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

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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 information from the Public Health Service. I further understand that I shall not make any payment for the autopsy. CCUPATIONAL AND MEDICAL HISTORY			, ,			
And the public Health Service. I further understand that I shall not make any payment for the autopsy. CCUPATIONAL AND MEDICAL HISTORY Date of Birth of Deceased Month Day Year Social Security Number of Deceased Note: Full SSN is optional; last 4 digits is required Date and Place of Death Month, Day, Year City, County, State Place of Last Mining Employment: Name of Mining Company Mine Address Date of Last Work or Retirement Last Job Title at Mine of Last Employment (specify surface or underground) Smoking History of Miner: (a) Did the miner swer smoke cigarettes? (b) If yes, for how many years? (c) If yes, how many glarettes per day did the miner smoke on average? (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 smoke on average? (d) If years in Surface Coal Mining, by State (if known) (Years) (Years) Signature Sitreet City State Zip	ssue (as necessary) will be released to the t	United States Public F	leaith Service a	and to	Name of phy	sician securing autopsy
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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 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, MS H21-8, Atlanta, Georgia 30333; ATTN: Paperwork Reduction Project (0920-0020)