

Attachment 19 –  
Consent, Release and History Form – Form 2.6

Form Approved  
OMB No. 0920-0020  
Exp. Date xx/xx/20xx

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention  
National Institute for Occupational Safety and Health  
**Consent, Release and History Form for Autopsy**  
Federal Coal Mine Health and Safety Act of 1969

I, \_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_ do hereby  
*Name* *Name of deceased miner* *Relationship*

authorize the performance of an autopsy ( \_\_\_\_\_ ) on said deceased. I understand that the report and certain  
*Limitation, if any, on autopsy*

tissue (as necessary) will be released to the United States Public Health Service and to \_\_\_\_\_.  
*Name of physician securing autopsy*

I understand that any claims in regard 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 \_\_\_\_\_  
Note: Full SSN is optional; last 4 digits is required

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 (the job to which miner devoted the most number of years)  
(specify surface or underground) \_\_\_\_\_

8. Smoking History of Miner:  
(a) Did the miner ever smoke cigarettes? Yes \_\_\_\_\_ No \_\_\_\_\_  
(b) If yes, for how many years? \_\_\_\_\_ Years  
(c) If yes, how many cigarettes per day did the miner smoke on average? \_\_\_\_\_ Number of cigarettes per day  
(d) Did the miner smoke cigarettes up until the time of death? Yes \_\_\_\_\_ No \_\_\_\_\_  
(e) If no to (d), for how long before death had the miner stopped smoking cigarettes? \_\_\_\_\_

9. Total Years in Surface Coal Mining, by State (if known) \_\_\_\_\_  
*(Years) (State)*

10. Total Years in Underground Coal Mining, by State (if known)

\_\_\_\_\_  
(Years)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date

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