

Exhibit 18

NAME

WORKER'S Social Security Number

TYPE OF READING

IDENTIFICATIC

--	--	--	--	--	--

A	E	P
---	---	---

--	--	--	--

1A. DATE OF X-RAY <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>						1B. FILM QUALITY <table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td></tr></table>		1	2	3	4	1C. IS FILM COMPLETELY NEGATIVE? YES <input type="checkbox"/> PROCESSED IN SECTION 2 NO <input type="checkbox"/> PROCESSED IN SECTION 2																						
1	2	3	4																															
2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES <input type="checkbox"/> COMPLETE 2B and 2C NO <input type="checkbox"/> PROCEED TO SECTION 3																																		
2B. SMALL OPACITIES a. SHAPE/SIZE PRIMARY SECONDARY <table border="1"><tr><td>P</td><td>S</td></tr><tr><td>Q</td><td>I</td></tr><tr><td>R</td><td>U</td></tr></table>			P	S	Q	I	R	U	b. ZONES <table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> R L								c. PROPORTION <table border="1"><tr><td>3/4</td><td>2/4</td><td>1/4</td></tr><tr><td>3/4</td><td>2/4</td><td>1/4</td></tr><tr><td>3/4</td><td>2/4</td><td>1/4</td></tr><tr><td>3/4</td><td>2/4</td><td>1/4</td></tr></table>	3/4	2/4	1/4	3/4	2/4	1/4	3/4	2/4	1/4	3/4	2/4	1/4	2C. LARGE OPACITIES SIZE <table border="1"><tr><td>0</td><td>A</td><td>B</td><td>C</td></tr></table> PROCEED SECTION 3	0	A	B	C
P	S																																	
Q	I																																	
R	U																																	
3/4	2/4	1/4																																
3/4	2/4	1/4																																
3/4	2/4	1/4																																
3/4	2/4	1/4																																
0	A	B	C																															
3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES <input type="checkbox"/> COMPLETE 3B, 3C and 3D NO <input type="checkbox"/> PROCEED SECTION 4																																		
3B. PLEURAL THICKENING a. DIAPHRAGM (plaque) SITE <table border="1"><tr><td>0</td><td>R</td><td>L</td></tr></table> b. COSTOPHRENIC ANGLE SITE <table border="1"><tr><td>0</td><td>R</td><td>L</td></tr></table>		0	R	L	0	R	L	3C. PLEURAL THICKENING... Chest Wall a. CIRCUMSCRIBED (plaque) SITE <table border="1"><tr><td>0</td><td>R</td></tr></table> IN PROFILE <table border="1"><tr><td>0</td><td>A</td><td>B</td><td>C</td></tr></table> L WIDTH <table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> R EXTENT <table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> FACE ON <table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> R EXTENT <table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table>				0	R	0	A	B	C	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	
0	R	L																																
0	R	L																																
0	R																																	
0	A	B	C																															
0	1	2	3																															
0	1	2	3																															
0	1	2	3																															
0	1	2	3																															
		b. DIFFUSE SITE <table border="1"><tr><td>0</td><td>R</td></tr></table> IN PROFILE <table border="1"><tr><td>0</td><td>A</td><td>B</td><td>C</td></tr></table> L WIDTH <table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> R EXTENT <table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> FACE ON <table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> R EXTENT <table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table>		0	R	0	A	B	C	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3									
0	R																																	
0	A	B	C																															
0	1	2	3																															
0	1	2	3																															
0	1	2	3																															
0	1	2	3																															
3D. PLEURAL CALCIFICATION a. DIAPHRAGM SITE <table border="1"><tr><td>0</td><td>R</td></tr></table> EXTENT <table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> b. WALL SITE <table border="1"><tr><td>0</td><td>L</td></tr></table> EXTENT <table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> c. OTHER SITES SITE <table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table> EXTENT <table border="1"><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></table>						0	R	0	1	2	3	0	L	0	1	2	3	0	1	2	3	0	1	2	3									
0	R																																	
0	1	2	3																															
0	L																																	
0	1	2	3																															
0	1	2	3																															
0	1	2	3																															
4A. ANY OTHER ABNORMALITIES? YES <input type="checkbox"/> COMPLETE 4B and 4C NO <input type="checkbox"/> PROCEED TO SECTION 5																																		
4B. OTHER SYMBOLS (OBLIGATORY) <table border="1"><tr><td>0</td><td>sa</td><td>bu</td><td>ca</td><td>cn</td><td>co</td><td>co</td><td>cy</td><td>di</td><td>ef</td><td>em</td><td>es</td><td>fr</td><td>hi</td><td>ho</td><td>id</td><td>ih</td><td>ix</td><td>pi</td><td>px</td><td>rp</td><td>tb</td></tr></table> Report items which may be of present clinical significance in this section <table border="1"><tr><td>00</td></tr></table> (SPECIFY od.) Date Personal Physician notified? <table border="1"><tr><td> </td><td> </td><td> </td></tr></table>						0	sa	bu	ca	cn	co	co	cy	di	ef	em	es	fr	hi	ho	id	ih	ix	pi	px	rp	tb	00						
0	sa	bu	ca	cn	co	co	cy	di	ef	em	es	fr	hi	ho	id	ih	ix	pi	px	rp	tb													
00																																		
4C. OTHER COMMENTS <input type="checkbox"/> No asbestosis <input type="checkbox"/> Consistent with asbestosis <input type="checkbox"/> Consistent with asbestos related disease SHOULD WORKER SEE PERSONAL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 4C. YES <input type="checkbox"/> NO <input type="checkbox"/> PROCEED TO SECTION 5																																		

5. FILM READER'S INITIALS

R	A	H
---	---	---

PHYSICIAN'S SOCIAL SECURITY NUMBER

DATE OF READING

NAME (LAST-FIRST-MIDDLE)

--	--	--

Complete if social security number is not

Ray A. Harrison, MD P O Box 400 Ray A. Harrison MD
STREET ADDRESS