

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)		NIOSH Receipt Date:	
<u>DIRECTIONS FOR HEALTH FACILITY:</u> Please make sure that all items are completed. Then return form and results to:		NIOSH Coal Workers' Health Surveillance Program 1000 Frederick Lane, M/S LB208 Morgantown, WV 26508 FAX: 304-285-6058	
Facility Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Radiography Facility Number <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
Exam Type(s) <input type="checkbox"/> Analog Radiograph <input type="checkbox"/> Digital Radiograph <input type="checkbox"/> Spirometry		Spirometry Facility Number <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
Health Program <input type="checkbox"/> NIOSH CWHSP <input type="checkbox"/> Other (please specify) <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>		Unit Number <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
<u>DIRECTIONS FOR THE MINERS</u> PLEASE COMPLETE AND MAKE ANY CORRECTIONS TO THE INFORMATION BELOW (PLEASE PRINT)		Miner's Social Security Number <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <small>Full SSN is optional Last 4 digits required</small>	
Miner's Name (Last) <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		Birth Date (MM/DD/YYYY) <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
Miner's Mailing Address <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		City <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
Miner's Telephone Number <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		Miner's Email Address <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
What is your race and/or ethnicity? (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>		What sex were you assigned at birth on your original birth certificate? <input type="checkbox"/> M <input type="checkbox"/> F	
Is your employer a <input type="checkbox"/> Mine Operator <input type="checkbox"/> Contractor		Mine Name <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
MSHA Mine ID Number <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		If contractor, enter MSHA Contractor Number <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
Employers' Name <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		City <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
When did you start in the Coal Mine Industry?		Month/Year: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
Have you EVER worked UNDERGROUND at a coal Mine?		No <input type="checkbox"/> Yes <input type="checkbox"/>	
If yes, how many TOTAL years have you worked UNDERGROUND at a coal mine?		Total # of Years: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
If yes, how many TOTAL years have you worked UNDERGROUND at the FACE ?		Total # of Years: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
Have you EVER worked on the SURFACE at a coal mine?		No <input type="checkbox"/> Yes <input type="checkbox"/>	
If yes, how many TOTAL years did you work at the SURFACE ?		Total # of Years: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
Do you wear a respirator (including dust masks) at work (exclude self-rescuers)?		No <input type="checkbox"/> Yes <input type="checkbox"/>	
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

List in Order Any Coal Mine Job You Have Held and Mine Name (if information is provided please correct and/or update).
If you had >1 position during the same time frame, list the primary position.

COAL MINE JOB	MINE NAME/COMPANY	Start Year	End Year	UNDERGROUND		Surface
				Face	Nonface	
Example Continuous Miner Operator	Mine Name/Company	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"/>
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				<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 at a **Metal/Non-Metal mine** (gold, limestone, etc.)?

No

Yes

If yes, How many **TOTAL** years did you work **UNDERGROUND**?

Total # of Years:

If yes, how many **TOTAL** years did you work at the **SURFACE**?

Total # of 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)

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/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS H21-8,, Atlanta, GA 30333, ATTN: PRA (0920-0020). Do not send the completed form to this address.