Public reporting burden of this collection of information is estimated to average 5 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 this burden to - CDC/ ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia

Form Approved OMB No. 0920-0020

NIOSH Coal Workers' Health Surveillance Program (CWHSP)

## **Request for Medical Records**

30333 ATTN: PRA (0920-0020).

Request for Medical Records
Please provide answers to all of the bulleted information below and mail to:
National Institute for Occupational Safety and Health Coal Workers' Health Surveillance Program Attention: Diana Cale/Jennifer Orrahood – Mailstop LB208 1000 Frederick Lane Morgantown, WV 26508 or FAX: (304) 285-6058
Today's date
I request a copy of my:  □Chest Radiograph (x-ray) dated □Radiograph Interpretation Sheets □Breathing test (spirometry) results
Send my medical records to:  □My home □My Personal Physician □Other
Address where medical records should be sent:  Name
Street
Phone # ( )
The last 4 digits of my social security number are:
My birthdate is:
If you need to contact me for clarifications on this request, I can be reached at:
□Home Phone # ( )
□Work Phone # ( )
"I hereby certify that I amand understand that
knowing and willful request for, or acquisition of, records pertaining to an individual under false pretenses is a criminal offense under the Privacy Act, subject to a \$5,000 fine."
Signature
Signature Required before NIOSH can send copies of medical records.