

NIOSH Chest Radiograph Classification Form

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
1095 Willowdale Road, MS LB208
Morgantown, WV 26505
FAX: 304-285-6058

r

Revision 03/2021

DATE OF RADIOGRAPH (mm-dd-yyyy)

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: 304.281.6098

FACILITY Number - Unit Number

TYPE OF READING

A R F

EXAMINEE'S Name (Last, First MI)

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 as Illustrated by the ILO Standard Radiographs. Use symbols and record comments as appropriate.

1. IMAGE QUALITY ☐ Overexposed (dark) ☐ Underexposed (light) ☐ Artifact (If not Grade 1, mark all boxes that apply)	☐ Improper position ☐ Poor contrast ☐ Poor processing	☐ Undifferentiation ☐ Motion ☐ 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 <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">PRIMATE + SEAPLE SIZE</th> <th colspan="2">SECONDARY</th> <th></th> </tr> </thead> <tbody> <tr> <td>☐</td><td>☐</td> <td>☐</td><td>☐</td> <td>UPPER</td> </tr> <tr> <td>☐</td><td>☐</td> <td>☐</td><td>☐</td> <td>MIDDLE</td> </tr> <tr> <td>☐</td><td>☐</td> <td>☐</td><td>☐</td> <td>LOWER</td> </tr> </tbody> </table>	PRIMATE + SEAPLE SIZE		SECONDARY			☐	☐	☐	☐	UPPER	☐	☐	☐	☐	MIDDLE	☐	☐	☐	☐	LOWER	2C. LARGE OPACITIES SIZE ☐ ☐ ☐ ☐ ☐ ☐ Proceed to Section 3A										
PRIMATE + SEAPLE SIZE		SECONDARY																													
☐	☐	☐	☐	UPPER																											
☐	☐	☐	☐	MIDDLE																											
☐	☐	☐	☐	LOWER																											
3A. ANY CLASSIFIABLE PLEURAL ABNORMALITIES? YES ☐ Complete Sections 3B, 3C NO ☐ Proceed to Section 4A																															
3B. PLEURAL PLAQUES (mark size, calcification, extent, and width) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Chest wall</th> <th>In profile</th> <th>Face on</th> <th>Diaphragm</th> <th>Other sites</th> </tr> </thead> <tbody> <tr> <td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td> </tr> <tr> <td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td> </tr> <tr> <td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td> </tr> <tr> <td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td> </tr> </tbody> </table>	Chest wall	In profile	Face on	Diaphragm	Other sites	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	3C. COSTOPHRENIC ANGLE OBSTRUCTION ☐ ☐ Proceed to Section 3D NO ☐ Proceed to Section 4A					
Chest wall	In profile	Face on	Diaphragm	Other sites																											
☐	☐	☐	☐	☐																											
☐	☐	☐	☐	☐																											
☐	☐	☐	☐	☐																											
☐	☐	☐	☐	☐																											
3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Chest wall</th> <th>In profile</th> <th>Face on</th> </tr> </thead> <tbody> <tr> <td>☐</td><td>☐</td><td>☐</td> </tr> <tr> <td>☐</td><td>☐</td><td>☐</td> </tr> <tr> <td>☐</td><td>☐</td><td>☐</td> </tr> <tr> <td>☐</td><td>☐</td><td>☐</td> </tr> </tbody> </table>	Chest wall	In profile	Face on	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	3E. PLEURAL EFFUSION (mark site, calcification, extent, and width) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Chest wall</th> <th>In profile</th> <th>Face on</th> </tr> </thead> <tbody> <tr> <td>☐</td><td>☐</td><td>☐</td> </tr> <tr> <td>☐</td><td>☐</td><td>☐</td> </tr> <tr> <td>☐</td><td>☐</td><td>☐</td> </tr> <tr> <td>☐</td><td>☐</td><td>☐</td> </tr> </tbody> </table>	Chest wall	In profile	Face on	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Chest wall	In profile	Face on																													
☐	☐	☐																													
☐	☐	☐																													
☐	☐	☐																													
☐	☐	☐																													
Chest wall	In profile	Face on																													
☐	☐	☐																													
☐	☐	☐																													
☐	☐	☐																													
☐	☐	☐																													
4A. ANY OTHER ABNORMALITIES? YES ☐ Complete Sections 4B-E and F NO ☐ Complete Section 5																															
F. 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																															

EXAMINEE'S Name (Last, First MI)

4B. OTHER SYMBOLS (OBLIGATORY)

an at ax bu cu eg en eo ep ex di ef em ei fi hi ho id ih il im is pa pb pi px cu ep fb

at	atherosclerotic aorta	li	enlargement of non-calcified hilar or mediastinal lymph nodes
st	significant apical pleural thickening	ko	honeycomb lung
ak	confluence 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	ld	ill-defined diaphragm border - should be recorded only if more than one-third of one hemidiaphragm is affected
bu	bullae(s)	ln	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 (Cresley's) lines
cn	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodus	me	mesothelioma
cg	calcification in small pneumoconiotic opacities	pa	plate atelectasis
co	abnormality of cardiac size or shape	pb	parenchymal bands - significant parenchymal fibrotic strands in continuity with the pleura
cp	on pleurae	pi	pleural thickening of an interlobar fissure
cv	cavity	pt	pneumothorax
di	marked distortion of an intrathoracic structure	ra	rounded atelectasis
ef	pleural effusion	rp	rhomboidal pneumoconiosis
em	embryonous	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 (see rib)

☐ Fracture, healed (non-rib)

☐ Scoliosis

☐ Vertebral column abnormality

Lung Parenchymal Abnormalities

☐ Azygos lobe

☐ Density lung

- ☐ Infiltrate
- ☐ Nodule, nodules

☐ Nodule, nodular lesion

Miscellaneous Abnormalities

☐ Foreign body
☐ Post-surgical

☐ 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

Sign Form

Print

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 of information, including suggestions for reducing this burden to CDC, Postal Clearance Office, 1600 Clifton Road, NE D-14, Atlanta, GA 30333, ATTN: PRA (0920-3020). Do not send the completed form to this address.

Reset Form

Form Approved
OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

[illegible]

EXAMINEE'S Social Security Number

[illegible]

Full SSN is optional, last 4 digits are required.

EXAMINEE'S Name (Last, First MI)

--

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

FACILITY Number - Unit Number

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.

Reset Form

Form Approved
OMB No.: 0920-0020

DATE OF RADIOGRAPH (mm-dd-yyyy)

0 6 - 2 3 - 2 0 2 5

EXAMINEE'S Social Security Number

0 0 0 - 0 0 - 1 2 3 4

Full SSN is optional, last 4 digits are required.

EXAMINEE'S Name (Last, First MI)

Doe, Jane

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

FACILITY Number - Unit Number

8 X 0 0 1 - 3 3 3

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.

Section 1

Image Quality

1. IMAGE QUALITY

1	2	3	NR
---	---	---	----

(If not Grade 1, mark all
boxes that apply)

☐

Overexposed (dark)

☐

Improper position

☐

Underinflation

☐

Scapula Overlay

☐

Underexposed (light)

☐

Poor contrast

☐

Mottle

☐

Other (please specify)

☐

Artifacts

☐

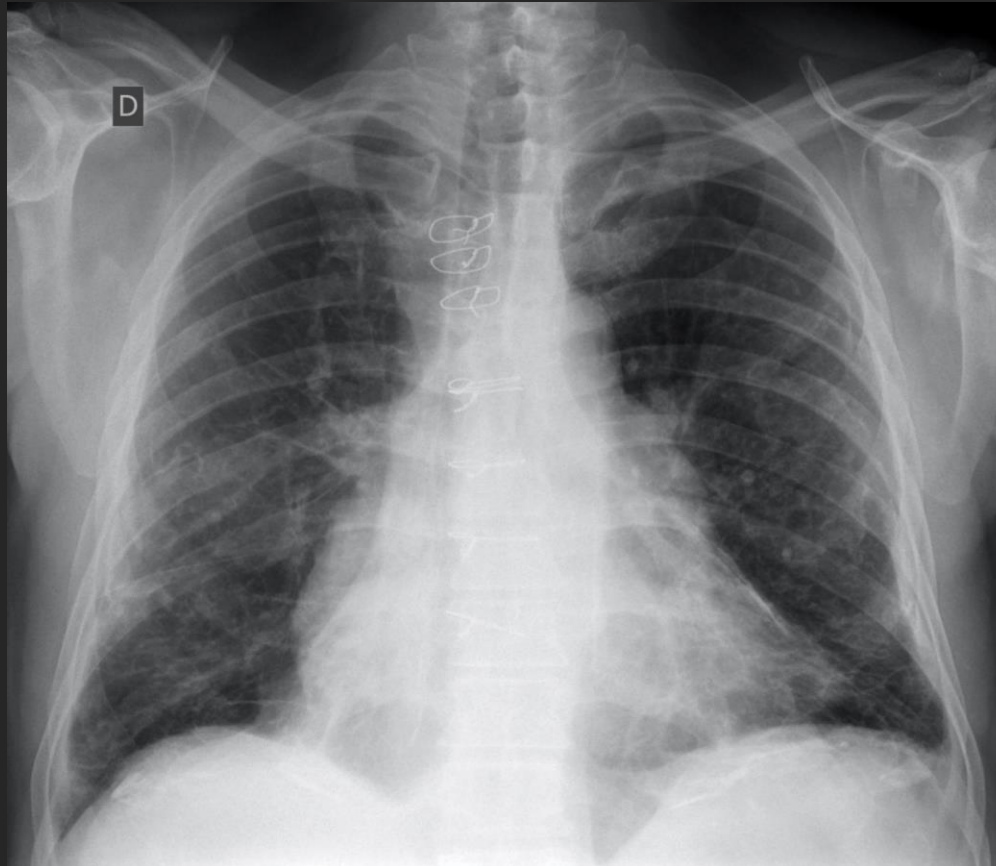
Poor processing

☐

Excessive Edge
Enhancement

☐

Image Quality 1



1. IMAGE QUALITY



2

3

JTR

(If not Grade 1, mark all boxes that apply)

☐

Overexposed (dark)

☐

Improper position

☐

Underinflation

☐

Scapula Overlay

☐

Underexposed (light)

☐

Poor contrast

☐

Mottle

☐

Other (please specify)

☐

Artifacts

☐

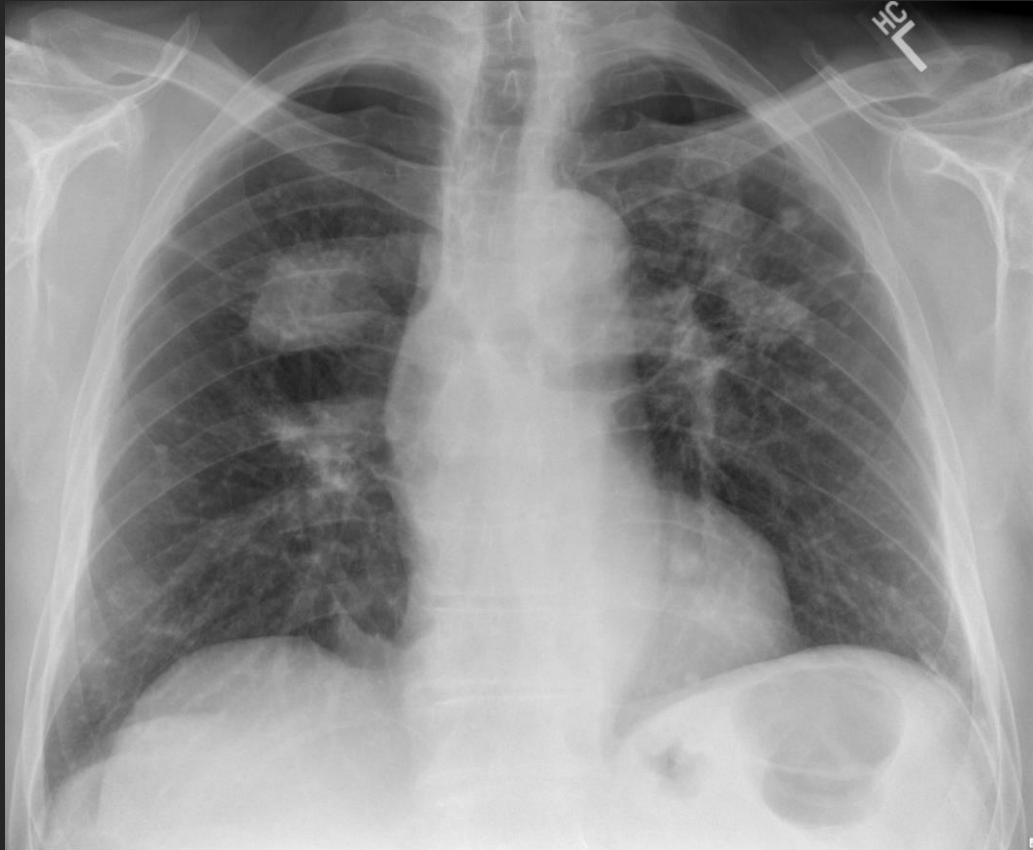
Poor processing

☐

Excessive Edge Enhancement

☐

Image Quality 1



1. IMAGE QUALITY



2

3

3/2

(If not Grade 1, mark all boxes that apply)

☐

Overexposed (dark)

☐

Improper position

☐

Underinflation

☐

Scapula Overlay

☐

Underexposed (light)

☐

Poor contrast

☐

Mottle

☐

Other (please specify)

☐

Artifacts

☐

Poor processing

☐

Excessive Edge Enhancement

☐

Image Quality 2



1. IMAGE QUALITY

1 ☒ 3 ☐ L/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)

☐

Image Quality 3



1. IMAGE QUALITY

1 2 ☒ MR

(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



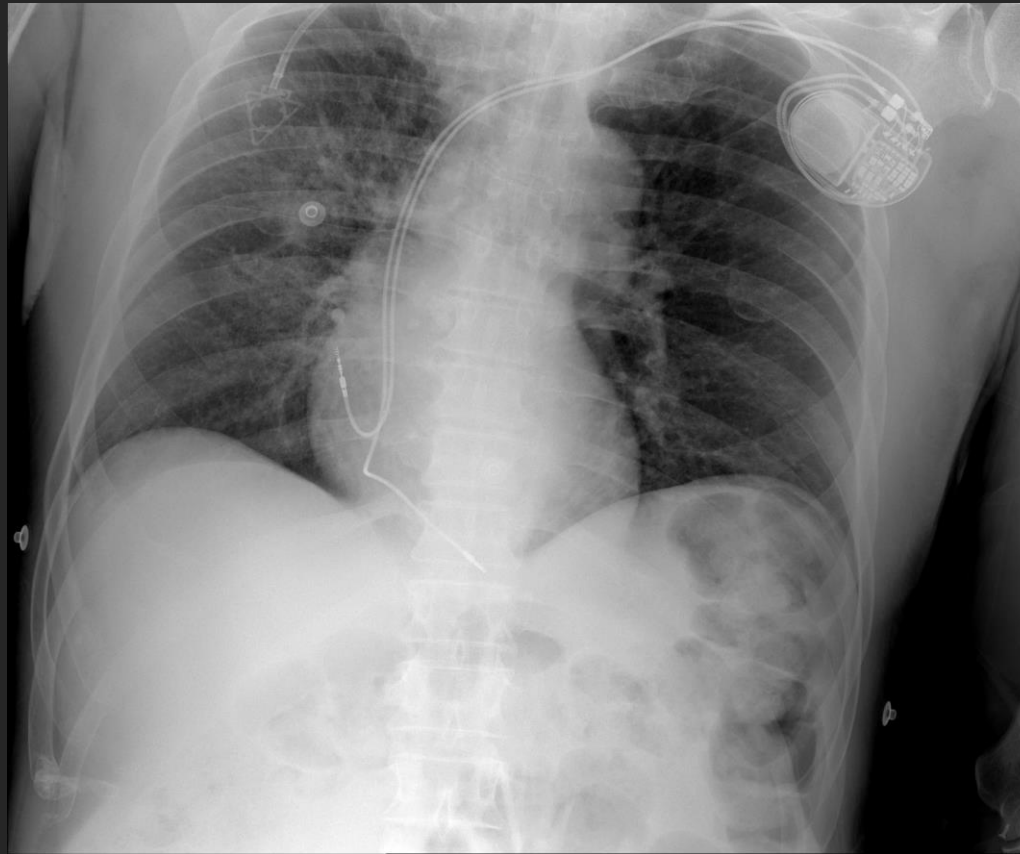
Scapula Overlay



Other (please specify)



Image Quality U/R



1. IMAGE QUALITY

☐ 1
 ☐ 2
 ☐ 3
 ☒ X

(If not Grade 1, mark all boxes that apply)

☐ Overexposed (dark)

☐ Underexposed (light)

☐ Artifacts

☒ Improper position

☐ Poor contrast

☐ Poor processing

☒ Underinflation

☐ Mottle

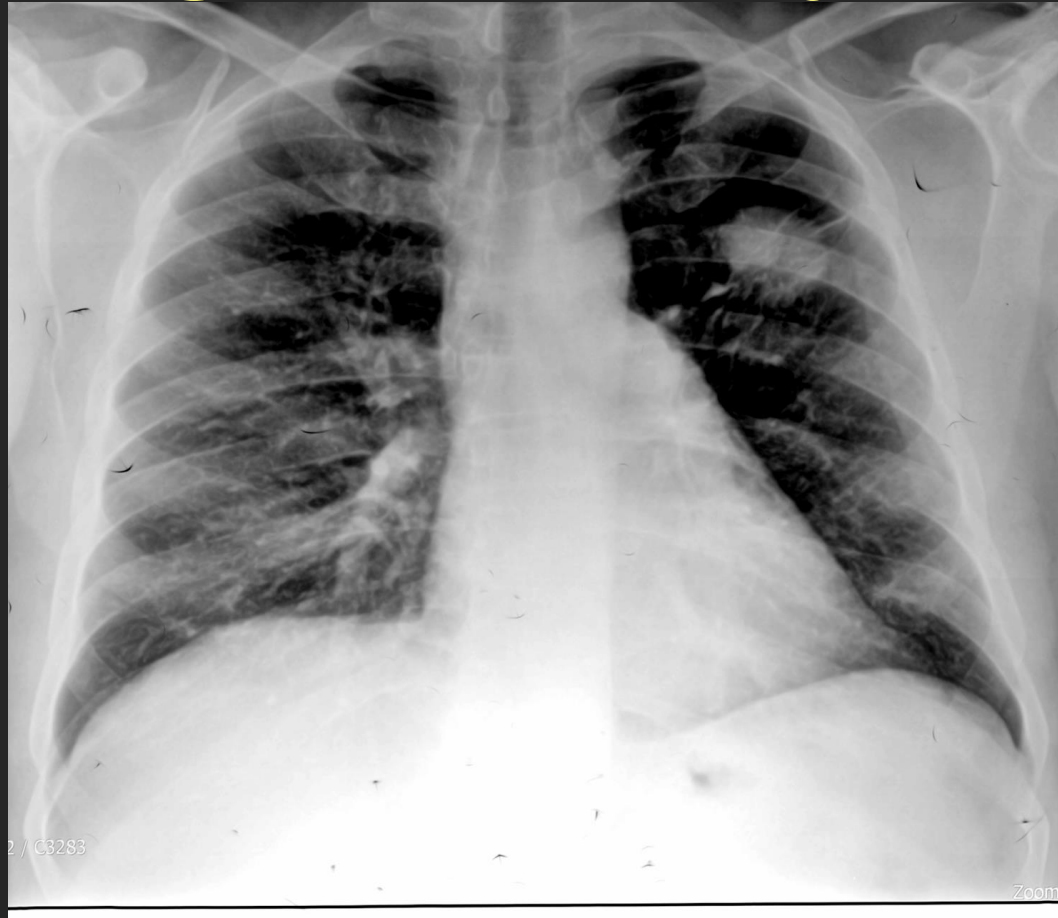
☐ Excessive Edge Enhancement

☒ Scapula Overlay

Other (please specify)

☒ AP portable

Image Quality U/R



1. IMAGE QUALITY

1	2	3	X
---	---	---	---

(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)

☒

Lossy Compression

Section 2

Parenchymal Abnormalities

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

2B Small Opacities



Small Opacities



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
☒	☐ u	☒	☐ u

b. ZONES

	R	L
UPPER	☒	☒
MIDDLE	☒	☒
LOWER	☐	☐

c. PROFUSION

☐ 0/-	☐ 0/0	☐ 0/1
☐ 1/0	☒	☐ 1/2
☐ 2/1	☐ 2/2	☐ 2/3
☐ 3/2	☐ 3/3	☐ 3/+

2C. LARGE OPACITIES

SIZE

☒	☐ A	☐ B	☐ C
-------------------------------------	----------------------------	----------------------------	----------------------------

Proceed to
Section 3A

Small Opacities



Small Opacities



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	☒
q	t
r	u

p	☒
q	t
r	u

b. ZONES

R L

UPPER

☐	☐
--------------------------	--------------------------

MIDDLE

☒	☒
-------------------------------------	-------------------------------------

LOWER

☒	☒
-------------------------------------	-------------------------------------

c. PROFUSION

0/-	0/0	0/1
1/0	1/1	1/2
2/1	☒	2/3
3/2	3/3	3/+

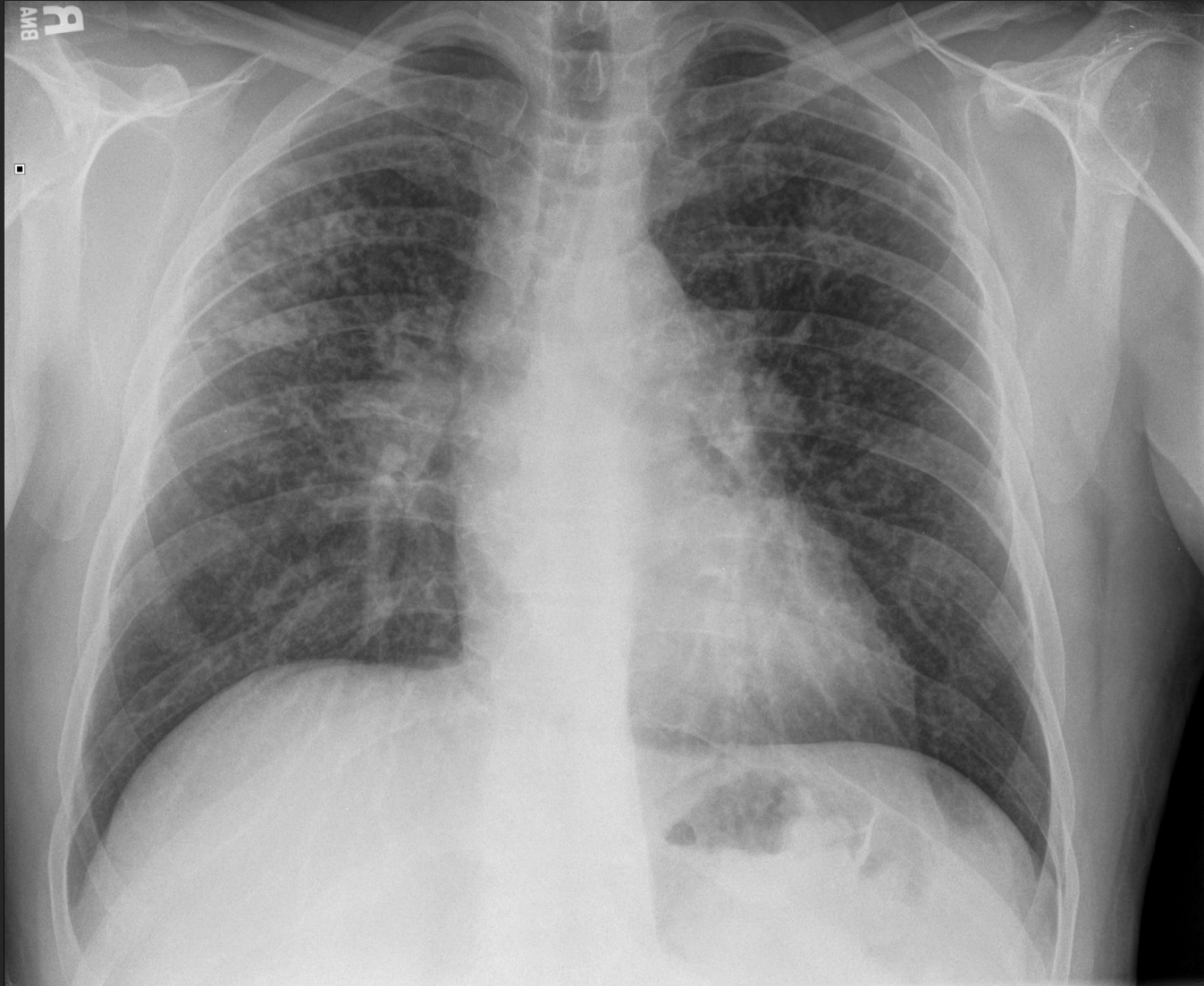
2C. LARGE OPACITIES

SIZE

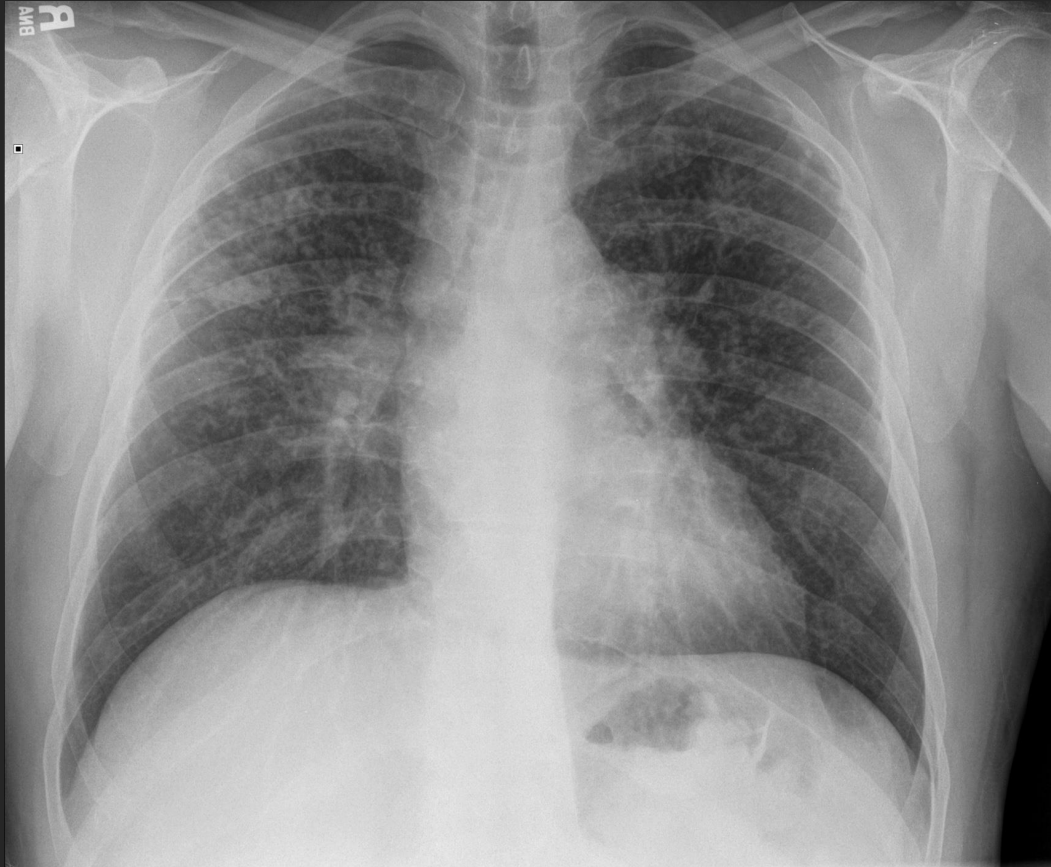
☒	A	B	C
-------------------------------------	---	---	---

Proceed to
Section 3A

2C Large Opacities



Large Opacities



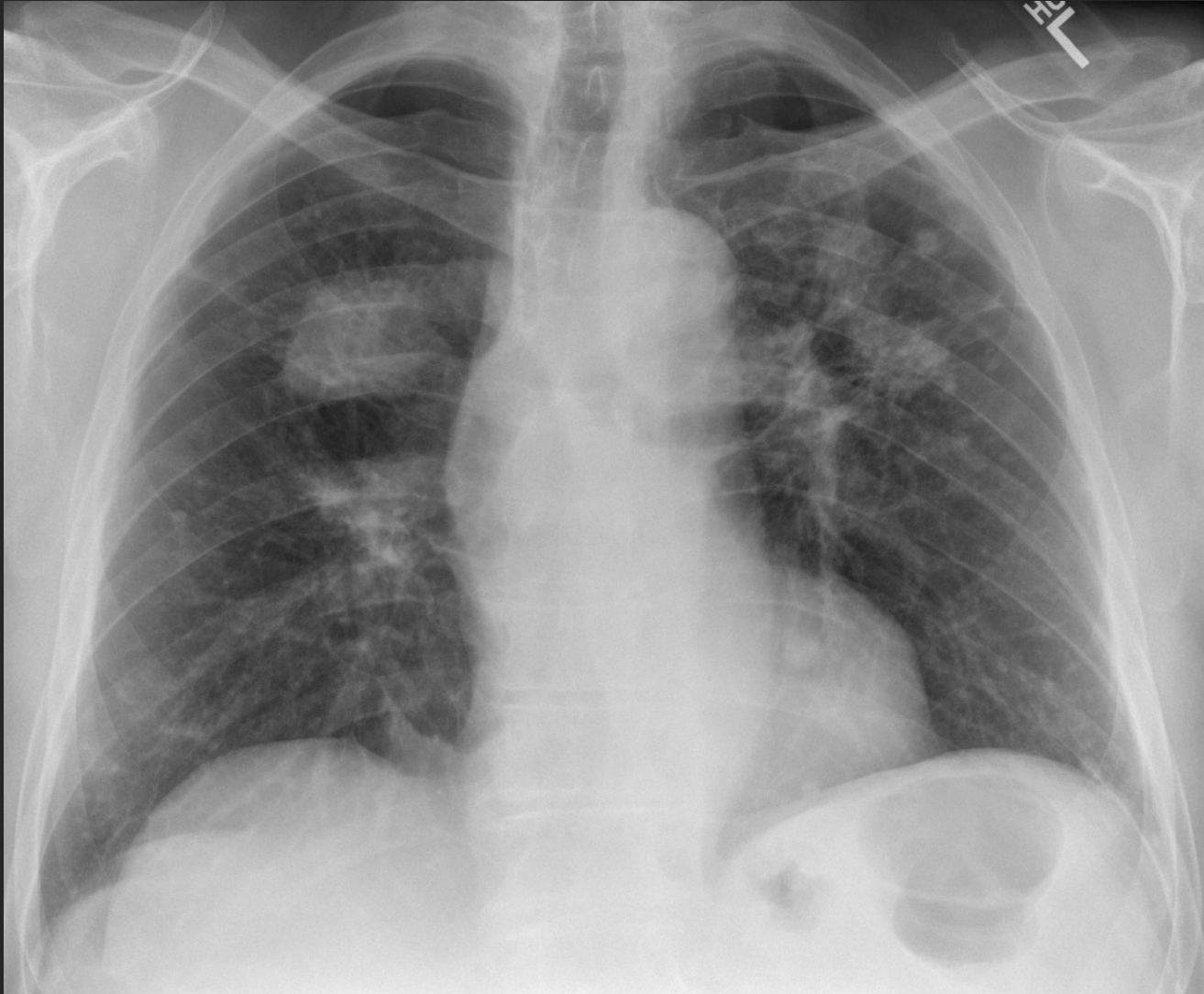
2C. LARGE OPACITIES

SIZE

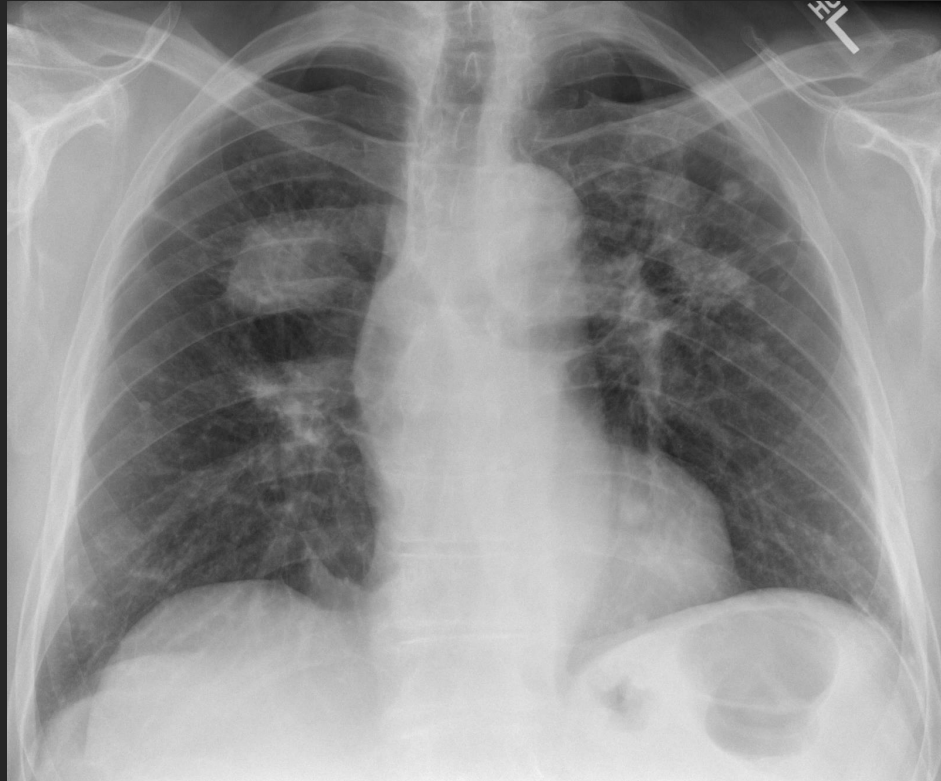


Proceed to
Section 3A

Large Opacities



Large Opacities



2C. LARGE OPACITIES

SIZE



Proceed to
Section 3A

Section 3

Pleural Abnormalities

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

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

Width (in profile only)

(3mm minimum width required)

In profile

☐ ☐ ☐
☐ ☐ ☐

Up to 1/4 of lateral chest wall = 1

3 to 5 mm = a

Face on

☐ ☐ ☐
☐ ☐ ☐

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

Diaphragm

☐ ☐ ☐
☐ ☐ ☐
☐ ☐
☐ ☐
☐ ☐
☐ ☐

Other site(s)

☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐

3C. COSTOPHRENIC ANGLE OBLITERATION

☐ ☐

Proceed to
Section 3D

NO

☐

Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Site

Calcification

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

Width (in profile only)

(3mm minimum width required)

Chest wall

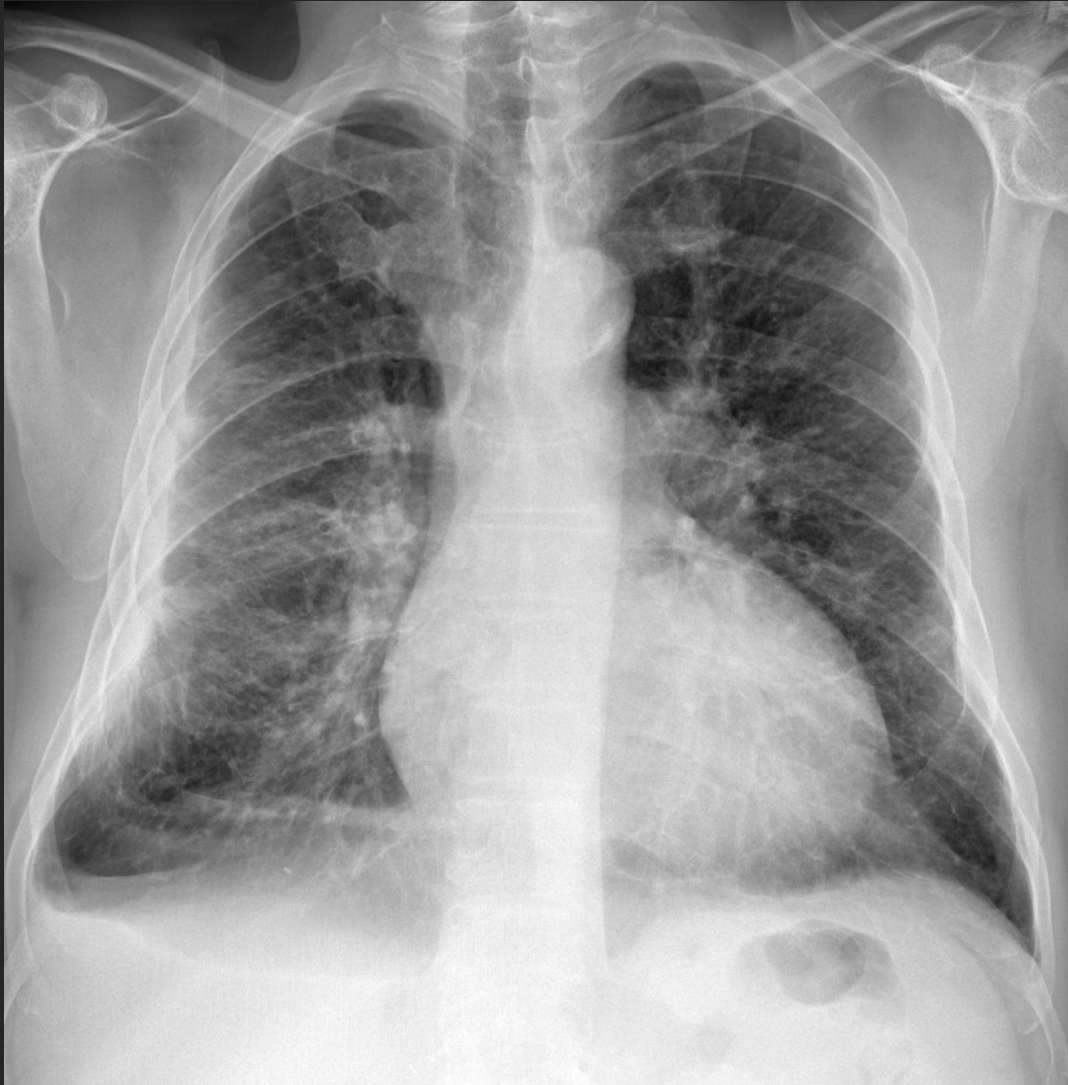
In profile

☐ ☐ ☐
☐ ☐ ☐
☐ ☐
☐ ☐
☐ ☐
☐ ☐

Face on

☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐

Pleural Abnormalities



Pleural Abnormalities



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

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

Width (in profile only)

(3mm minimum width required)

In profile

☐	☒	☐
--------------------------	-------------------------------------	--------------------------

☒	☐	☐
-------------------------------------	--------------------------	--------------------------

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

3 to 5 mm = a

5 to 10 mm = b

> 10 mm = c

Face on

☐	☒	☐
--------------------------	-------------------------------------	--------------------------

☒	☐	☐
-------------------------------------	--------------------------	--------------------------

Diaphragm

☒	☐	☐
-------------------------------------	--------------------------	--------------------------

☒	☐	☐
-------------------------------------	--------------------------	--------------------------

Other site(s)

☒	☐	☐
-------------------------------------	--------------------------	--------------------------

☒	☐	☐
-------------------------------------	--------------------------	--------------------------

☐	☒	☐
--------------------------	-------------------------------------	--------------------------

☒	☐	☐
-------------------------------------	--------------------------	--------------------------

☐	☐	☒
--------------------------	--------------------------	-------------------------------------

☐	☐	☐
--------------------------	--------------------------	--------------------------

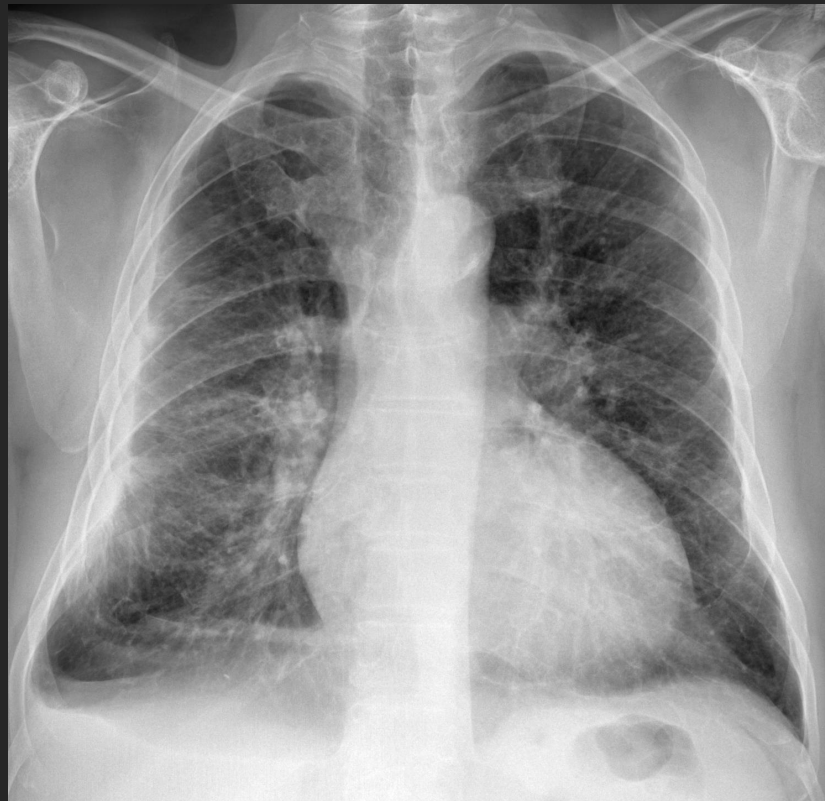
☐	☒	☐
--------------------------	-------------------------------------	--------------------------

☒	☐	☐
-------------------------------------	--------------------------	--------------------------

☐	☐	☒
--------------------------	--------------------------	-------------------------------------

☐	☐	☐
--------------------------	--------------------------	--------------------------

Pleural Abnormalities



3C. COSTOPHRENIC ANGLE OBLITERATION



Proceed to
Section 3D

NO

☐ Proceed to
Section 4A

3D. DIFFUSE PLEURAL THICKENING *(mark site, calcification, extent, and width)*

	Site		
Chest wall			
In profile	☒	☒	☒
Face on	☒	☒	☒

Calcification		
☒	☒	☒
☒	☒	☒

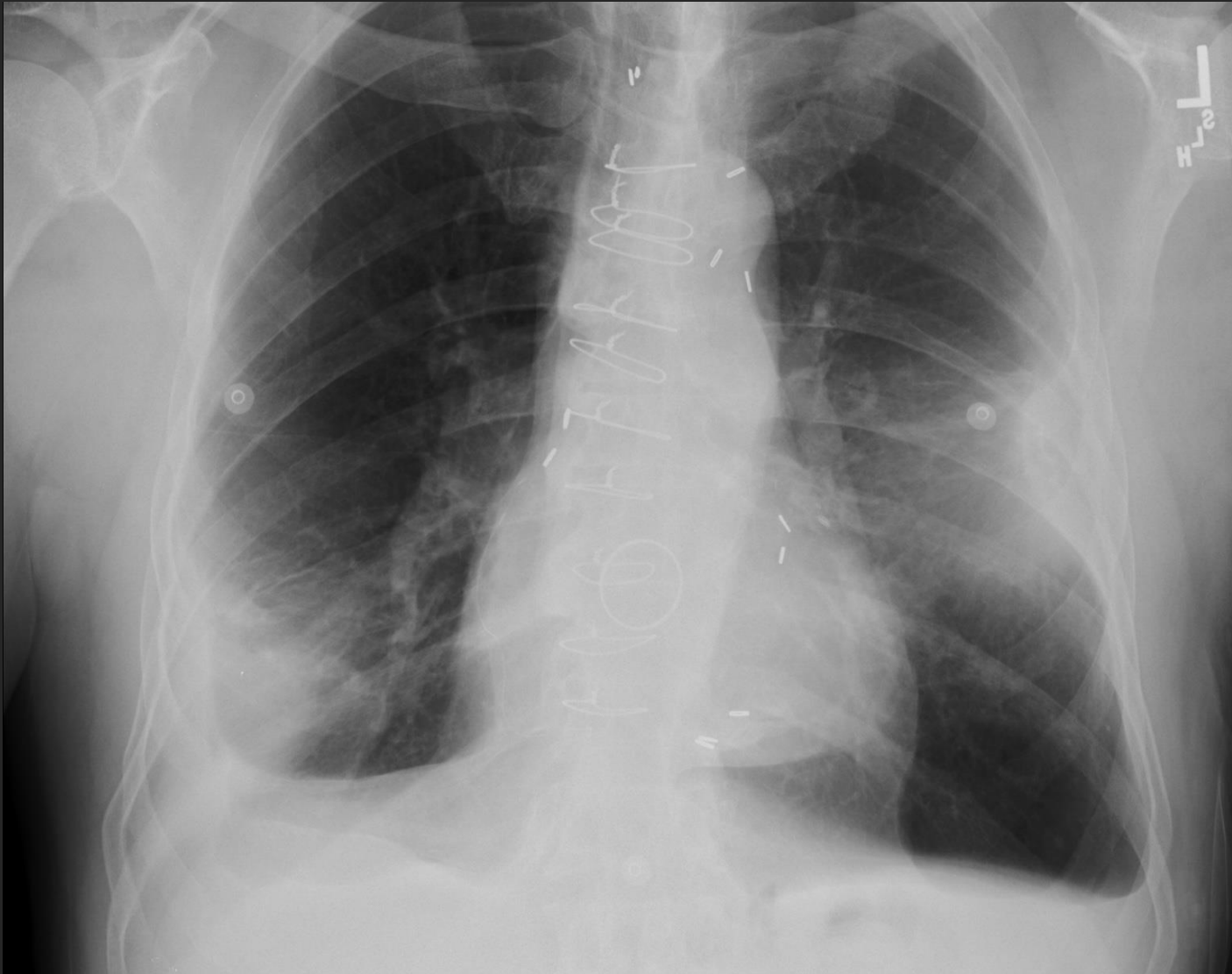
Extent (chest wall; combined for in profile and face on)
 Up to 1/4 of lateral chest wall = 1
 1/4 to 1/2 of lateral chest wall = 2
 > 1/2 of lateral chest wall = 3

☒	☒	☒	☒	☒	☒
1	2	3	1	2	3

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

☒	☒	☒	☒	☒	☒
a	b	c	a	b	c

Pleural Abnormalities



Pleural Abnormalities

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

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

Width (in profile only)
(3mm minimum width required)

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

3 to 5 mm = a
5 to 10 mm = b
> 10 mm = c

In profile ☐ ☒ ☐

O R ~~X~~

Up to 1/4 of lateral chest wall =

3 to 5 mm = a

in required)

Face on ☐ ☒ ☐

O R ~~X~~

1/4 to 1/2 of lateral chest wall =
 ≥ 1/2 of lateral chest wall =

$$> 10 \text{ mm} = \text{c}$$

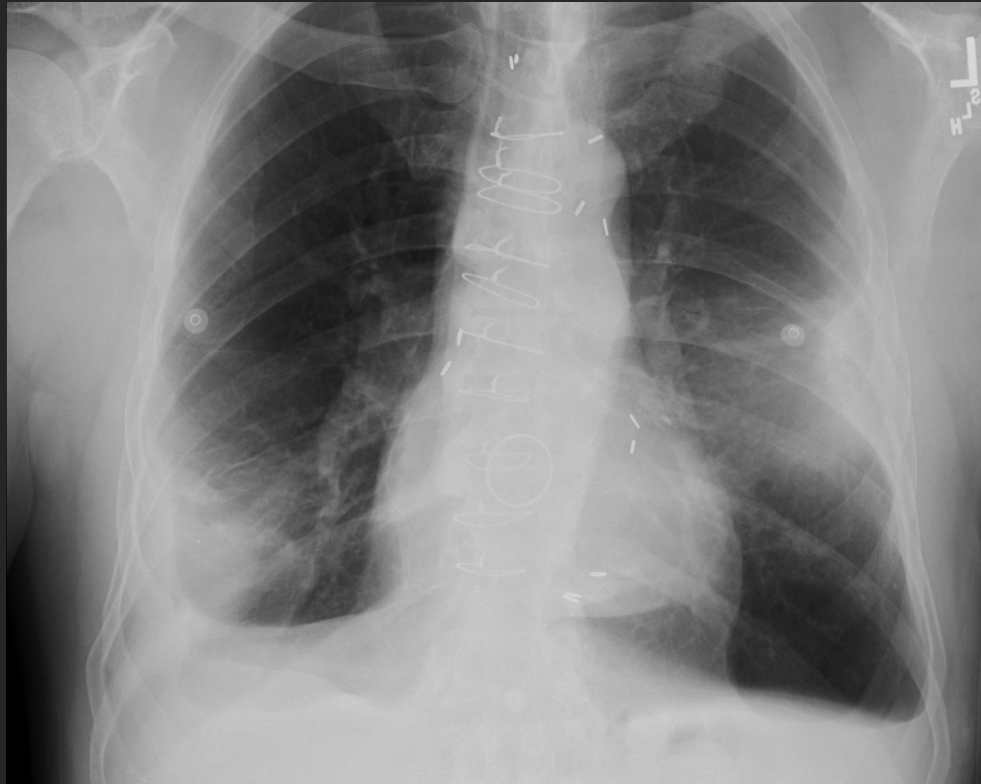
Diaphragm			
Other site(s)			

O	P	L
O	R	L

Q	R	
a	b	c

O	X	
a	b	X

Pleural Abnormalities



3C. COSTOPHRENIC ANGLE OBLITERATION



Proceed to
Section 3D

NO



Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING *(mark site, calcification, extent, and width)*

	Site		
Chest wall	☐	☒	☐
In profile	☐	☒	☐
Face on	☐	☒	☐

Calcification		
☐	☒	☐
☐	☒	☐

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					
☐	☒	☐	☒	☐	☐
1	2	☒	1	2	3

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

Section 4A and 5

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)

SIGNATURE

SIGNATURE

STREET ADDRESS

READER'S INITIALS

--	--	--

DATE OF READING (mm-dd-yyyy)

		-			-				
--	--	---	--	--	---	--	--	--	--

PRINTED NAME (LAST, FIRST MIDDLE)

CITY

--	--

STATE

--	--	--	--	--

ZIP CODE

Section 4A and 5

4A. ANY OTHER ABNORMALITIES?

YES



Complete Sections 4B-E and 5.

NO



Complete Section 5.

5. NIOSH Reader ID

4	4	9	9	
---	---	---	---	--

(Leave ID Number blank if you are not a NIOSH A or B Reader)

SIGNATURE

SIGNATURE

STREET ADDRESS

READER'S INITIALS

D	M	S
---	---	---

DATE OF READING (mm-dd-yyyy)

0	6	-	2	3	-	2	0	2	5
---	---	---	---	---	---	---	---	---	---

Seaman, Danielle

PRINTED NAME (LAST, FIRST MIDDLE)

CITY

--	--

STATE

--	--	--	--	--

ZIP CODE

Section 4B

Obligatory Symbols

4B. OTHER SYMBOLS (OBLIGATORY)

aa at ax bu ca cg cn co ep ev 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	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
ep	cor pulmonale	pi	pleural thickening of an interlobar fissure
ev	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)		

Obligatory Symbols



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

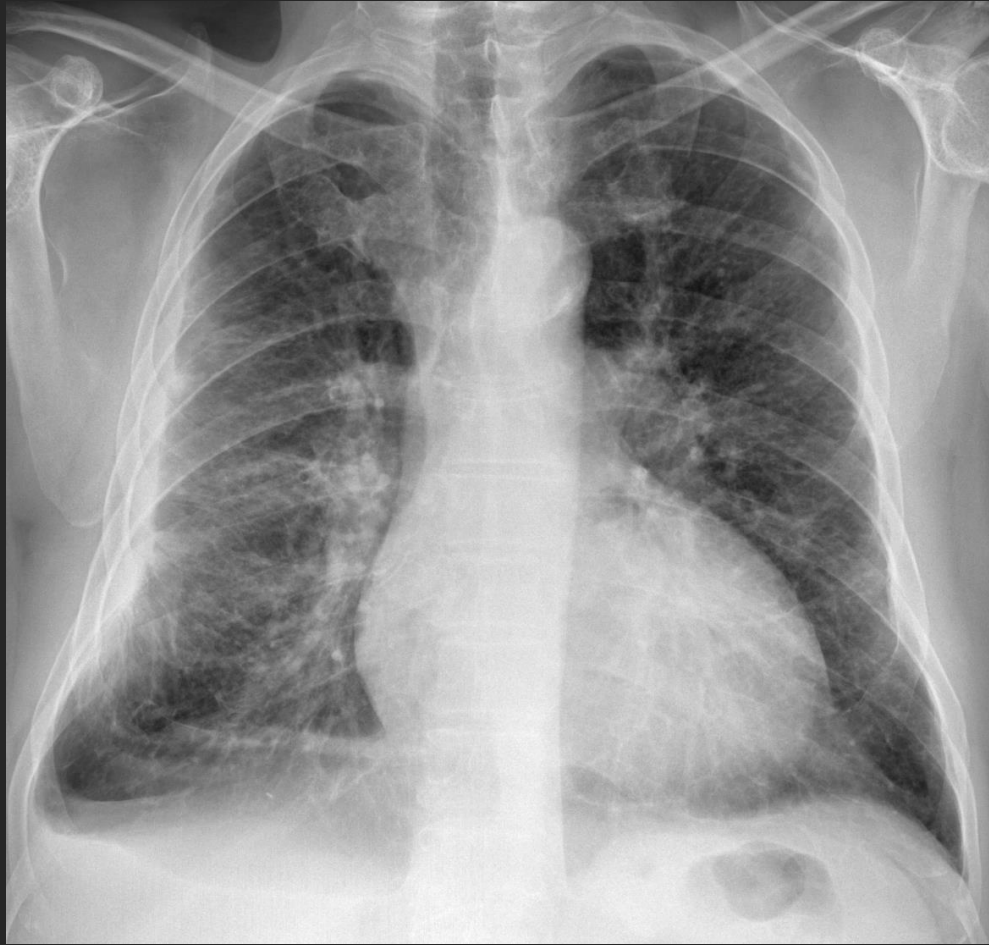
Obligatory Symbols



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

Obligatory Symbols



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

Section 4C, 4D, 4E

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
