

<b>MINER IDENTIFICATION DOCUMENT</b> DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH COAL WORKERS' HEALTH SURVEILLANCE PROGRAM (CWHSP)	<b>FOR NIOSH USE ONLY</b>  NIOSH Receipt Date:	
<b><u>DIRECTIONS FOR HEALTH FACILITY:</u></b>  Please make sure that all items are completed. Then return form and results to:	NIOSH <span style="float: right;">FAX: 304-285-6058</span> Coal Workers' Health Surveillance Program 1095 Willowdale Road, M/S LB208 Morgantown, WV 26505	
<b>Facility Name</b> <input style="width: 100%;" type="text"/>	<b>Radiograph Facility Number</b> <input style="width: 100%; height: 20px;" type="text"/>	<b>Unit Number</b> <input style="width: 100%; height: 20px;" type="text"/>
<b>Exam Type(s)</b> <input type="checkbox"/> Analog Radiograph <input type="checkbox"/> Digital Radiograph <input type="checkbox"/> Spirometry	<b>Health Program</b> <input type="checkbox"/> NIOSH CWHSP <input type="checkbox"/> Other (please specify) <input style="width: 100%;" type="text"/>	<b>Spirometry Facility Number</b> <input style="width: 100%; height: 20px;" type="text"/>
		<b>Unit Number</b> <input style="width: 100%; height: 20px;" type="text"/>
		<b>Exam Date (MM/DD/YYYY)</b> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>
<b><u>DIRECTIONS FOR THE MINERS</u></b>  PLEASE COMPLETE AND MAKE ANY CORRECTIONS TO THE INFORMATION BELOW (PLEASE PRINT)	<b>Miner's Social Security Number</b> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/>	<b>Sex</b> <input type="checkbox"/> M <input type="checkbox"/> F
Full SSN is optional; last 4 digits is required.		
<b>Miner's Name (Last)</b> <input style="width: 100%;" type="text"/>	<b>(First)</b> <input style="width: 100%;" type="text"/>	<b>(MI)</b> <input style="width: 100%;" type="text"/>
		<b>Birth Date (MM/DD/YYYY)</b> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>
<b>Miner's Mailing Address</b> <input style="width: 100%;" type="text"/>	<b>City</b> <input style="width: 100%;" type="text"/>	<b>State</b> <input style="width: 100%;" type="text"/>
		<b>Zip</b> <input style="width: 100%;" type="text"/>
<b>Miner's Telephone Number</b> ( <input style="width: 20px; height: 20px;" type="text"/> ) <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/>	<b>Miner's Email Address</b> <input style="width: 100%;" type="text"/>	
<b>Race (Check all that apply)</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American		<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<b>Mine Name</b> <input style="width: 100%;" type="text"/>	<b>MSHA Mine ID Number</b> <input style="width: 100%; height: 20px;" type="text"/>	<b>MSHA Contractor Number</b> <input style="width: 100%; height: 20px;" type="text"/>
Is your employer a <input type="checkbox"/> Mine Operator <input type="checkbox"/> Contractor		If contractor, enter MSHA Contractor Number
<b>Employers' Name</b> <input style="width: 100%;" type="text"/>	<b>City</b> <input style="width: 100%;" type="text"/>	<b>State</b> <input style="width: 100%;" type="text"/>
<b>When did you FIRST START WORK in the Coal Mine Industry?</b>	Started Underground <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	Started Surface <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>
		Month    Year    Month    Year
<b>How many TOTAL YEARS have you worked in the Coal Mine Industry?</b>	Underground <input style="width: 20px; height: 20px;" type="text"/> Years	Surface <input style="width: 20px; height: 20px;" type="text"/> Years
<b>How many TOTAL YEARS have you worked Underground at the Face?</b>	<input style="width: 20px; height: 20px;" type="text"/> Years	<b>How many TOTAL YEARS have you worked at Your Current Mine?</b>
		<input style="width: 20px; height: 20px;" type="text"/> Years
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		

Miner's Name (Last, First MI)

### Coal Mining Job History

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

<b>Metal mines</b> (For example, lead, copper, gold, silver)	Surface	<input type="text"/> <input type="text"/>	years worked	<b>Nonmetal mines</b> (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

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.843). I understand that reports of my examination will be mailed to me. I also understand that my results may be used to assess health and risks related to coal mining. My individual health information will be treated in a secure manner and information that can be connected to me as an individual will not be disclosed, unless otherwise compelled by law.

Signature  Date Signed (MM / DD / YYYY)  /  /

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. CDC/NIOSH 2.9 (E), Revised 02/2019