Attachment 19 – Consent, Release and History Form – Form No. CDC/NIOSH (M) 2.6

CDC/NIOSH 2.6 (02/2015) OMB No. 0920-0020 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 Autopay Federal Coal Mine Health and Safety Act of 1969 _____ of ______ Name of deceased miner _do hereby I, Name 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 Day Month 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 e.g., Continuous Miner Operator, Motorman, Foreman, etc. (specify surface or underground) 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 Zlp Telephone Date

Public reporting burden for this collection of information is estimated to average 13 minutes per response, including the time for reviewing instructions, searching exciting data sources, gathering and maintaining the data needed, and completing and neuviewing the solution of information. As agained or ay poster of a solution of information on links in Hidipsyn a currently valid OMH control number. Send comments regarding this burden estimate or any other aspect of information, including maggestions for reducing this burden to CDC/ATSDR Reports Cleanace Officer; 1600 Clifton Read NE, MS 10-24, Adatast, ATTN: Prepresente Reduction Project (0920-0021)