

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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CDC/NIOSH 2.6 (11-74)  
(Formerly OSH-1 [2-71])

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