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

<u>,</u>			of		do hereby
Name	Rela	fionship		Name of deceased	
uthorize the performance of an autopsy (Limitation, If any, on a) on said decea	sed. I understand	that the report and certain
ssue (as necessary) will be released to the Un			and to		
soue (as necessary) will be released to the on	ited States Public Hea	iui Service a		Name of physician	securing autopsy
understand that any claims in regard to the de	ceased for which I may	y sign a gen	eral release of m	edical Information	will result in the release of
formation from the Public Health Service. I fu	rther understand that I	shall not ma	ake any payment	for the autopsy.	
OCCUPATIONAL AND MEDICAL HISTORY					
. Date of Birth of Deceased		_			
Control Constant Number of Constant	Month	Day	Year		
. Social Security Number of Deceased	n den d				
Note: Full SSN is optional; last 4 digits is rec	julied				
3. Date and Place of Death				_	
. Place of Last Mining Employment	Month, Day, Year	city, co	unty, State		
Name of Mine					
Name of Mining Company Mine Address					
. Date of Last Work or Retirement					
i. Last Job Title at Mine of Last Employment _ (specify surface or underground)	.g., Continuous Miner	Operator, M	otorman, Forema	ın, etc.	
. Job Title of Principal Mining Occupation (the (specify surface or underground)	job to which miner dev	oted the mo	st number of yea	irs)	
3. Smoking History of Miner: (a) Did the miner ever smoke cigaret (b) if yes, for how many years? (c) if yes, how many cigarettes per did (d) Did the miner smoke digarettes u (e) if no to (d), for how long before de	Years ay did the miner smoke o until the time of deat	1? Yes	No	ber of cigareties p	er day
. Total Years in Surface Coal Mining, by State					
0. Total Years in Underground Coal Mining, b	(Year y State (If known)	<i></i>	(State)	-1	
		(Years)	(Stat	e)	
			Signature		
			Street		
			City	State 2	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 necessary, 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 CMIB control number. Sent documents regarding this burden estimate or exp other superior of information, including suggestions for reducing this burden to CDC/ATSDR Reports Cleanage Officer; (500 Cliffor Road NE, MS D-24, Adiants, Georgia 2033); ATTM: Paperwork Reduction Project (W2D-0021)