

Attachment 19 –  
Consent, Release and History Form – Form No. CDC/NIOSH (M) 2.6

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 Relationship Name of deceased miner*  
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 \_\_\_\_\_