

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

<b>MINER IDENTIFICATION DOCUMENT</b> 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)	<b>FOR NIOSH USE ONLY</b>  NIOSH Receipt Date:													
<b><u>DIRECTIONS FOR HEALTH FACILITY:</u></b>  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													
<table style="width: 100%;"> <tr> <td colspan="2">Facility Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div></td> <td>Radiograph Facility Number <div style="border: 1px solid black; width: 40px; height: 20px;"></div></td> <td>Unit Number <div style="border: 1px solid black; width: 40px; height: 20px;"></div></td> </tr> <tr> <td>Exam Type(s) <input type="checkbox"/> Analog Radiograph <input type="checkbox"/> Digital Radiograph <input type="checkbox"/> Spirometry</td> <td>Health Program <input type="checkbox"/> NIOSH CWHSP    <input type="checkbox"/> Other (please specify) <div style="border: 1px solid black; height: 20px; width: 100%;"></div></td> <td>Spirometry Facility Number <div style="border: 1px solid black; width: 40px; height: 20px;"></div></td> <td>Unit Number <div style="border: 1px solid black; width: 40px; height: 20px;"></div></td> </tr> <tr> <td colspan="2"></td> <td colspan="2">Exam Date (MM/DD/YYYY) <div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> </tr> </table>		Facility Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Radiograph Facility Number <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Unit Number <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Exam Type(s) <input type="checkbox"/> Analog Radiograph <input type="checkbox"/> Digital Radiograph <input type="checkbox"/> Spirometry	Health Program <input type="checkbox"/> NIOSH CWHSP <input type="checkbox"/> Other (please specify) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Spirometry Facility Number <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Unit Number <div style="border: 1px solid black; width: 40px; height: 20px;"></div>			Exam Date (MM/DD/YYYY) <div style="border: 1px solid black; width: 100px; height: 20px;"></div>		
Facility Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Radiograph Facility Number <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Unit Number <div style="border: 1px solid black; width: 40px; height: 20px;"></div>											
Exam Type(s) <input type="checkbox"/> Analog Radiograph <input type="checkbox"/> Digital Radiograph <input type="checkbox"/> Spirometry	Health Program <input type="checkbox"/> NIOSH CWHSP <input type="checkbox"/> Other (please specify) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Spirometry Facility Number <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Unit Number <div style="border: 1px solid black; width: 40px; height: 20px;"></div>											
		Exam Date (MM/DD/YYYY) <div style="border: 1px solid black; width: 100px; height: 20px;"></div>												
<b><u>DIRECTIONS FOR THE MINERS</u></b>  PLEASE COMPLETE AND MAKE ANY CORRECTIONS TO THE INFORMATION BELOW (PLEASE PRINT)	Miner's Social Security Number <div style="border: 1px solid black; width: 100px; height: 20px;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px;"></div> - <div style="border: 1px solid black; width: 100px; height: 20px;"></div> Full SSN is optional; last 4 digits is required.	Sex  <input type="checkbox"/> M <input type="checkbox"/> F												
<table style="width: 100%;"> <tr> <td>Miner's Name (Last) <div style="border: 1px solid black; width: 150px; height: 20px;"></div></td> <td>(First) <div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> <td>(MI) <div style="border: 1px solid black; width: 40px; height: 20px;"></div></td> <td>Birth Date (MM/DD/YYYY) <div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> </tr> <tr> <td colspan="2">Miner's Mailing Address <div style="border: 1px solid black; width: 200px; height: 20px;"></div></td> <td>City <div style="border: 1px solid black; width: 150px; height: 20px;"></div></td> <td>State <div style="border: 1px solid black; width: 40px; height: 20px;"></div></td> </tr> <tr> <td colspan="2">Miner's Telephone Number (<div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div>) <div style="border: 1px solid black; width: 40px; height: 20px;"></div> - <div style="border: 1px solid black; width: 40px; height: 20px;"></div><div style="border: 1px solid black; width: 40px; height: 20px;"></div></td> <td colspan="2">Miner's Email Address <div style="border: 1px solid black; width: 200px; height: 20px;"></div></td> </tr> </table>			Miner's Name (Last) <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	(First) <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	(MI) <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Birth Date (MM/DD/YYYY) <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Miner's Mailing Address <div style="border: 1px solid black; width: 200px; height: 20px;"></div>		City <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	State <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Miner's Telephone Number ( <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> ) <div style="border: 1px solid black; width: 40px; height: 20px;"></div> - <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div>		Miner's Email Address <div style="border: 1px solid black; width: 200px; height: 20px;"></div>	
Miner's Name (Last) <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	(First) <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	(MI) <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Birth Date (MM/DD/YYYY) <div style="border: 1px solid black; width: 100px; height: 20px;"></div>											
Miner's Mailing Address <div style="border: 1px solid black; width: 200px; height: 20px;"></div>		City <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	State <div style="border: 1px solid black; width: 40px; height: 20px;"></div>											
Miner's Telephone Number ( <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> ) <div style="border: 1px solid black; width: 40px; height: 20px;"></div> - <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div>		Miner's Email Address <div style="border: 1px solid black; width: 200px; height: 20px;"></div>												
Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American		Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino												
Mine Name <div style="border: 1px solid black; width: 300px; height: 20px;"></div>														
Is your employer a <input type="checkbox"/> Mine Operator <input type="checkbox"/> Contractor		MSHA Mine ID Number <div style="border: 1px solid black; width: 100px; height: 20px;"></div>  If contractor, enter MSHA Contractor Number <div style="border: 1px solid black; width: 100px; height: 20px;"></div>												
Employers' Name <div style="border: 1px solid black; width: 250px; height: 20px;"></div>		City <div style="border: 1px solid black; width: 150px; height: 20px;"></div> State <div style="border: 1px solid black; width: 40px; height: 20px;"></div>												
When did you <u>FIRST START WORK</u> in the Coal Mine Industry? <table style="width: 100%;"> <tr> <td>Started Underground</td> <td><div style="border: 1px solid black; width: 40px; height: 20px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px;"></div></td> <td>Started Surface</td> <td><div style="border: 1px solid black; width: 40px; height: 20px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px;"></div></td> </tr> <tr> <td></td> <td style="text-align: center;">Month    Year</td> <td></td> <td style="text-align: center;">Month    Year</td> </tr> </table>			Started Underground	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Started Surface	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px;"></div>		Month    Year		Month    Year				
Started Underground	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Started Surface	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px;"></div>											
	Month    Year		Month    Year											
How many TOTAL YEARS have you worked in the <u>Coal Mine Industry</u> ? <table style="width: 100%;"> <tr> <td>Underground</td> <td><div style="border: 1px solid black; width: 40px; height: 20px;"></div></td> <td>Years</td> <td>Surface</td> <td><div style="border: 1px solid black; width: 40px; height: 20px;"></div></td> <td>Years</td> </tr> </table>			Underground	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Years	Surface	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Years						
Underground	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Years	Surface	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Years									
How many TOTAL YEARS have you worked Underground <u>at the Face</u> ? <div style="border: 1px solid black; width: 40px; height: 20px;"></div> Years														
How many TOTAL YEARS have you worked <u>Your Current Mine</u> ? <div style="border: 1px solid black; width: 40px; height: 20px;"></div> Years														
Do you wear a respirator (including dust masks) at work (exclude self-rescuers)? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, what type (Mark all that apply)														
<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														

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	
<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"/>
				<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:

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

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.

CDC/NIOSH 2.9 (E), Revised 02/2019