

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
autopsy, (_____) on said deceased. I understand that the report
Name of deceased miner
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 ~~outlets~~ 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
day 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

Date

Interviewer: _____

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

Public reporting burden of this collection of information is estimated to average 15 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/ATSDR, Reports Clearance Officer, 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: Paperwork Reduction Project (0920-0021)

