

Attachment 15- Spirometry Notification Form

SPIROMETRY NOTIFICATION FORM 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 1095 WILLOWDALE ROAD; M/S LB208 MORGANTOWN, WV 26505 FAX: 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
<input type="checkbox"/>	<input type="checkbox"/>	Respiratory Assessment Form
<input type="checkbox"/>	<input type="checkbox"/>	Spirometry Pre-Test Checklist
<input type="checkbox"/>	<input type="checkbox"/>	Height and Weight Measured (in stocking feet)
<input type="checkbox"/>	<input type="checkbox"/>	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).