

# Exhibit 7

# ILO 1980 Form

## PATIENT IDENTIFICATION

WORKER'S Social Security Number

NAME

1A. DATE OF X-RAY

YEAR	MONTH	DAY

1B. FILM QUALITY

1	2	3	U/R
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1C. IS FILM COMPLETELY NEGATIVE?

YES  Proceed to Section 5 NO  Proceed to Section 2

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCOCCUS?

COMPLETE 2B AND 2C YES  NO  PROCEED TO SECTION 3

2B. SMALL OPACITIES

a. SHAPESIZE

P	q	r	u

b. ZONES

0/1	0/1	0/1
1/0	1/1	1/2
2/1	2/2	2/3
3/2	3/3	3/4

c. PROVISION

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SIZE

O	A	B	C
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PROCEED TO SECTION 3

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCOCCUS?

COMPLETE 3B, 3C AND 3D YES  NO  PROCEED TO SECTION 4

3B. PLEURAL THICKENING

a. CIRCUMSCRIBED (shaped)

SITE	O	R	L
IN PROFILE			
L WIDTH			
L EXTENT			
FACE ON			
R EXTENT			

b. DIFFUSE

SITE	O	R	L
IN PROFILE			
L WIDTH			
L EXTENT			
FACE ON			
R EXTENT			

3C. PLEURAL THICKENING - Chest Wall

COMPLETE 3B, 3C AND 3D YES  NO  PROCEED TO SECTION 4

3D. PLEURAL CALCIFICATION

SITE	O	R	L
EXTENT			
a. CAPSULAR			
b. WALL			
c. OTHER SITE			

PROCEED TO SECTION 4

4A. ANY OTHER ABNORMALITIES?

COMPLETE 4B AND 4C YES  NO  PROCEED TO SECTION 5

4B. OTHER SYMBOLS (OBLIGATORY)

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
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Other Personnel Physician Notified?

YES  NO  Section 5

4C. OTHER COMMENTS

SHOULD WORKER SEE PERSONAL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 4C?

YES  NO  PROCEED TO SECTION 5

Print name which may be of assistance in the identification of the worker.

OD (SPECIFY) \_\_\_\_\_