

**CHEST RADIOGRAPH CLASSIFICATION**  
**FEDERAL MINE SAFETY AND HEALTH ACT OF 1977**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

CENTERS FOR DISEASE CONTROL & PREVENTION

OMB No.: 0920-0020

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

Coal Workers' Health Surveillance Program  
 National Institute for Occupational Safety and Health  
 1095 Willowdale Road, MS LB208  
 Morgantown, WV 26505

CDC/NIOSH (M) 2.8  
 REV. 12/2013

EXAMINEE'S Social Security Number

FACILITY ID#

- - 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.

<b>1. IMAGE QUALITY</b>	Overexposed (dark)	Improper position	Underinflation
<b>1 2 3 U/R</b>	Underexposed (light)	Poor contrast	Mottle
(If not Grade 1, mark all boxes that apply)	Artifacts	Poor processing	Other (please specify)

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

<b>3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES?</b>	YES	Complete Sections 3B, 3C	NO	Proceed to Section 4A
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<b>3B. PLEURAL PLAQUES</b> (mark site, calcification, extent, and width)				
Chest wall	<i>Site</i>	<i>Calcification</i>	<i>Extent (chest wall; combined for in profile and face on)</i>	<i>Width (in profile only) (3mm minimum width required)</i>
In profile	<b>O R L</b>	<b>O R L</b>	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<b>O R L</b>	<b>O R L</b>	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	<b>O R L</b>	<b>O R L</b>	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	<b>O R L</b>	<b>O R L</b>	<b>1 2 3 1 2 3</b>	<b>O R O L</b>
				<b>a b c a b c</b>

<b>3C. COSTOPHRENIC ANGLE OBLITERATION</b>	<b>R L</b>	Proceed to Section 3D	NO	Proceed to Section 4A
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<b>3D. DIFFUSE PLEURAL THICKENING</b> (mark site, calcification, extent, and width)				
Chest wall	<i>Site</i>	<i>Calcification</i>	<i>Extent (chest wall; combined for in profile and face on)</i>	<i>Width (in profile only) (3mm minimum width required)</i>
In profile	<b>O R L</b>	<b>O R L</b>	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<b>O R L</b>	<b>O R L</b>	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
			<b>1 2 3 1 2 3</b>	<b>O R O L</b>
				<b>a b c a b c</b>

<b>4A. ANY OTHER ABNORMALITIES?</b>	YES	Complete Sections 4B, 4C, 4D, 4E	NO	Proceed to Section 5
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<b>4B. OTHER SYMBOLS (OBLIGATORY)</b>				
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				
<b>OD</b> If other diseases or significant abnormalities (OD), findings must be recorded on reverse. (section 4C/4D) (See reverse for other symbol definitions.)				
Date Physician or Worker notified? (mm-dd-yyyy)				

<b>4E.</b> Should worker see personal physician because of findings in section 4?	YES	NO	-	-
Proceed to Section 5				

4B. Other Symbol Definitions

Each of the following definition of symbols assumes an introductory qualifying word or phrase such as "changes indicative of" or "opacities suggestive of", or "suspect."

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	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

4D. OTHER COMMENTS

5. PHYSICIAN'S Social Security Number\*

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\* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

READER'S INITIALS

DATE OF READING (P m-dG\|\\|)

- -

SIGNATURE

PRINTED NAME (LAST, FIRST MIDDLE)

STREET ADDRESS

CITY

STATE

ZIP CODE

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 suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.