

<p>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)</p>	<p>FOR NIOSH USE ONLY</p> <p>NIOSH Receipt Date: _____</p>		
<p><u>DIRECTIONS FOR HEALTH FACILITY:</u></p> <p>Please make sure that all items are completed. Then return form and results to:</p>	<p>NIOSH FAX: 304-285-6058 Coal Workers' Health Surveillance Program 1095 Willowdale Road, M/S LB208 Morgantown, WV 26505</p>		
<p>Facility Name</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>Radiograph Facility Number</p> <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> <div style="width: 25%;"></div> <div style="width: 25%;"></div> <div style="width: 25%;"></div> <div style="width: 25%;"></div> </div>	<p>Unit Number</p> <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> <div style="width: 25%;"></div> <div style="width: 25%;"></div> <div style="width: 25%;"></div> <div style="width: 25%;"></div> </div>	
<p>Exam Type(s)</p> <p><input type="checkbox"/> Analog Radiograph <input type="checkbox"/> Digital Radiograph <input type="checkbox"/> Spirometry</p>	<p>Health Program</p> <p><input type="checkbox"/> NIOSH CWHSP <input type="checkbox"/> Other (please specify)</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	<p>Spirometry Facility Number</p> <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> <div style="width: 25%;"></div> <div style="width: 25%;"></div> <div style="width: 25%;"></div> <div style="width: 25%;"></div> </div>	<p>Unit Number</p> <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> <div style="width: 25%;"></div> <div style="width: 25%;"></div> <div style="width: 25%;"></div> <div style="width: 25%;"></div> </div>
<p><u>DIRECTIONS FOR THE MINERS</u></p> <p>PLEASE COMPLETE AND MAKE ANY CORRECTIONS TO THE INFORMATION BELOW (PLEASE PRINT)</p>		<p>Miner's Social Security Number</p> <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> <div style="width: 25%;"></div> <div style="width: 25%;"></div> <div style="width: 25%;"></div> <div style="width: 25%;"></div> </div> <p>Full SSN is optional; last 4 digits is required.</p>	<p>Sex</p> <p><input type="checkbox"/> M <input type="checkbox"/> F</p>
<p>Miner's Name (Last)</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<p>(First)</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<p>(MI)</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<p>Birth Date (MM/DD/YYYY)</p> <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> <div style="width: 25%;"></div> <div style="width: 25%;"></div> <div style="width: 25%;"></div> <div style="width: 25%;"></div> </div>
<p>Miner's Mailing Address</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<p>City</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<p>State</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<p>Zip</p> <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> <div style="width: 25%;"></div> <div style="width: 25%;"></div> <div style="width: 25%;"></div> <div style="width: 25%;"></div> </div>
<p>Miner's Telephone Number</p> <p>(<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Miner's Email Address</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		
<p>Race (Check all that apply)</p> <p><input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p>		<p>Ethnicity</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p>	
<p>Mine Name</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<p>MSHA Mine ID Number</p> <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> <div style="width: 25%;"></div> <div style="width: 25%;"></div> <div style="width: 25%;"></div> <div style="width: 25%;"></div> </div>	<p>MSHA Contractor Number</p> <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> <div style="width: 25%;"></div> <div style="width: 25%;"></div> <div style="width: 25%;"></div> <div style="width: 25%;"></div> </div>	
<p>Is your employer a <input type="checkbox"/> Mine Operator <input type="checkbox"/> Contractor</p>		<p>If contractor, enter MSHA Contractor Number</p>	
<p>Employers' Name</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<p>City</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<p>State</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
<p>When did you FIRST START WORK in the Coal Mine Industry?</p>	<p>Started Underground</p> <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> <div style="width: 25%;"></div> <div style="width: 25%;"></div> <div style="width: 25%;"></div> <div style="width: 25%;"></div> </div> <p style="text-align: center;">Month / Year</p>	<p>Started Surface</p> <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> <div style="width: 25%;"></div> <div style="width: 25%;"></div> <div style="width: 25%;"></div> <div style="width: 25%;"></div> </div> <p style="text-align: center;">Month / Year</p>	
<p>How many TOTAL YEARS have you worked in the Coal Mine Industry?</p>		<p>Underground <input type="text"/> <input type="text"/> Years</p>	<p>Surface <input type="text"/> <input type="text"/> Years</p>
<p>How many TOTAL YEARS have you worked Underground at the Face?</p> <p><input type="text"/> <input type="text"/> Years</p>		<p>How many TOTAL YEARS have you worked at Your Current Mine?</p> <p><input type="text"/> <input type="text"/> Years</p>	
<p>Do you wear a respirator (including dust masks) at work (exclude self-rescuers)?</p> <p>If Yes, what type (Mark all that apply)</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><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</p>			

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"/>
				<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"/>

Have You Ever Worked in Any Mine Other than Coal? No Yes If Yes, please record number of years worked:

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

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