DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH INTERPRETING PHYSICIAN CERTIFICATION DOCUMENT							FOR NI	OSH USE	ONLY		
RETURN Coal Workers' Health Surveillance Program						MEDICAL LICENSE NUMBER					
TO PO BOX 458 MORGANTOWN, WEST VIRGINIA 26504						STATE LICENSED IN					
NAME (LAST-FIRST-MIDDLE)							SOCIAL SECURITY NUMBER DATE OF BIRTH				
HOSPITAL OR DEPARTMENT STREET A							DDRESS				
СІТҮ				ΓE	ZIP CODE						
						terpreted for Ses per month Chest films interpreted for other occupational respiratory disease per month					
SPECIALTY:	Prim	hary		Board (	Certified?	Pri	mary	Yes	;	No	
Secondary						See	ondary Yes No				
I am applying to be a first or "A" reader, and    I choose to submit six ILO-U/C classified films for review    I have taken instruction in the ILO-U/C classification system    I attended the approved course at:											
I have taken the "B" Reader Recertification exam at:								on	date		
Do you anticipate that you will use this certification to interpret radiographs for occupational lung disease for:  Individual patient care  Government programs    Industry programs  Other    Medical-legal activities    Would you be interested in participating as a B Reader for the National Coal Workers' Xray Surveillance Program?    Yes  No    I agree that my participation in the X-Ray Surveillance Program for Underground Coal Miners will be conducted in the manner specified by Part 37, Title 42 of the Code of Federal Regulations, and understand that all information related X-Ray Interpretations made in connection with this Program will be held STRICTLY CONFIDENTIAL and divulged only as specified by the above Regulation.    DATE  PHYSICIAN SIGNATURE    *Social Security Number is furnished solely for purpose of identification and reimbursement. It will be treated as confidential information and released only with permission of the provider.    FOR ALOSH USE ONLY  CERT DATE    CERT DATE  DATE OF EXAM											
			В	R	_	A	B	C D			

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Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0020). Do not send the completed form to this address.