

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

Public reporting burden for this collection of information is estimated to average 15 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 this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: Paperwork Reduction Project (0920-0020)