

DATE OF RADIOGRAPH (mP -dG\\)\)\)\)

CHEST RADIOGRAPH CLASSIFICATION

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
Morgantown, WV 26508
FAX: 304-285-6058

FACILITY Number - Unit Number

Full SSN is optional, last 4 digits are required.

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	Overexposed (dark)	Improper position	Underinflation	Scapula Overlay
1 2 3 U/R	Underexposed (light)	Poor contrast	Mottle	Other (please specify)
(If not Grade 1, mark all boxes that apply)	Artifacts	Poor processing	Excessive Edge Enhancement	

2A. ANY CLASSIFIABLE PARENCHYMAL ABNORMALITIES?	YES	Complete Sections 2B and 2C	NO	Proceed to Section 3A
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2B. SMALL OPACITIES	b. ZONES	c. PROFUSION	2C. LARGE OPACITIES	
a. SHAPE/SIZE	R L	0/- 0/0 0/1		
PRIMARY SECONDARY			SIZE O A B C	Proceed to Section 3A
p s p s	UPPER	1/0 1/1 1/2		
q t q t	MIDDLE	2/1 2/2 2/3		
r u r u	LOWER	3/2 3/3 3/+		

3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES?	YES	Complete Sections 3B, 3C	NO	Proceed to Section 4A
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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	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	O R L	O R L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	O R L	O R L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	O R L	O R L	1 2 3 1 2 3	a b c a b c

3C. COSTOPHRENIC ANGLE OBLITERATION	R L	Proceed to Section 3D	NO	Proceed to Section 4A
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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	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	O R L	O R L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c
			1 2 3 1 2 3	a b c a b c

4A. ANY OTHER ABNORMALITIES?	YES	Complete Sections 4B-E and 5.	NO	Complete Section 5.
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5. NIOSH Reader ID	READER'S INITIALS	DATE OF READING (mm-dd-yyyy)
		- -
(Leave ID Number blank if you are not a NIOSH A or B Reader)		
SIGNATURE		
PRINTED NAME (LAST, FIRST MIDDLE)		
STREET ADDRESS		
CITY		
STATE		
ZIP CODE		

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
bu	bullae(s)	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 <input type="checkbox"/> Eventration <input type="checkbox"/> Hiatal hernia	Lung Parenchymal Abnormalities <input type="checkbox"/> Azygos lobe <input type="checkbox"/> Density, lung <input type="checkbox"/> Infiltrate <input type="checkbox"/> Nodule, nodular lesion			
Airway Disorders <input type="checkbox"/> Bronchovascular markings, heavy or increased <input type="checkbox"/> Hyperinflation	Miscellaneous Abnormalities <input type="checkbox"/> Foreign body <input type="checkbox"/> Post-surgical changes/sternal wire <input type="checkbox"/> Cyst			
Bony Abnormalities <input type="checkbox"/> Bony chest cage abnormality <input type="checkbox"/> Fracture, healed (non-rib) <input type="checkbox"/> Fracture, not healed (non-rib) <input type="checkbox"/> Scoliosis <input type="checkbox"/> Vertebral column abnormality	Vascular Disorders <input type="checkbox"/> Aorta, anomaly of <input type="checkbox"/> Vascular abnormality			
<input type="checkbox"/> Date Physician or Worker notified? (mm-dd-yyyy)				
4E. Should worker see personal physician because of findings?	YES	NO	-	-

4D. OTHER COMMENTS