Reset Form

Form Approved
OMB No.: 0920-0020

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

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

[ ][ ]-[ ][ ]-[ ][ ][ ][ ]

EXAMINEE'S Social Security Number

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Full SSN is optional, last 4 digits are required.

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) [ ] Underexposed (light) [ ] Artifacts

[ ] Improper position [ ] Poor contrast [ ] Poor processing

[ ] Underinflation [ ] Mottle [ ] Excessive Edge Enhancement

[ ] Scapula Overlay

Other (please specify) [ ]

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
In profile	[O] [R] [L]	[O] [R] [L]
Face on	[O] [R] [L]	[O] [R] [L]
Diaphragm	[O] [R] [L]	[O] [R] [L]
Other site(s)	[O] [R] [L]	[O] [R] [L]

Extent (chest wall; combined for in profile and face on)
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

[O] [R] [1] [2] [3] [O] [L] [1] [2] [3]

Width (in profile only)
(3mm minimum width required)
3 to 5 mm = a
5 to 10 mm = b
> 10 mm = c

[O] [R] [a] [b] [c] [O] [L] [a] [b] [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
In profile	[O] [R] [L]	[O] [R] [L]
Face on	[O] [R] [L]	[O] [R] [L]

Extent (chest wall; combined for in profile and face on)
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

[O] [R] [1] [2] [3] [O] [L] [1] [2] [3]

Width (in profile only)
(3mm minimum width required)
3 to 5 mm = a
5 to 10 mm = b
> 10 mm = c

[O] [R] [a] [b] [c] [O] [L] [a] [b] [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)

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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

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	bulla(e)	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 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.