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 30333 ATTN: PRA (0920-0020).

Form Approved OMB No. 0920-0020

NIOSH Coal Workers' Health Surveillance Program (CWHSP)

Request for Medical Records

Please provide answers to all the bulleted information below and mail or email to:

National Institute for Occupational Safety and Health Coal Workers' Health Surveillance Program Mailstop LB208 1000 Frederick Lane Morgantown, WV 26508

Email:	iil: <u>CWHSP@cdc.gov</u>	
•	Today's date	
•	I request a copy of my: ☐Chest Radiograph (x-ray) dated	
	□Radiograph Interpretation Sheets	
•	Send my medical records to:	
	□My home □My Personal Physician □Other	
•	Address where medical records should be sent: Name Street CityStateZip	
	City State Zip 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 r ☐Home Phone # () ☐Work Phone # ()	eached at:
•	"I hereby certify that I am	and understand that
	knowing and willful request for, or acquisition of, records pertagrates is a criminal offense under the Privacy Act, subject to	
•	Signature	
	(Required before NIOSH can send copies of medical records.)	