PERIODIC HEALTH EVALUATION
NAVY ASBESTOS MEDICAL SURVEILLANCE PROGRAM
ROENTGENOGRAPHIC INTERPRETATION FOR PNEUMOCONIOSES

Sections 133, 1071-87-3012, 5031 and 8012, Title 10 USC & Exec. Order 9397 (Privacy Act of 1974) Apply
USE HARD TIPPED PEN & PRESS FIRMLY, LEGIBLE COPY REQUIRED FOR DATA ENTRY

CONTROL NO. (For NEHC Use Only)

SECTION 1

RETAIN ORIGINAL IN HEALTH RECORD
Send Copy to: Commanding Officer
NAVY ENVIRONMENTAL HEALTH CENTER
2510 Walmer Avenue, Norfolk, VA 23513-2617

EXAMINATION FACILITY NAME

UIC

NAME (Last, First, MI)

SEX: M ☐ F ☐

SOCIAL SECURITY NO.

DATE OF BIRTH: YR MO DAY

RACE (Check one): ☐ White ☐ Asian ☐ Black ☐ Indian ☐ Hispanic ☐ Other

STATUS (Check one): ☐ Navy ☐ Air Force ☐ Marines ☐ Army ☐ Coast Guard ☐ Civilian

MILITARY ONLY: PAY GRADE; ENLISTED RATING/MOS; OFFICERS NOBC; NEC; DESIGNATOR

EXAM PURPOSE: ☐ INITIAL ☐ PERIODIC ☐ TERMINATION

YRS. GOV'T SERVICE

SHIPBOARD PERSONS ONLY: SHIP HULL NO. LETTERS NUMBERS

DATE OF X-RAY: YR MO DA

OCCUPATIONAL CODE (CIVILIAN)

SECTION 2

FILM QUALITY: 1 2 3 U/R (SEE REVERSE)

IF NOT 1 give reason

FILM IS COMPLETELY NEGATIVE FOR PNEUMONOCONIOSIS ☐

NEGATIVE READING INCLUDES THESE PROFUSION CODES: 0/— 0/0 0/1

(PROCEED TO SECTION 5)

FILM SHOWS ABNORMAL FINDINGS CONSISTENT WITH PNEUMOCONIOSIS ☐

(PROCEED TO SECTIONS 3,4, and 5)

SECTION 3

3A ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES ☐ IF YES, COMPLETE 3B & C NO ☐ IF NO, PROCEED TO SECTION 4

3B 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

1/0	1/1	1/2
2/1	2/2	2/3
3/2	3/3	3/+

3C. LARGE OPACITIES

SIZE: O A B C

(PROCEED TO SECTION 4)

SECTION 4

4A ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES ☐ IF YES, COMPLETE 4B, C, D, E NO ☐ (IF NO, PROCEED TO SECTION 5)

4B PLEURAL THICKENING...CHEST WALL

a. CIRCUMSCRIBED (plaque)

	R	L
NONE	O	O
PROFILE: WIDTH	O A B C	O A B C
EXTENT	0 1 2 3	0 1 2 3
FACE ON: EXTENT	0 1 2 3	0 1 2 3
CALCIFICATION	0 1 2 3	0 1 2 3

b. DIFFUSE

	R	L
NONE	O	O
PROFILE: WIDTH	O A B C	O A B C
EXTENT	0 1 2 3	0 1 2 3
FACE ON: EXTENT	0 1 2 3	0 1 2 3
CALCIFICATION	0 1 2 3	0 1 2 3

4C PLEURAL PLAQUE (Diaphragm)

a. Plaque: O R L

b. Calcification: R 0 1 2 3; L 0 1 2 3

4D PLEURAL PLAQUE (Pericardium)

a. Plaque: O R L

b. Calcification: R 0 1 2 3; L 0 1 2 3

4E. COSTOPHRENIC ANGLE OBLITERATION: O R L

SECTION 5

OTHER ABNORMALITIES AND COMMENTS

OTHER SYMBOLS: O ax bu ca cn co cp cv di ef em es fp fr hi ho id ih kl pi px rp tb

(OBLIGATORY - SEE REVERSE)

OTHER COMMENTS

FILM READER NO.

DATE OF READING: YR MO DA