

P01 – Roster Letter. Sent to miner stating that they can get a medical examination as part of the CWHSP.

Per 42 CFR Part 37.3 Chest radiographs required for miners and 37.92 Spirometry testing required for miners

NOTE: Items in brackets {} are filled in from the database. If there is a slash (/) within the brackets, there are two options for the text. The first two {/} items are for a shared roster between more than one mine and the third {/} item is if there are more than 4 radiographic facilities listed on the Mine Plan.

~~~~~  
Miner Name  
Miner Address

Dear Miner Name:

The National Institute for Occupational Safety and Health's (NIOSH) Coal Workers' Health Surveillance Program (CWHSP) invites you to participate in a free confidential medical screening that includes:

- A health questionnaire
- Blood pressure screening
- A chest x-ray
- A breathing test (spirometry)

These screenings are only offered once every 5 years for a period of 6 months. NIOSH recommends that you receive chest x-rays every 5 years for the first 15 years of coal mining and every 3 years after if you continue to work in coal mining. More frequent chest radiographs are not recommended if screening results remain normal.

Screenings are free because NIOSH has approved a Plan filed by your employer, {OPERATOR\_NAME} / {MINE\_NAME} ({MINE\_CODE}), to offer you this service at your employer's expense. This Plan and screening information should be posted by your employer on bulletin boards in highly visible areas or you should be notified directly. A copy of the Plan should also be made available for your review upon request.

**WHEN:** Between {MINE\_PLANS\_PLAN\_DATE} and {MINE\_PLANS\_END\_OF\_OPEN}

**HOW:** If you are employed by the above company/mine{:/ or}  
{/one of the additional mines listed on the enclosed Mine List:}

Complete the enclosed MINER IDENTIFICATION DOCUMENT. For your convenience, some of the information has already been entered. **This form is required:**

- o Complete both sides
- o Provide a complete work history on page 2
- o Sign the second page Take it to one of the listed facilities

Once NIOSH receives your information, you should receive your results within 60 days. If there is an urgent problem identified, we will call you as soon as possible. **Your results are not shared with your employer.**

We hope you participate! If you have any questions or concerns, please contact us:

- Email - [CWHSP@cdc.gov](mailto:CWHSP@cdc.gov)
- Phone - 1-888-480-4042
- Mail - NIOSH Respiratory Health Division  
1000 Frederick Lane, Morgantown, WV 26508

Sincerely,

Jason Hinkle  
Health Assessment Specialist  
Coal Workers' Health Surveillance Program  
Surveillance Branch  
Respiratory Health Division

Enclosure(s)

## Mine Contact Information List

| MSHA ID | Contact Information                                                                                                                                                                                                                                                                              |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| XXXXXXX | OPERATOR_NAME xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx<br>MINE_NAME xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx<br>CITY, STATE ZIP_CODE xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx                                                                        |
| XXXXXXX | OPERATOR_NAME xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx<br>MINE_NAME xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx<br>STREET xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx<br>CITY, STATE ZIP_CODE xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx |
| XXXXXXX | OPERATOR_NAME xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx<br>MINE_NAME xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx<br>STREET xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx<br>CITY, STATE ZIP_CODE xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx |

### Facility List

| State | Contract Information                                                                                       | Available Exams                |
|-------|------------------------------------------------------------------------------------------------------------|--------------------------------|
| XX    | xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx<br>xxxxxxxxxxxxxxxxxxxxxxxx, xx<br>(xxx) xxx-xxxx | Chest X-ray and Breathing Test |
| Xx    | xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx<br>xxxxxxxxxxxxxxxxxxxxxxxx, xx<br>(xxx) xxx-xxxx | Chest X-ray Only               |
| Xx    | xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx<br>xxxxxxxxxxxxxxxxxxxxxxxx, xx<br>(xxx) xxx-xxxx | Breathing Test Only            |
| Xx    | xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx<br>xxxxxxxxxxxxxxxxxxxxxxxx, xx<br>(xxx) xxx-xxxx | Chest X-Ray and Breathing Test |