

# Exhibit 24

A X P

1 1 1

Rodgers Case

1A. DATE OF X RAY: 02/26/81  
 1B. FILM QUALITY: 1 2 X U/R  
 1C. IS FILM COMPLETELY NEGATIVE? YES  NO

2. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES  COMPLETE 2B and 2C  PROCEED TO SECTION 3

2B. SMALL OPACITIES  
 a. SHAPE/SIZE: PRIMARY SECONDARY  
 b. ZONES: R L  
 c. PROFUSION: 0% 1% 2% 3% 4%  
 2C. LARGE OPACITIES: SIZE: A B C  
 PROCEED TO SECTION 3

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

3B. PLEURAL THICKENING  
 a. DIAPHRAGM (plaque) SITE: O R L  
 b. COSTOPHRENIC ANGLE SITE: O R L  
 3C. PLEURAL THICKENING... Chest Wall  
 a. CIRCUMSCRIBED (plaque) SITE: O R IN PROFILE: O A B C I. WIDTH: O 1 2 3 II. EXTENT: O 1 2 3 FACE ON: O 1 2 3  
 b. DIFFUSE SITE: O R IN PROFILE: O A B C I. WIDTH: O 1 2 3 II. EXTENT: O 1 2 3 FACE ON: O 1 2 3

3D. PLEURAL CALCIFICATION  
 a. DIAPHRAGM SITE: O R EXTENT: O 1 2 3  
 b. WALL SITE: O L EXTENT: O 1 2 3  
 c. OTHER SITES SITE: O R EXTENT: O 1 2 3  
 PROCEED TO SECTION 4

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

4B. OTHER SYMBOLS (OBLIGATORY)  
 O | 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: (SPECIFY cod.) 3D L HZ Surgery - metastatic  
 Date Personal Physician notified? MONTH DAY YR

4C. OTHER COMMENTS  
 No asbestosis  
 Consistent with asbestosis  
 Consistent with asbestos related disease  
 SHOULD WORKER SEE PERSONAL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 4C. YES  NO  PROCEED TO SECTION 5

5. FILM READER'S INITIALS: R A H  
 PHYSICIAN'S SOCIAL SECURITY NUMBER: [Redacted]  
 NAME (LAST-FIRST-MIDDLE): Ray A. Harron, MD  
 STREET ADDRESS: 901 West Main Street  
 CITY: Bridgeport STATE: WV ZIP CODE: 26330  
 DATE OF READING: 10/24/81

Complete if social security number is furnished

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

Rodgers, Cora Lee  
 WORKER'S Social Security Number.

TYPE OF READING IDENTIFICATION  
 A M P

1A. DATE OF X-RAY 2-7-02

1B. FILM QUALITY If Not Grade 1 Give Reason:  
 2  3  U/R

1C. IS FILM COMPLETELY NEGATIVE?  
 YES  Proceed to Section 5  
 NO  Proceed to Section 2

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	
<input checked="" type="checkbox"/> s	<input type="checkbox"/> t	<input checked="" type="checkbox"/> s	<input type="checkbox"/> t
<input type="checkbox"/> q	<input type="checkbox"/> u	<input type="checkbox"/> q	<input type="checkbox"/> u
<input type="checkbox"/> x	<input type="checkbox"/> u	<input type="checkbox"/> x	<input type="checkbox"/> u

b. ZONES

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

R L

c. PROFUSION

0/0	0/0	0/1
<input checked="" type="checkbox"/>	1/1	1/2
2/1	2/2	2/3
3/2	3/3	3/4

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. DIAPHRAGM (plaque) SITE IN PROFILE

OR	OL
0 1 2 3	0 1 2 3
0 1 2 3	0 1 2 3
0 1 2 3	0 1 2 3

b. COSTOPHRENIC ANGLE SITE

0 1 2 3
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3C. PLEURAL THICKENING...Chest Wall

b. DIFFUSE SITE IN PROFILE

OR	OL
0 1 2 3	0 1 2 3
0 1 2 3	0 1 2 3
0 1 2 3	0 1 2 3

3D. PLEURAL CALCIFICATION

a. DIAPHRAGM. SITE OR EXTENT

OR	0 1 2 3
	0 1 2 3
	0 1 2 3

b. WALL. SITE OL EXTENT

OL	0 1 2 3
	0 1 2 3
	0 1 2 3

c. OTHER SITES. SITE OL EXTENT

OL	0 1 2 3
	0 1 2 3
	0 1 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 ca  cp cv dl ef em ea ex hi ho id ih kl pl pr rp tb

Report items which may be of present clinical significance in this section  OD (Specify od.) Surgeon dipr LU 2, 4, heart surgery

DATE OF NOTIFICATION 2 9 02

4C. OTHER COMMENTS calcification chest arteries; enlarged heart

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 2 9 02

Complete if social security number is not furnished:

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