Attachment 8 –
Miner Identification Document – Form No. CDC/NIOSH (M) 2.9

OMB No.: 0920-0020

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:

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

Facility Name

Radiograph Facility Number **Unit Number**

Exam Type(s)
- ☐ Analog Radiograph
- ☐ Digital Radiograph
- ☐ Spirometry

Health Program
- ☐ NIOSH CWHSP
- ☐ Other (please specify)

Spirometry Facility Number **Unit Number**

Exam Date (MM/DD/YYYY) / /

DIRECTIONS FOR THE MINERS

PLEASE COMPLETE AND MAKE ANY CORRECTIONS TO THE INFORMATION BELOW **(PLEASE PRINT)**

Miner's Social Security Number - -
Full SSN is optional; last 4 digits is required.

Sex
- ☐ M
- ☐ F

Miner's Name (Last) **(First)** **(MI)**

Birth Date (MM/DD/YYYY) / /

Miner's Mailing Address **City** **State** **Zip**

Miner's Telephone Number ( ) -

Miner's Email Address

Race (Check all that apply)
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

Ethnicity
- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Mine Name **MSHA Mine ID Number**

Is your employer a ☐ Mine Operator ☐ Contractor

If contractor, enter MSHA Contractor Number

Employers' Name **City** **State**

When did you FIRST START WORK in the Coal Mine Industry?

Started Underground Month / Year

Started Surface Month / Year

How many TOTAL YEARS have you worked in the Coal Mine Industry?

Underground Years Surface Years

How many TOTAL YEARS have you worked Underground at the Face? Years

How many TOTAL YEARS have you worked at Your Current Mine? Years

Do you wear a respirator (including dust masks) at work (exclude self-rescuers)? ☐ No ☐ Yes

If Yes, what type (Mark all that apply)

☐ Dust Mask (disposable) ☐ Half – face mask (other than disposable) ☐ Full – face ☐ Hood/Helmet

--> Please complete Form on Page 2 <--

Miner's Name (Last, First MI)

Coal Mining Job History

COAL MINE JOB	MINE NAME/COMPANY	YEARS		UNDERGROUND			SURFACE COAL MINE
List in Order Any Coal Mine Job You Have Held and Mine Name (if information is provided please correct and/or update)		Start Year	End Year	Face	Nonface	Surface	
Example Continuous Miner Operator	*Mine Name/Company*	1985	1990	X			

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	years worked	**Nonmetal mines** (For example, salt, phosphate, limestone)	Surface	years worked
	Underground	years worked		Underground	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	years	In foundry, pottery, or abrasive manufacturing	years
Tunneling, drilling, quarrying, sand blasting	years	Welding, cutting, or grinding metals	years
Road construction, jack hammer, masonry saw	years	Other dusty job (please specify)	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)	/ /