

MINER IDENTIFICATION DOCUMENT 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)	FOR NIOSH USE ONLY NIOSH Receipt Date:
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DIRECTIONS FOR HEALTH FACILITY: PLEASE MAKE SURE THAT ALL ITEMS ARE COMPLETED. THEN RETURN FORM AND RESULTS TO:	NIOSH Coal Workers' Health Surveillance Program 1095 Willowdale Road, M/S LB208 Morgantown, WV 26505 FAX: 304-285-6058
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Facility Name <input style="width:95%; height: 20px;" type="text"/>		Facility Number <input style="width:100%; height: 20px;" type="text"/>	Unit Number <input style="width:100%; height: 20px;" type="text"/>
Exam Type(s) <input type="checkbox"/> Analog Radiograph <input type="checkbox"/> Digital Radiograph <input type="checkbox"/> Spirometry	Radiograph Program <input type="checkbox"/> NIOSH CWHSP <input type="checkbox"/> Other (please specify) <input style="width:95%; height: 20px;" type="text"/>	Exam Date (MM/DD/YYYY) <input style="width:15%; height: 20px;" type="text"/> / <input style="width:15%; height: 20px;" type="text"/> / <input style="width:20%; height: 20px;" type="text"/>	

DIRECTIONS FOR THE MINERS PLEASE COMPLETE AND MAKE ANY CORRECTIONS TO THE INFORMATION BELOW (PLEASE PRINT)	Miner's Social Security Number <input style="width:100%; height: 20px;" type="text"/> Full SSN is optional; last 4 digits is required.	Sex <input type="checkbox"/> M <input type="checkbox"/> F
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Miner's Name (Last) <input style="width:95%; height: 20px;" type="text"/>	(First) <input style="width:95%; height: 20px;" type="text"/>	(MI) <input style="width:95%; height: 20px;" type="text"/>	Birth Date (MM/DD/YYYY) <input style="width:15%; height: 20px;" type="text"/> / <input style="width:15%; height: 20px;" type="text"/> / <input style="width:20%; height: 20px;" type="text"/>
Miner's Mailing Address <input style="width:95%; height: 20px;" type="text"/>		City <input style="width:95%; height: 20px;" type="text"/>	State <input style="width:15%; height: 20px;" type="text"/>
Miner's Telephone Number (<input style="width:15%; height: 20px;" type="text"/>) <input style="width:15%; height: 20px;" type="text"/> - <input style="width:20%; height: 20px;" type="text"/>		Miner's Email Address <input style="width:95%; height: 20px;" type="text"/>	

Race (Check all that apply) <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	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
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Mine Name <input style="width:95%; height: 20px;" type="text"/>	MSHA Mine ID Number <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 <input style="width:100%; height: 20px;" type="text"/>
Employers' Name <input style="width:95%; height: 20px;" type="text"/>	City <input style="width:95%; height: 20px;" type="text"/>
State <input style="width:15%; height: 20px;" type="text"/>	

When did you FIRST START WORK in the Coal Mine Industry?	Started Underground	<input style="width:15%; height: 20px;" type="text"/> / <input style="width:15%; height: 20px;" type="text"/>	Started Surface	<input style="width:15%; height: 20px;" type="text"/> / <input style="width:15%; height: 20px;" type="text"/>	Month Year Month Year
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How many TOTAL YEARS have you worked in the Coal Mine Industry?	Underground <input style="width:15%; height: 20px;" type="text"/> Years	Surface <input style="width:15%; height: 20px;" type="text"/> Years
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How many TOTAL YEARS have you worked Underground at the Face? <input style="width:15%; height: 20px;" type="text"/> Years	How many TOTAL YEARS have you worked at Your Current Mine? <input style="width:15%; height: 20px;" type="text"/> Years
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Do you wear a respirator (including dust masks) at work (exclude self-rescuers)? If Yes, what type (Mark all that apply)	<input type="checkbox"/> No <input type="checkbox"/> Yes <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
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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 <input style="width:95%; height: 20px;" type="text"/>	Date Signed (MM / DD / YYYY) <input style="width:15%; height: 20px;" type="text"/> / <input style="width:15%; height: 20px;" type="text"/> / <input style="width:20%; height: 20px;" type="text"/>
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