

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 |
| 2B. SMALL OPACITIES | a. SHAPE/SIZE PRIMARY SECONDARY | b. ZONES R L | c. PROFUSION 0/- 0/0 0/1 | 2C. LARGE OPACITIES |
| p s p s | UPPER | | 1/0 1/1 1/2 | SIZE O A B C Proceed to Section 3A |
| 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 |
| 3B. PLEURAL PLAQUES | <i>(mark site, calcification, extent, and width)</i> | | | |
| 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 |
| 3D. DIFFUSE PLEURAL THICKENING | <i>(mark site, calcification, extent, and width)</i> | | | |
| 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. |
| 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(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