

Attachment 5

Miner Identification Document - CDC/NIOSH (M) 2.9

2 page form (printed front and back)

Retrieve Data

Reset Form

OMB No.: 0920-0020

<p align="center">MINER IDENTIFICATION DOCUMENT DEPARTMENT OF HEALTH AND HUMAN SERVICES UNITED STATES PUBLIC HEALTH SERVICE CENTERS FOR DISEASE CONTROL AND PREVENTION NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH COAL WORKERS' HEALTH SURVEILLANCE PROGRAM (CWHSP)</p>	<p>FOR NIOSH USE ONLY Analog <input type="checkbox"/> Digital <input type="checkbox"/> Spirometry <input type="checkbox"/></p>
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<p>DIRECTIONS FOR X-RAY FACILITY: PLEASE MAKE SURE THAT ALL ITEMS ARE COMPLETED. THEN RETURN FORM AND X-RAY TO: NIOSH COAL WORKERS' HEALTH SURVEILLANCE PROGRAM PO BOX 4258 MORGANTOWN, WV 26504-4258</p>	<p>X-RAY FACILITY: NAME <input type="text"/></p> <p>CERTIFICATION NO. <input type="text"/></p> <p>TYPE OF X-RAY <input type="checkbox"/> NIOSH CWHSP <input type="checkbox"/> OTHER <small>Please Specify</small></p> <p>DATE OF X-RAY (MM/DD/YYYY) <input type="text"/> / <input type="text"/> / <input type="text"/></p>
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<p>DIRECTIONS FOR THE MINER PLEASE COMPLETE AND MAKE ANY CORRECTIONS TO THE INFORMATION BELOW. (PLEASE PRINT)</p>	<p>MINER'S SOCIAL SECURITY NUMBER <input type="text"/> - <input type="text"/> - <input type="text"/></p>	<p>SEX <input type="checkbox"/> M <input type="checkbox"/> F</p>
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MINER'S NAME (LAST) <input type="text"/>	(FIRST) <input type="text"/>	(MI) <input type="text"/>	BIRTH DATE (MM/DD/YYYY) <input type="text"/> / <input type="text"/> / <input type="text"/>
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MINER'S MAILING ADDRESS <input type="text"/>	CITY <input type="text"/>	STATE <input type="text"/>	ZIP <input type="text"/>
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<p>MINER'S TELEPHONE NUMBER (<input type="text"/>) <input type="text"/> - <input type="text"/></p>	<p>RACE (check all that apply)</p> <p><input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White</p>	<p>ETHNICITY</p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p>
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<p>MINE NAME <input type="text"/></p> <p>Is your employer a <input type="checkbox"/> Mine Operator <input type="checkbox"/> Contractor</p> <p>EMPLOYER'S NAME <input type="text"/></p>	<p>MSHA Mine ID Number <input type="text"/></p> <p>If contractor, enter MSHA Contractor Number <input type="text"/></p>
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STREET <input type="text"/>	CITY <input type="text"/>	STATE <input type="text"/>	ZIP <input type="text"/>
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When Did You <u>First Start Work</u> in the Coal Mine Industry?	Started Underground	<input type="text"/> / <input type="text"/> <small>Month Year</small>	Started Surface	<input type="text"/> / <input type="text"/> <small>Month Year</small>
How Many Total Years You Have Worked in the <u>Coal Mine Industry</u>?	Underground	<input type="text"/> <small>Years</small>	Surface	<input type="text"/> <small>Years</small>
How Many Total Years You Have Worked <u>Underground at the Face</u>?		<input type="text"/> <small>Years</small>	How Many Total Years You Have Worked <u>at Your Current Coal Mine</u>?	<input type="text"/> <small>Years</small>
Do you wear a respirator (including dust masks) at work (exclude self-rescuers)? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If Yes, what type? (Mark all that apply)				
<input type="checkbox"/> Dust mask (disposable)	<input type="checkbox"/> Half - face mask (other than disposable)	<input type="checkbox"/> Full - face	<input type="checkbox"/> Hood / Helmet	

I wish to participate in the Coal Workers' Health Surveillance Program conducted under Section 203 of the Federal Mine Safety and Health Act of 1977 (30 U.S.C 843). I understand that a report of my X-ray will be mailed to me and my health information will be confidential unless otherwise compelled by law.

Signature <input type="text"/>	Date Signed (MM / DD / YYYY) <input type="text"/> / <input type="text"/> / <input type="text"/>
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Coal Mining Job History

COAL MINER JOB	MINE NAME/COMPANY	YEARS		UNDERGROUND			SURFACE COAL MINE
		Start year:	End year:	Face	Nonface	Surface	
Please List in Order Any Coal Mine Job You Have Held and Mine Name. (If information is provided please correct and/or update.)							
Example: Continuous Miner Operator	Mine Name/Company	1985	1990	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have You Ever Worked in Any Mine Other than Coal? No Yes If Yes, please record number of years worked:

metal mines (For example, lead, copper, gold, silver)	Surface <input type="text"/> <input type="text"/> years worked	nonmetal mines (For example, salt, phosphate, limestone)	Surface <input type="text"/> <input type="text"/> years worked
	Underground <input type="text"/> <input type="text"/> years worked		Underground <input type="text"/> <input type="text"/> years worked

Have You Ever Worked for More than 1 Year in Any Other Dusty Job? No Yes If Yes, please record number of years:

Work with asbestos, vermiculite, or talc <input type="text"/> <input type="text"/> years	In foundry, pottery, or abrasive manufacturing <input type="text"/> <input type="text"/> years
Tunneling, drilling, quarrying, sand blasting <input type="text"/> <input type="text"/> years	Welding, cutting, or grinding metals <input type="text"/> <input type="text"/> years
Road construction, jack hammer, masonry saw <input type="text"/> <input type="text"/> years	Other dusty job (please specify) <input type="text"/> <input type="text"/> years
<input type="text"/>	

Public reporting burden of this collection of information is estimated to average 20 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 the burden to CDC, Project Clearance Officer, 1600 Clinton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (0920-0020). Do not send the completed form to this address.