Attachment 15- Spirometry Notification Form

Form Approved

OMB No. 0920-0020

Expires xx/xx/20xx

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| **SPIROMETRY NOTIFICATION FORM**DEPARTMENT OF HEALTH AND HUMAN SERVICES UNITED STATES PUBLIC HEALTH SERVICECENTERS FOR DISEASE CONTROL AND PREVENTIONNATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTHCOAL WORKERS' HEALTH SURVEILLANCE PROGRAM1095 WILLOWDALE ROAD; M/S LB208MORGANTOWN, WV 26505FAX: 304-285-6058 | **SPIROMETRY FACILITY NAME****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **FACILITY CERTIFICATION NUMBER****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **MINER’S NAME (LAST, FIRST, MIDDLE INITIAL)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **MEDICAL RECORD NUMBER****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **MINER’S MAILING ADDRESS** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **CITY**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **STATE**\_\_\_\_\_\_\_\_ | **ZIP CODE**\_\_\_\_\_\_\_\_\_\_\_\_\_ | **PHONE NUMBER**(\_\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_ | **DATE OF BIRTH (MM/DD/YYYY)****\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_** |
| **SPIROMETRY TEST DATE (MM/DD/YYYY)** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ | **MINER’S HEIGHT**\_\_\_\_\_\_\_\_\_\_\_ cm or inches (circle) |
| **MSHA MINE OR CONTRACTOR ID NUMBER****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **MINER’S WEIGHT**\_\_\_\_\_\_\_\_\_\_\_ kg or pounds (circle) |

Please check whether component was completed:

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Component Completed** |
| □ | □ | Respiratory Assessment Form |
| □ | □ | Spirometry Pre-Test Checklist |
| □ | □ | Height and Weight Measured (in stocking feet) |
| □ | □ | Spirometry Test |

Please indicate when data was transmitted to NIOSH (MM/DD/YYYY):

|  |  |  |  |
| --- | --- | --- | --- |
| **FAX** | **Mail** | **Electronic** | **Component Transmitted** |
| \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ | Spirometry Notification Form |
| \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ | Respiratory Assessment Form |
|  |  | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ | Spirometry Results |

Public reporting burden of this collection of information is estimated to average 10 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0020).

CDC/NIOSH 2.?16 Rev 06/2014