

ATTACHMENT 9

Consent, Release and History Form No. CDC/NIOSH (M) 2.6

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health
National Coal Workers= Autopsy Study

Consent, Release and History Form
Federal Coal Mine Health and Safety Act of 1969

I, _____, _____ of
Name

Relationship

_____, do hereby authorize the performance of an
Name of deceased miner

autopsy (_____) on said deceased. I understand that the report
Limitation, if any, on autopsy

and certain tissues as necessary will be released to the United States Public Health Service and
to _____. I understand that any claims in regard

Name of physician securing autopsy

to the deceased for which I may sign a general release of medical information will result in the release of the information from the
Public Health Service. I further understand that I shall not make any payment for the autopsy.

OCCUPATIONAL AND MEDICAL HISTORY

1. Date of Birth of Deceased

Month Day Year

2. Social Security Number of Deceased

3. Date and Place of Death

Month, Day, Year City, County, State

4. Place of Last Mining Employment:

Name of Mine

Name of Mining Company

Mine Address

5. Date of Last Work or Retirement

6. Last Job Title at Mine of Last Employment

(specify surface or underground)

e.g., Continuous Miner Operator, Motorman, Foreman, etc.

7. Job Title of Principal Mining Occupation (that job to which miner devoted the most number of years): (specify surface or
underground)

e.g., same as above

8. Smoking History of Miner:

(a) Did he ever smoke cigarettes?

Yes ☐ No ☐

(b) If yes, for how many years?

Years

(c) If yes, how many cigarettes per day

did he smoke on the average?

Number of cigarettes per day

(d) Did he smoke cigarettes up until the

time of his death?

Yes ☐ No ☐

(e) If no to (d), for how long before he died had he not been smoking cigarettes?

9. Total Years in Surface Employment in Coal Mining, by State (if known)

(Years) (State)

10. Total Years in Underground Coal Mining Employment, by State (if known)

(Years) (State)

Signature

Street

City State Zip

Telephone

Interviewer:

Date

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(Formerly OSH-1 [2-71])

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