

Workers Name:

1A. DATE OF X-RAY <div style="display: flex; justify-content: space-around; border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">MONTH</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">DAY</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">YR</div> </div>	1B. FILM QUALITY ON PA VIEW <div style="display: flex; justify-content: center; align-items: center; border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">2</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">3</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">U/R</div> </div> <p style="font-size: small; text-align: center;">If Not Grade 1, Give Reason:</p>	1C. IS FILM COMPLETELY NEGATIVE? YES <input type="checkbox"/> Proceed to Section 5 No <input type="checkbox"/> Proceed to Section 2
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2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?	YES <input type="checkbox"/> COMPLETE 2B AND 2C No <input type="checkbox"/> PROCEED TO SECTION 3
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2B. SMALL OPACITIES <div style="display: flex; justify-content: space-between; font-size: small;"> <div style="width: 45%;"> <p>a. SHAPE/SIZE</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: center;">PRIMARY</th> <th style="width: 50%; text-align: center;">SECONDARY</th> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">p</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">s</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">q</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">t</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">r</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">u</td> </tr> </table> </div> <div style="width: 45%;"> <p>b. ZONES</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> </tr> <tr> <td style="text-align: center; width: 50%;">R</td> <td style="text-align: center; width: 50%;">L</td> </tr> </table> </div> </div>	PRIMARY	SECONDARY	p	s	q	t	r	u							R	L	2C. LARGE OPACITIES <div style="display: flex; justify-content: center; align-items: center; margin-top: 20px;"> SIZE <table style="border: 1px solid black; padding: 2px; margin: 0 5px;"> <tr> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">A</td> <td style="width: 20px; text-align: center;">B</td> <td style="width: 20px; text-align: center;">C</td> </tr> </table> </div> <p style="text-align: right; font-size: small;">PROCEED TO SECTION 4</p>	0	A	B	C
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3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS	YES <input type="checkbox"/> COMPLETE 3B, 3C, 3D No <input type="checkbox"/> PROCEED TO SECTION 4
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3B. PLEURAL THICKENING a. DIAPHRAGM (plaque) SITE <table style="border: 1px solid black; padding: 2px; margin: 0 5px;"> <tr> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">R</td> <td style="width: 20px; text-align: center;">L</td> </tr> </table> b. COSTOPHRENIC ANGLE SITE <table style="border: 1px solid black; padding: 2px; margin: 0 5px;"> <tr> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">R</td> <td style="width: 20px; text-align: center;">L</td> </tr> </table>	0	R	L	0	R	L	3C. PLEURAL THICKENING...CHEST WALL <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: left;">a. CIRCUMSCRIBED (plaque)</th> <th style="width: 50%; text-align: left;">b. DIFFUSE</th> </tr> <tr> <td style="vertical-align: top;"> IN PROFILE SITE <table style="border: 1px solid black; padding: 2px; margin: 0 5px;"> <tr> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">R</td> </tr> </table> i. WIDTH <table style="border: 1px solid black; padding: 2px; margin: 0 5px;"> <tr> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">A</td> <td style="width: 20px; text-align: center;">B</td> <td style="width: 20px; text-align: center;">C</td> </tr> </table> ii. EXTENT <table style="border: 1px solid black; padding: 2px; margin: 0 5px;"> <tr> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> </tr> </table> FACE ON iii. 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4A. ANY OTHER ABNORMALITIES?	YES <input type="checkbox"/> COMPLETE 4B and 4C No <input type="checkbox"/>
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4B. OTHER SYMBOLS (OBLIGATORY) <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around; font-size: small; margin-bottom: 10px;"> O ax bu ca cn co cp cv di ef em es fr hi ho id ih kl pi px rp tb </div> <p>Report items which may be of present clinical significance in this section <input type="checkbox"/> (SPECIFY od.)</p> <p style="text-align: right;">Date Personal Physician notified? <table style="border: 1px solid black; padding: 2px; margin: 0 auto;"> <tr> <td style="width: 30px; text-align: center;">MONTH</td> <td style="width: 30px; text-align: center;">DAY</td> <td style="width: 30px; text-align: center;">YR</td> </tr> </table> </p>	MONTH	DAY	YR
MONTH	DAY	YR	

4C. OTHER COMMENTS <hr/> <hr/> <hr/> <hr/> <hr/>
<p style="text-align: center; font-size: small;">SHOULD PERSON SEE PERSONAL PHYSICIAN BECAUSE OF FINDINGS IN SECTIONS 4B & 4C?</p> <p style="text-align: right;"> <input type="checkbox"/> YES <input type="checkbox"/> NO (UNLESS CLINICALLY INDICATED) </p>