

Send Completed Form To: Zurich Insurance PO Box 968044 Schaumburg, IL 60196-8044 FAX: 973-394-5262

Physician's Roentgenographic Interpretation Report of Occupational Pneumoconiosis

| Claimant Name: | | | Claim Number: | |
|---|---|----------------------|--|---|
| Claimant's Social last four digits | Security Number- | Type of Reading: | □ P | Facility Identification: |
| | | · | not grade L give rea | ason: 1C. Is Film Completely Negative's Yes (Go to Section 5) No (Go to Section 2) |
| 2a. Any Parenchy | mal Abnormalities consis | tent with pneumocon | | mplete 2b and 2c) sceed to Section 3) |
| 2b. Small Opacitic a. Shape / Size Primary P S Q T R U | | R L | 1/0 1/1 1 2/1 2/2 2 | 2c. Large Opacities Size O A B C Proceed to Section 3a |
| 3a. Any Pleural A 3b. Pleural | bnormalities consistent w 3c. Pleural Thickening Chest Wall | rith pneumoconiosis? | Yes (Complete No Proceed to | |
| Thickening a. Diaphragm (plaque) Site: O R L b. Costophrenic Angle Site: O R L | a. Circumscribed (plaqu Site in Profile i. Width ii. Extent O A B O 1 2 Face On iii. Extent O 1 2 | O L O A B O 1 2 | Profile C i. Width 3 ii. Extent Face On | O R O L O A B C O A B C O 1 2 3 O 1 2 3 |
| 3d. Pleural Calciff Site a. Diaphragm b. Wall c. Other sites | O R Extent O 1 2 O 1 2 O 1 2 O 1 2 Ormalities? Yes - Col | 3 3 3 | Site C a. Diaphragm b. Wall c. Other sites | O 1 2 3 O 1 2 3 O 1 2 3 O 1 2 3 |

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| 4b. Other Symbols (obligatory) | | | | | | | |
|--|--|-----------------|---------|------------------|-------------------|---------|-------------|
| O AX BU CA CN CO | CP CW DI EF EM | M ES FR | HI HO I | ID IH | KL P | PI PX | RP TB |
| Report items which may be of pre- clinical significance in this section | | | | _ Date 1 | personal | physici | an notified |
| 4c. Other Comments: | | | | 1 | | | |
| Should the worker see a personal p | ohysician because of commo | ents in Section | | Yes ceed to S | ■ No Section 5 | a | |
| 5a. Film Reader's Initials: | Film Reader's Initials: Physician's Social | | | Date of Reading: | | | |
| Physician's Signature: | , | Date: | 1 | | | | |

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