

1544192534

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE

OMB No.: 0920-0020

DATE OF RADIOGRAPH  
MONTH DAY YEAR  
[ ][ ] [ ][ ] [ ][ ][ ][ ]

CENTERS FOR DISEASE CONTROL & PREVENTION  
National Institute for Occupational Safety and Health  
Federal Mine Safety and Health Act of 1977  
Medical Examination Program

Coal Workers' Health Surveillance Program  
NIOSH  
PO Box 4258  
Morgantown, West Virginia 26504

WORKER'S Social Security Number  
[ ][ ][ ][ ] [ ][ ][ ] [ ][ ][ ][ ][ ]

ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING  
A [ ] B [ ] P [ ]

FACILITY IDENTIFICATION  
[ ][ ][ ][ ][ ][ ]

Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

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

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? 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  
p s p s UPPER MIDDLE LOWER  
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 PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES [ ] Complete Sections 3B, 3C NO [ ] Proceed to Section 4A

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 Face on Diaphragm Other site(s)  
O R L 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 (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 Face on  
O R L O R L O R L  
1 2 3 1 2 3 a b c a b c

4A. ANY OTHER ABNORMALITIES? YES [ ] Complete Sections 4B, 4C, 4D, 4E NO [ ] Proceed to Section 5

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  
[ ] OD If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?  
MONTH DAY YEAR

4E. Should worker see personal physician because of findings in section 4? YES [ ] NO [ ]  
Proceed to Section 5

5. PHYSICIAN'S Social Security Number\* [ ][ ][ ][ ] [ ][ ][ ] [ ][ ][ ][ ][ ]  
\* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.  
FILM READER'S INITIALS [ ][ ][ ] DATE OF READING MONTH DAY YEAR [ ][ ][ ] [ ][ ][ ] [ ][ ][ ][ ]

LAST NAME - STREET ADDRESS

CITY STATE ZIP CODE  
CDC/NIOSH (M) 2.8 REV. 6/02

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

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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 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.