

NAVY OCCUPATIONAL MEDICAL SURVEILLANCE PROGRAM  
ROENTGENOGRAPHIC INTERPRETATION FOR PNEUMOCONIOSES

CONTROL NUMBER (NMCPHC Use Only)

Asbestos  Silica  Other \_\_\_\_\_

X-RAY ACCESSION NUMBER (IMAGE ID)

Sections 133, 101-87-3012, 5031 and 8012, Title 10 USC & Exec. Order 9897 (Privacy Act of 1974) Apply

**SECTION 1**

**Original: Worker's Health Record**  
Copy: Navy and Marine Corps Public Health Center  
620 John Paul Jones Cir Ste 1100, Portsmouth, VA 23708-2111

EXAMINATION FACILITY NAME \_\_\_\_\_ EXAM FACILITY UIC \_\_\_\_\_

NAME (LAST or SURNAME) (FIRST) (MI) \_\_\_\_\_ WORKER SSN \_\_\_\_\_ WORKER DOD ID NUMBER \_\_\_\_\_

ETHNICITY (RACE) STATUS (CHECK ONE) YRS GOV'T SRVC GENDER Military Only: DATE OF BIRTH  
 White  Navy  M  F PAY GRADE \_\_\_\_\_ Year Month Day  
 Black  Marines  OCCUPATIONAL CODE (for ENLISTED OFFICERS  
 Hispanic  Coast Guard (Civilian Only) example, Ratings/MOS NEC NOBC DESIGNATOR  
 Asian  Army GS-1234  
 Native American  Air Force  
 Other  Civilian

EXAM PURPOSE WORKER DATE OF X-RAY Shipboard Only:  
 Initial  Periodic  Termination  Situational  Current Year Month Day HULL LETTERS NUMBERS  
 Past

**SECTION 2**

FILM QUALITY If NOT Grade 1, give main reason  
 1 2 3 U Overexposed Film fogged  
 Underexposed Poor inspiration  
 Poor resolution Other  
 Artifacts, damaged cassette, grid, or screen  
 Improper position or patient motion

X-RAY NEGATIVE FOR PNEUMOCONIOSIS  
Mark one box and proceed to Section 5 0/- 0/0 0/1

X-RAY SHOWS ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS Mark box and proceed to Section 3

**SECTION 3**

**3A** ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES  If YES, complete 3B & 3C NO  If NO, proceed to SECTION 4

**3B** SMALL OPACITIES a. SHAPE/SIZE b. ZONES c. PROFUSION **3C** LARGE OPACITIES

Primary Secondary Upper Middle Lower R L SIZE 0 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) b. DIFFUSE  
 RIGHT NONE 0 PRESENT R LEFT NONE 0 PRESENT L RIGHT NONE 0 PRESENT R LEFT NONE 0 PRESENT L

FACE ON PROFILE WIDTH 0 A B C EXTENT 0 1 2 3 CALCIFICATION 0 1 2 3

**4C** PLEURAL PLAQUE (DIAPHRAGM) **4D** PLEURAL PLAQUE (PERICARDIUM) **4E** COSTOPHRENIC ANGLE OBLITERATION  
 a. Plaque b. Calcification a. Plaque b. Calcification 0 R L Both R 0 1 2 3 L 0 1 2 3 R 0 1 2 3 L 0 1 2 3 0 R L Both

**SECTION 5**

OTHER ABNORMALITIES? (OBLIGATORY)  
 0 aa at ax bu ca cg cn co cp cv di ef em es fp fr hi ho id ih kl me pa pb pi px ra rp tb

NAVY B-READER NUMBER \_\_\_\_\_ DATE OF READING \_\_\_\_\_ Year Month Day

## SECTION 5 Other Abnormalities: Code Descriptions

0	None
aa	atherosclerotic aorta
at	significant apical pleural thickening
ax	coalescence of small pneumoconiotic opacities
bu	bullo(e)
ca	cancer of the lung or pleura
cg	calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes
cn	calcification in small pneumoconiotic opacities
co	abnormal cardiac size or shape
cp	cor pulmonale
cv	cavity
di	marked distortion of the intrathoracic organs
ef	effusion
em	definite emphysema
es	eggshell calcification of hilar or mediastinal lymph nodes
fp	subpleural fat
fr	fractured rib(s)
hi	enlargement of hilar or mediastinal lymph nodes
ho	honeycomb lung
id	ill defined diaphragm
ih	ill defined heart outline
kl	septal (Kerley) lines
me	mesothelioma
pa	plate atelectasis
pb	parenchymal bands - significant parenchymal fibrotic stands in continuity with the pleura
pi	pleural thickening in the interlobar fissure or mediastinum
px	pneumothorax
ra	rounded atelectasis
rp	rheumatoid pneumoconiosis
tb	tuberculosis