Roentgenographic Interpretation

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs
Division of Coal Mine Workers' Compensation

OMB No. 1215-0090
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NOTE: This report is authorized by law. (30 U.S.C., 901 et. seq.) The results of this interpretation will aid in determining the miner's eligibility for black lung benefits. Disclosure of a social security number is voluntary. The failure to disclose such number will not result in the denial of any right benefit, or privilege to which the claimant may be entitled. This method of collecting information complies with the Freedom of Information Act, the Privacy Act of 1974, and OMB Cir. No. 108.

Please record your interpretation of a single film by placing "X" in the appropriate boxes on the form and return it promptly to the office that requested the interpretation. The form must be completed as per instructions, signed by a physician, and contain the miner's name, and social security number. The Department of Labor will pay only for films of acceptable quality (1, 2 and 3). Films of inferior quality (U/R) must be retaken without cost to the Department.

1. Miner's Name (Print)

1A. Date of X-ray: MO. DAY YR.

1B. Miner's Social Security Number

1C. Film Quality (If not Grade 1, Give Reason): 1 | 2 | 3 | U/R

1D. Is Film Completely Negative? YES ☐ Proceed to Section 5 NO ☐ Complete Section 2A

2A. Any Parenchymal Abnormalities Consistent with Pneumoconiosis? YES ☐ Complete 2B and 2C NO ☐ Proceed to Section 3

2B. SMALL OPACITIES

a. SHAPE/SIZE

PRIMARY		SECONDARY	
p	s	p	s
q	t	q	t
r	u	r	u

b. ZONES: R L

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 3

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES ☐ Complete 3B, 3C and 3D NO ☐ Proceed to Section 4

3B. PLEURAL THICKENING

a. Diaphragm (plaque) SITE: O | R | L

b. Costophrenic Angle SITE: O | R | L

a. CIRCUMSCRIBED (plaque)

SITE	O	R		
In Profile i. Width	O	A	B	C
ii. Extent	0	1	2	3
Face On iii. Extent	0	1	2	3

	O	L		
In Profile i. Width	O	A	B	C
ii. Extent	0	1	2	3
Face On iii. Extent	0	1	2	3

3C. PLEURAL THICKENING ...Chest Wall

b. Diffuse

SITE	O	R			O	L		
In Profile i. Width	O	A	B	C	O	A	B	C
ii. Extent	0	1	2	3	0	1	2	3
Face On iii. Extent	0	1	2	3	0	1	2	3

3D. PLEURAL CALCIFICATION

	SITE O	R	EXTENT			SITE O	L	EXTENT		
a. Diaphragm	0	1	2	3	a. Diaphragm	0	1	2	3	
b. Wall	0	1	2	3	b. Wall	0	1	2	3	
c. Other Sites	0	1	2	3	c. Other Sites	0	1	2	3	Proceed to Section 4

4A. ANY OTHER ABNORMALITIES ? YES ☐ Complete 4B and 4C NO ☐ Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)

O	ax	bu	ca	cn	co	cp	cv	di	ef	em	es	tr	hi	ho	id	ih	kl	pl	px	rp	tb

REPORT ITEMS WHICH MAY BE OF PRESENT CLINICAL SIGNIFICANCE IN THIS SECTION. OD (Specify od.) _____ Date Personal Physician notified? Mo. Day Yr.

4C. OTHER COMMENTS _____

SHOULD WORKER SEE PERSONAL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 4C? Yes | No — Proceed to Section 5

5A. FACILITY PROVIDING ROENTGENOGRAPHIC EXAMINATION: _____

DOL Medical Provider Number (If applicable): _____

Was film taken by a registered radiographer/radiographic technologist? ☐ Yes ☐ No _____ State

Name _____ Registration No. _____

5B. Physician Interpreting Film (Print Name): _____

Are you: Board-certified Radiologist? ☐ Yes ☐ No. Board-eligible radiologist? ☐ Yes ☐ No. B-reader? ☐ Yes ☐ No.

5C. I certify that this film has been interpreted in accordance with the instructions provided on Form CM-954a and/or 20 CFR 718, Subpart B, 718.102 and Appendix A. I also certify that the information furnished is correct and am aware that my signature attests to the accuracy of the results reported. I am aware that any person who willfully makes any false or misleading statements or representation in support of an application for benefits under Title 30 USC 941 shall be guilty of a misdemeanor and subject to a fine of up to $1,000,or to imprisonment for up to one year, or both.

PHYSICIAN'S SIGNATURE _____ DATE OF READING _____ (Mo., Day, Yr.)

Public Burden Statement

We estimate that it will take an average of 5 minutes to complete this information collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. If you have any comments regarding these estimates or any other aspect of this survey, including suggestions for reducing this burden, send them to the Office of IRM, Policy, U.S. Department of Labor, Room N1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1215-0090), Washington, D.C. 20503.

DO NOT SEND THE COMPLETED FORM TO EIHER OF THESE OFFICES.