

Exhibit 23

WORKER'S Social Security Number

TYPE OF READING

FACILITY IDENTIFICATION

Christie Clarence A. Jr.

A **B** **P**

1A. DATE OF X-RAY **25/11/94** 1B. FILM QUALITY **A 2 3 1/4** 1C. IS FILM COMPLETELY NEGATIVE? YES NO

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES COMPLETE 2B and 2C NO PROCEED TO SECTION 3

2B. SMALL OPACITIES

a. SHAPE/SIZE PRIMARY SECONDARY

P	R	P	S
q	t	q	A
r	u	r	u

b. ZONES

X	A
X	X
R	X

c. PROFUSION

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

2C. LARGE OPACITIES

SIZE A B C

PROCEED TO SECTION 3

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES COMPLETE 3B, 3C and 3D NO PROCEED TO SECTION 4

3B. PLEURAL THICKENING

a. DIAHRAGM (plaque)

OR	OL
0	1
1	2
2	3

b. COSTOPHRENIC ANGLE

OR	OL
0	1
1	2
2	3

3C. PLEURAL THICKENING... Chest Wall

a. CIRCUMSCRIBED (plaque)

OR	OL
0	1
1	2
2	3

b. DIFFUSE

OR	OL
0	1
1	2
2	3

3D. PLEURAL CALCIFICATION

OR	EXTENT
0	1
1	2
2	3

a. DIAHRAGM

OR	EXTENT
0	1
1	2
2	3

b. WALL

OR	EXTENT
0	1
1	2
2	3

c. OTHER SITES

OR	EXTENT
0	1
1	2
2	3

PROCEED TO SECTION 4

4A. ANY OTHER ABNORMALITIES? YES COMPLETE 4B and 4C NO PROCEED TO SECTION 5

4B. OTHER SYMBOLS (OBLIGATORY)

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

Report items which may be of present clinical significance in this section. **OD** (SPECIFY od)

Date of - usual Physician notified

MONTH	DAY	YR

4C. OTHER COMMENTS

SHOULD WORKER SEE PERSONAL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 4C? YES NO PROCEED TO SECTION 5

5. FILM READER'S INITIALS **RAH** PHYSICIAN'S SOCIAL SECURITY NUMBER: _____ DATE OF READING **11/20/94**

NAME (LAST-FIRST-MIDDLE) **Ray A. Harron, M.D.**

STREET ADDRESS **P.O. Box 400, Bridgeport, WV** STATE **WV** ZIP CODE **26330**

Complete if social security number is not furnished:

*Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

CDC/NIOSH (M) 21 REV. 4/90

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Kimble, Clarence A. Jr.

WORKER'S Social Security Number, _____

TYPE OF READING IDENTIFICATION

A X P

1A. DATE OF X-RAY

02/09/02

1B. FILM QUALITY If Not Grade 1

A 2 3 U/R

Give Reason:

1C. IS FILM COMPLETELY NEGATIVE?

YES Proceed to Section 5 NO Proceed to Section 5

2A. ANY PARENCHYMAL ABNORMALITIES

CONSISTENT WITH PNEUMOCONIOSIS? YES

COMPLETE 2B and 2C

NO

PROCEED TO SECTION 1

2B. SMALL OPACITIES

a. SHAPE/SIZE

PRIMARY SECONDARY grid with X marks

b. ZONES

Zones grid with handwritten numbers

R L

c. PROFUSION

Profusion grid with handwritten numbers

2C. LARGE OPACITIES

SIZE grid with X mark

PROCEED TO SECTION 3

3A. ANY PLEURAL ABNORMALITIES

CONSISTENT WITH PNEUMOCONIOSIS? YES

COMPLETE 3B, 3C and 3D

NO PROCEED TO SECTION 4

3B. PLEURAL THICKENING

a. CIRCUMSCRIBED (plaque)

3C. PLEURAL THICKENING...Chest Wall

b. DIFFUSE

a. DIAPHRAGM (plaque) SITE IN PROFILE

OR grid

i. WIDTH

OABC grid

ii. EXTENT

0123 grid

iii. EXTENT

0123 grid

b. DIFFUSE SITE IN PROFILE

OR grid

i. WIDTH

OABC grid

ii. EXTENT

0123 grid

FACE ON

0123 grid

iii. EXTENT

0123 grid

3D. PLEURAL CALCIFICATION

a. DIAPHRAGM... SITE EXTENT

OR grid with 0123 extent

b. WALL... c. OTHER SITES...

a. DIAPHRAGM... b. WALL... c. OTHER SITES...

b. DIFFUSE SITE EXTENT

OL grid with 0123 extent

PROCEED TO SECTION 4

4A. ANY OTHER ABNORMALITIES? YES

COMPLETE 4B and 4C

NO

PROCEED TO SECTION 5

4B. OTHER SYMBOLS (OBLIGATORY)

Grid of symbols: O, ax, bu, ca, co, od, ep, cv, di, et, em, es, fr, hi, ho, id, ih, kl, pr, px, rp, tb

Report items which may be of present clinical significance in this section

OD (Specify od.)

DATE CLADANT NOTIFIED VERBALLY

Empty date grid

4C. OTHER COMMENTS

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

YES NO

PROCEED TO SECTION 5

5. FILM READER'S INITIALS

R A R

PHYSICIAN'S SOCIAL SECURITY NUMBER

2 1 7 0 2

Complete if social security number is not furnished:

Ray A. Harron M.D. 901 West Main Street, Bridgeport, WV 26330