Medical History and Examination for Coal Mine Workers' Pneumoconiosis

U.S. Department of Labor
Office of Workers' Compensation Programs
Division of Coal Mine Workers' Compensation

Note: This report is authorized by law (30 U.S.C. 901 et seq.) and required to receive a benefit. The results of this examination will aid in determining the miner's eligibility for black lung benefits. The method of collecting information complies with the Freedom of Information Act, the Privacy Act of 1974, and OMB Cir. No. 108. The information may be provided on this form or submitted in a report containing substantially the same information.	OMB No.: 1240-0023 Expires:

1. Miner's Full Name (First, Middle, Last):	2. DOL's Case ID Number:
3. Miner's Date of Birth:	4. Date of Examination:

PART I - EMPLOYMENT HISTORY AND COAL MINE DUST EXPOSURE

☐ Employment History Form CM-911a or equivalent is attached. Please review CM-911a, complete Question 5 concerning total years of coal mine employment, and move on to Part II - Patient History.

☐ CM-911a is not attached, complete all questions below.

5. Total years of coal mine employment:

6. Most recent coal mine job title (held at least one year):

7. Dates worked in most recent coal mine employment (mm/dd/yyyy):
   From: To:

8. Describe the miner's most recent coal mine job duties, including a description of any mining equipment used.

9. Exertional requirements of the most recent coal mine job

How many hours a day did the miner sit down?	☐Never ☐Less than 1 hour ☐1-4 hours per day ☐4-8 hours per day ☐More than 8 hours per day
How many hours a day did the miner stand up?	☐Never ☐Less than 1 hour ☐1-4 hours per day ☐4-8 hours per day ☐More than 8 hours per day
How many hours a day did the miner crawl?	☐Never ☐Less than 1 hour ☐1-4 hours per day ☐4-8 hours per day ☐More than 8 hours per day
How heavy were the items the miner had to lift?	☐Less than 10 pounds ☐10-25 pounds ☐26-50 pounds ☐ More than 50 pounds
How often did the miner lift those items?	
How heavy were the items the miner had to carry?	☐Less than 10 pounds ☐10-25 pounds ☐26-50 pounds ☐ More than 50 pounds
How far and how often did the miner carry those items?	

10. While working as a coal miner, did the miner use personal protective equipment? ☐Yes ☐No
    a. If yes, please provide additional details. What personal protective equipment did the miner use? How often did the miner utilize the equipment?

    b. Does the miner believe the personal protective equipment prevented breathing coal mine dust? Please explain:

11. Has the miner ever been exposed to dust, gases, or fumes in employment outside of coal mining? If so, provide the occupation, job duties, and length of time in the position where the exposures occurred; identify the specific exposures; and describe the frequency, duration, and extent of those exposures.

PART II - PATIENT HISTORY (MEDICAL, SOCIAL, AND FAMILY)

Patient Medical History

12. Has the patient had any hospitalizations or surgeries/procedures? If yes, provide the reason or type of procedure and the date(s).

13. Has a doctor ever diagnosed the patient with any of the following medical conditions?

Medical Condition	No	Yes	Approximate Onset	Medical Condition	No	Yes	Approximate Onset
Allergies				Histoplasmosis			
Asthma				Hypertension			
Autoimmune Disease				Pleurisy			
Cancer of _____				Pneumonia			
Chronic Bronchitis				Restrictive lung disease			
Chronic Obstructive Pulmonary Disease (COPD)				Sinusitis			
Diabetes Mellitus				Stroke			
Emphysema				Tuberculosis			
Heart Condition or Myocardial Infarction				Other (describe in Question 13)			

14. For each condition marked “Yes” above, provide a detailed explanation. Also identify and describe any other significant medical conditions or illnesses not listed, including date(s) of diagnosis, if known.

15. Describe the patient’s current treatment, including all prescription and over-the-counter medications and supplements (with dosage and frequency), as well as any other therapies (e.g., inhaled medications, oxygen therapy, pulmonary rehabilitation).

Patient Social History

16. Smoking Status:
☐Never Smoked (fewer than 100 cigarettes in lifetime) ☐Former smoker ☐Current smoker

17. If current or former smoker (If “Never Smoked” skip to Question 20):
    a. Age began smoking:
    b. If former smoker, age stopped:
    c. Total years smoked:

18. Tobacco/Nicotine Use Intensity:
    a. Type(s) of products used (check all that apply)
    ☐ Cigarettes ☐ Cigars ☐ Pipe ☐ Smokeless tobacco ☐ E-cigarettes or vapes ☐ Other_____
    b. Average amount used per day (specify for each product):

19. Total pack-years (packs/day x years smoked):

20. Describe any other relevant social history, including alcohol and recreational drug use (type, amount, and frequency), and exposure to dust, gases, or fumes from hobbies or activities.

21. Describe the patient’s usual physical or recreational activities and current exercise habits, including the type of activities (e.g., yard work, walking, hiking, fishing), frequency (times per week), and typical intensity (light, moderate, or vigorous). Also describe any functional limitations reported by the patient, including limitations with physical activities such as walking, climbing stairs, lifting, or other exertional activities.

Family Medical History

22. Have the patient's parents, siblings, and children ever had any chronic lung disease such as asthma, COPD, emphysema, chronic bronchitis, recurrent pneumonia, lung cancer, pneumoconiosis, asbestosis, silicosis or autoimmune conditions?

PART III - CLINICAL EVALUATION (SYMPTOMS, PHYSICAL EXAMINATION, AND DIAGNOSTIC TESTING)

Vital Signs

23. Pulse	24. Blood Pressure
25. Weight (pounds)	26. Height (inches without shoes)

Chief complaints/Symptoms (as reported by the patient)

27. For each reported symptom, provide details regarding onset/duration, frequency and severity.

Complaint or Symptom	Reported (✔)	Denied (✔)	Approximate Onset/Duration	Frequency	Severity	Observed on Examination (Yes/No)
Ankle edema						
Chest Pain (include precipitating factors)						
Cough (dry or productive)						
Dyspnea at rest						
Dyspnea on exertion						
Paroxysmal nocturnal dyspnea						
Hemoptysis						
Orthopnea						
Sputum production						
Wheezing						
Other (specify) _____						

Physical Examination Findings

28. Based on your examination, describe all pertinent physical findings, with particular attention to the respiratory/pulmonary and cardiovascular systems. Indicate whether findings are normal or abnormal, and fully describe any abnormalities, including their clinical significance. Include relevant observations from general appearance, HEENT, lungs/chest, heart, extremities (e.g., edema), skin, and neurologic systems, as applicable.

Summary of Diagnostic Testing

29. Indicate each diagnostic test reviewed and relied upon in forming your medical opinions. For each test, provide the date performed and a summary of the results for each test.

Test	Reviewed (✔)	Date	Summary of Results
Arterial Blood Gas Studies			
Chest X-ray			
Pulmonary Function Test(s)			
Other:_____			
Other:_____			

PART IV - PULMONARY DIAGNOSES AND ETIOLOGY

30. Identify all chronic respiratory or pulmonary diseases or conditions that you diagnose based on this examination (e.g. simple or complicated coal workers' pneumoconiosis, pulmonary fibrosis, chronic bronchitis, emphysema, asthma, or other relevant diagnoses).

31. For each diagnosis listed in Question 30, explain how you arrived at your diagnosis. In your response, specifically describe how the diagnostic test results identified in Question 29 support each diagnosis.

If the patient has a chronic respiratory disease or condition, provide your medical assessment below. If not, skip to Question 38.

32. For each respiratory or pulmonary diagnosis listed in Question 30, provide a medical opinion addressing:
    a. Etiology: Identify the cause(s) of the condition, including, as applicable, occupational exposures (including coal mine dust), environmental exposure, smoking history, genetic factors, or other causes. If unknown, state so.

    b. Contribution of Coal Mine Dust Exposure: Assess the extent to which coal mine dust exposure contributed to the condition (e.g., none, minimal, probable, or significant).

    c. Rationale: Provide a rationale for your opinions in (a) and (b), including reference to relevant clinical findings and diagnostic test results from Question 29.

PART V - DISABILITY

33. Do the patient's objective test results meet the disability criteria set forth in Appendix B (Pulmonary Function Tests)?
    1Yes 1No

34. Do the patient's objective test results meet the disability criteria set forth in Appendix C (Arterial Blood Gas Studies)?
    1Yes 1No

35. Is the patient totally disabled from a respiratory or pulmonary condition and unable to complete the exertional and physical requirements of their last coal mine job?
    1Yes 1No

36. Provide a reasoned medical opinion for your answer to Question 35. In your response, address:
    a. The physical and exertional requirements for the patient's last coal mine job;

    b. The extent to which the patient's respiratory or pulmonary condition(s) limit the ability to perform those duties; and

    c. How the diagnostic test results identified in Question 29 support your conclusion, including an explanation if total disability is found despite non-qualifying objective test results.

37. For each diagnosed respiratory or pulmonary disability or impairment, identify the cause(s). If more than one cause is present, estimate the relative contribution of each (e.g. percentage, minimal, substantial, etc.), and provide a reasoned medical explanation for your conclusions.

PART VI - NON-PULMONARY DIAGNOSES

38. If the patient has any cardiac or other non-pulmonary condition(s), identify the condition(s) and describe their impact, if any, on the patient's respiratory or pulmonary impairment and ability to perform coal mine work.

PART VII - PERSONAL PHYSICIAN REFERRAL

39. Personal Physician (name, address, phone number)

40. Should the patient be referred to another physician for further evaluation? 1Yes 1No

41. If so, for what purpose?

42. Has referral already been made? 1Yes 1No

PART VIII - EXAMINING PHYSICIAN'S INFORMATION

43. Examining Physician (physician name, address, phone number)

I certify that the information furnished is correct and that I am aware my signature attests to its accuracy. I am also aware that any person who willfully makes any false or misleading statement or representation in support of an application of benefits shall be guilty of a misdemeanor under 30 U.S.C. 941 and, on conviction, subject to a fine of up to $1,000.00, or imprisonment for up to one year, or both.

44. Physician's Signature: _____ Date:

TWO FILING OPTIONS:
1. To file electronically, submit completed form to the COAL Mine Portal: https://coalmine.dol.gov
2. To file by mail, send completed form to:
U.S. Department of Labor
OWCP/DCMWC
PO Box 8307, London,
KY 40742-8307
For Further Information call TOLL FREE: 1-800-347-2502

Public Burden Statement

We estimate that it will take an average of 60 minutes per response to complete this information collection, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and composing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the U.S. Department of Labor, Division of Coal Mine Workers' Compensation, 200 Constitution Avenue, N.W., Suite C3520-DCMWC, Washington, D.C. 20210. **DO NOT SEND THE COMPLETED FORM TO THIS OFFICE.**

Privacy Act Notice

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that: (1) the Black Lung Benefits Act (BLBA) (30 U.S.C. 901 et seq.), as amended, is administered by the Office of Workers' Compensation Programs (OWCP) of the U.S. Department of Labor, which receives and maintains personal information, relative to this application, on claimants and their immediate families; (2) information obtained by OWCP will be used to determine eligibility for benefits payable under the BLBA; (3) information may be given to other government agencies, coal mine operators potentially liable for payment of the claim or to the insurance carrier or other entity which secured the operator's compensation liability, contractors providing automated data processing services to the Department of Labor; and representatives of the parties to the claim; (4) information may be given to physicians or other medical service providers for use in providing treatment, making evaluations and for other purposes relating to the medical management of the claim; (5) information may be given to the Department of Labor's Office of Administrative Law Judges, or other person, board or organization, which is authorized or required to render decisions with respect to the claim or other matters arising in connection with the claim; (6) information may be given to Federal, state or local agencies for law enforcement purposes, to obtain information relevant to a decision under the BLBA, to determine whether benefits are being or have been paid properly, and where appropriate, to pursue administrative offset and/or debt collection actions required or permitted by law; (7) disclosure of the claimant's or deceased miner's Social Security Number (SSN) or tax identifying number (TIN) on this form is voluntary, and the SSN and/or TIN and other information maintained by the OWCP may be used for identification and for other purposes authorized by law; (8) failure to disclose all requested information, may delay the processing of this claim or the payment of benefits, or may result in an unfavorable decision or reduced level of benefits; and (9) this information is included in a System of Records, DOL/OWCP-2 published at 81 Federal Register 25765, 25858 (April 29, 2016) or as updated and republished.

Notice

If you have a substantially limiting physical or mental impairment, Federal disability nondiscrimination law gives you the right to receive help from OWCP in the form of communication assistance, accommodation and modification to aid you in the claims process. For example, we will provide you with copies of documents in alternate formats, communication services such as sign language interpretation, or other kinds of adjustments or changes to account for the limitations of your disability. Please contact our office or the claims examiner to ask about this assistance.

Note: Persons are not required to complete this collection of information unless it displays a currently valid OMB control number.

INSTRUCTIONS FOR BLACK LUNG PHYSICAL EXAMINATION
(GUIDE TO COMPLETING FORM CM-988)

The enclosed Form CM-988, "*Medical History and Examination for Coal Mine Workers' Pneumoconiosis*," is used by the U.S. Department of Labor to obtain the examining physician's findings regarding the existence, severity, and etiology of the patient's chronic respiratory or pulmonary disease(s), if any. The physical examination is part of a complete pulmonary evaluation that typically includes a chest x-ray, pulmonary function test(s), and arterial blood gas test(s).

Provide a response to each question and item in all sections of the form, even if the appropriate response is "N/A" (Not Applicable). Please type or print legibly. If additional space is required for any response, you may attach supplemental sheets.

Alternatively, instead of completing the form, you may submit a narrative report containing substantially the same information. However, if a narrative report is submitted in lieu of this form, each question and item on the form must be specifically addressed in the report, including all yes/no questions, which must be clearly answered (e.g., "Yes" or "No") rather than implied or omitted. Responses should correspond to the sections of the form to ensure completeness.

PART I - EMPLOYMENT HISTORY AND COAL MINE DUST EXPOSURE

Because total disability is based on the patient's ability to perform their usual coal mine work (generally the most recent job they held for at least one year), you must understand the physical requirements of that job. Whenever possible, we will provide you with Form CM-911a, "Employment History." This form contains the patient's own account of their work history and is provided to assist you in making an informed medical evaluation. When we have provided you with the "Employment History" form you only need to complete Question 5 concerning the total years of coal mine employment. You must carefully review the completed CM-911a to understand the specific physical requirements of the patient's last coal mine job held for at least one year and their use of personal protective equipment. If we have not provided the completed Form CM-911a, you must complete all Questions 5-11.

PART II - PATIENT HISTORY (MEDICAL, SOCIAL, AND FAMILY)

Obtain the patient's medical and family history, as well as chief complaints and symptoms, directly from the patient. Record all responses as completely and accurately as possible. If information is unknown, indicate "unknown." For items involving dates or duration, provide the best estimate based on available information.

PART III - CLINICAL EVALUATION (SYMPTOMS, PHYSICAL EXAMINATION, AND DIAGNOSTIC TESTING)

Provide a detailed summary of the physical examination. Record all measurements and observations in the vital signs and physical examination findings sections. In the narrative section, summarize any general or system-specific findings you consider important to your evaluation, explain their clinical significance, and describe any abnormal findings or observations that require additional explanation.

When conducting the complete pulmonary evaluation, base your clinical findings, impressions, and conclusions primarily on the physical examination you perform, the diagnostic testing required by the program, and the patient's history as obtained during the evaluation. Outside medical evidence, including prior treatment records (e.g., CT scans, chest X-rays, pulmonary function tests, or biopsies obtained for treatment purposes), should not be used to supplement or replace the required components of the DOL-authorized evaluation.

PART IV – PULMONARY DIAGNOSES AND ETIOLOGY

For each chronic respiratory or pulmonary diagnosis, provide a clear and reasoned medical explanation identifying the specific evidence supporting the diagnosis, including relevant findings from the patient's history, physical examination, chest imaging, and pulmonary function testing. Where the objective test results identified in Question 29 are not sufficient on their own to establish the diagnosis, provide a clear explanation of the supporting evidence.

Identify each diagnosis with sufficient specificity; do not use a general term when the evidence supports a more specific diagnosis. If pneumoconiosis is diagnosed, specify the type when supported by the record. Also address any other coexisting chronic respiratory or pulmonary conditions, as applicable.

For each respiratory or pulmonary diagnosis identified in Question 30, provide a medical opinion addressing the cause(s) of the condition and the role of coal mine dust exposure.

In identifying etiology, consider all relevant factors, including occupational exposures (including coal mine dust), environmental exposures, smoking history, genetic predisposition, and other causes. If the cause is unknown, state so.

Assess the extent to which coal mine dust exposure contributed to each condition and support your conclusions with a clear and reasoned medical explanation, citing relevant evidence from the patient's history, physical examination, chest imaging, and diagnostic testing.

For purposes of this evaluation, pneumoconiosis includes not only those diseases recognized by the medical community as pneumoconiosis, but also any chronic respiratory or pulmonary disease or impairment that is significantly related to, or substantially aggravated by, coal mine dust exposure. Accordingly, conditions such as COPD, emphysema, and chronic bronchitis may constitute pneumoconiosis if they are related to coal mine dust exposure and should be evaluated as such when assessing etiology and contribution.

PART V – DISABILITY

Provide a medical assessment of whether the patient is totally disabled from a respiratory or pulmonary impairment in relation to the exertional requirements of the patient's last coal mine job. Your assessment must be based on a comparison of the patient's respiratory or pulmonary capacity with the physical and exertional demands of that job. You must reach a clear conclusion as to whether the patient is or is not able to perform those duties.

In forming your opinion, consider the results of objective testing, including pulmonary function testing and arterial blood gas studies, as well as relevant clinical findings. If the objective test results do not meet the disability criteria set forth in Appendix B or C, but you nevertheless conclude that the patient is totally disabled, you must provide a clear and reasoned medical explanation for that conclusion. Your explanation must describe the specific functional limitations caused by the patient's respiratory or pulmonary condition(s) and how those limitations affect the ability to perform the patient's last coal mine job.

If a respiratory or pulmonary disability is present, identify all contributing causes of the disability. If more than one condition contributes, estimate the relative contribution of each (e.g., percentage, minimal, substantial, etc.) and provide a reasoned medical explanation supporting your assessment.

PART VI - NON-PULMONARY DIAGNOSES

Identify any cardiac or other non-respiratory conditions that may affect the patient's functional capacity. Describe their impact on respiratory impairment and ability to perform coal mine work. If symptoms overlap (e.g., shortness of breath), explain how you distinguished their effects. Where applicable, describe the degree of contribution to overall limitation.