

DATE OF RADIOGRAPH

MONTH DAY YEAR

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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

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ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING

A B P

FACILITY IDENTIFICATION

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

1. FILM QUALITY

<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Improper position	<input type="checkbox"/> Underinflation
<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> U/R	<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor contrast
<input type="checkbox"/> Artifacts	<input type="checkbox"/> Poor processing	<input type="checkbox"/> Mottle
		<input type="checkbox"/> Other (please specify)

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?

YES Complete Sections 2B and 2C NO Proceed to Section 3A

<p>2B. SMALL OPACITIES</p> <p>a. SHAPE/SIZE</p> <table border="1"> <tr> <th>PRIMARY</th> <th>SECONDARY</th> </tr> <tr> <td><input type="checkbox"/> p <input type="checkbox"/> s</td> <td><input type="checkbox"/> p <input type="checkbox"/> s</td> </tr> <tr> <td><input type="checkbox"/> q <input type="checkbox"/> t</td> <td><input type="checkbox"/> q <input type="checkbox"/> t</td> </tr> <tr> <td><input type="checkbox"/> r <input type="checkbox"/> u</td> <td><input type="checkbox"/> r <input type="checkbox"/> u</td> </tr> </table> <p>b. ZONES</p> <table border="1"> <tr> <th></th> <th>R</th> <th>L</th> </tr> <tr> <td>UPPER</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>MIDDLE</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>LOWER</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>c. PROFUSION</p> <table border="1"> <tr> <td><input type="checkbox"/> 0/-</td> <td><input type="checkbox"/> 0/0</td> <td><input type="checkbox"/> 0/1</td> </tr> <tr> <td><input type="checkbox"/> 1/0</td> <td><input type="checkbox"/> 1/1</td> <td><input type="checkbox"/> 1/2</td> </tr> <tr> <td><input type="checkbox"/> 2/1</td> <td><input type="checkbox"/> 2/2</td> <td><input type="checkbox"/> 2/3</td> </tr> <tr> <td><input type="checkbox"/> 3/2</td> <td><input type="checkbox"/> 3/3</td> <td><input type="checkbox"/> 3/+</td> </tr> </table>	PRIMARY	SECONDARY	<input type="checkbox"/> p <input type="checkbox"/> s	<input type="checkbox"/> p <input type="checkbox"/> s	<input type="checkbox"/> q <input type="checkbox"/> t	<input type="checkbox"/> q <input type="checkbox"/> t	<input type="checkbox"/> r <input type="checkbox"/> u	<input type="checkbox"/> r <input type="checkbox"/> u		R	L	UPPER	<input type="checkbox"/>	<input type="checkbox"/>	MIDDLE	<input type="checkbox"/>	<input type="checkbox"/>	LOWER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0/-	<input type="checkbox"/> 0/0	<input type="checkbox"/> 0/1	<input type="checkbox"/> 1/0	<input type="checkbox"/> 1/1	<input type="checkbox"/> 1/2	<input type="checkbox"/> 2/1	<input type="checkbox"/> 2/2	<input type="checkbox"/> 2/3	<input type="checkbox"/> 3/2	<input type="checkbox"/> 3/3	<input type="checkbox"/> 3/+	<p>2C. LARGE OPACITIES</p> <p>SIZE <input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Proceed to Section 3A</p>
PRIMARY	SECONDARY																																
<input type="checkbox"/> p <input type="checkbox"/> s	<input type="checkbox"/> p <input type="checkbox"/> s																																
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<input type="checkbox"/> 3/2	<input type="checkbox"/> 3/3	<input type="checkbox"/> 3/+																															

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)		
	O	R	L	O	R	L	1	2	3	a	b	c
In profile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Face on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Diaphragm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Other site(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

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)		
	O	R	L	O	R	L	1	2	3	a	b	c
In profile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Face on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

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

MONTH DAY YEAR

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.

FILM READER'S INITIALS

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DATE OF READING

MONTH DAY YEAR

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LAST NAME - STREET ADDRESS

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

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.