

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 style="width: 100%;" type="text"/></p> <p>CERTIFICATION NO. <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" 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 style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" 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 style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/></p>	<p>SEX <input type="checkbox"/> M <input type="checkbox"/> F</p>
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MINER'S NAME (LAST) <input style="width: 100%;" type="text"/>	(FIRST) <input style="width: 100%;" type="text"/>	(MI) <input style="width: 20px;" type="text"/>	BIRTH DATE (MM/DD/YYYY) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
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MINER'S MAILING ADDRESS <input style="width: 100%;" type="text"/>	CITY <input style="width: 100%;" type="text"/>	STATE <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	ZIP <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
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<p>MINER'S TELEPHONE NUMBER (<input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/>) <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" 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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MINE NAME

Is your employer a Mine Operator Contractor

<p>EMPLOYER'S NAME <input style="width: 100%;" type="text"/></p>	<p>MSHA Mine ID Number <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/></p> <p>If contractor, enter MSHA Contractor Number <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/></p>
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STREET <input style="width: 100%;" type="text"/>	CITY <input style="width: 100%;" type="text"/>	STATE <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	ZIP <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
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<p>When Did You <u>First Start Work</u> in the Coal Mine Industry?</p>	<p>Started Underground</p>	<p><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> <small>Month Year</small></p>	<p>Started Surface</p>	<p><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> <small>Month Year</small></p>
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<p>How Many Total Years You Have Worked in the <u>Coal Mine Industry</u>?</p>	<p>Underground</p>	<p><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> <small>Years</small></p>	<p>Surface</p>	<p><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> <small>Years</small></p>
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<p>How Many Total Years You Have Worked <u>Underground at the Face</u>? <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> <small>Years</small></p>	<p>How Many Total Years You Have Worked <u>at Your Current Coal Mine</u>? <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> <small>Years</small></p>
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Do you wear a respirator (including dust masks) at work (exclude self-rescuers)? No Yes

If Yes, what type? (Mark all that apply)

Dust mask (disposable) Half - face mask (other than disposable) Full - face 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.

<p>Signature <input style="width: 100%;" type="text"/></p>	<p>Date Signed (MM / DD / YYYY) <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/></p>
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 REV. 7/07

--> Please Complete Form on Reverse Side <--

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Coal Mining Job History

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

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 style="width: 100%; height: 20px;" 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.