aa at ax bu ca cg cn co cp cv di ef em es	fr hi l	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 lung ill-defined diaphragm border - should be recorded only if more than
as	remaining visible, whereas a large opacity demonstrates a	III.	one-third of one hemidiaphragm is affected
	homogeneous opaque appearance - may be recorded either in the	ih	ill-defined heart border - should be recorded only if the length of the heart
	presence or in the absence of large opacities		border affected, whether on the right or on the left side, is more than
bu ca	bulla(e) cancer, thoracic malignancies excluding mesothelioma	kl	one-third of the length of the left heart border septal (Kerley) lines
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes	me	mesothelioma
on.	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic stands in continuity
ф	cor pulmonale		with the pleura
cv di	cavity marked distortion of an intrathoracic structure	pi	pleural thickening of an interlobar fissure pneumothorax
ef	pleural effusion	px ra	rounded atelectasis
em	emphysema	mp .	rheumatoid pneumoconiosis
es	eggshell calcification of hilar or mediastinal lymph nodes	tb	tuberculosis
fr	fractured rib(s) (acute or healed)		
	Abnormalities of the Diaphragm Eventration Hiatal hemia 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, hung Infiltrate Nodule, nodular lesion Miscellaneous Abnormalities Foreign body Post-surgical changes/stemal wire Cyst Vascular Disorders Aorta, anomaly of Vascular abnormality Date Physician or Worker notified? (mm-dd-yyyy)
Æ	Charles and the control of the contr		
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 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.