

**MINER IDENTIFICATION DOCUMENT**  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 UNITED STATES PUBLIC HEALTH SERVICE  
 CENTERS FOR DISEASE CONTROL AND PREVENTION  
 NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH  
 COAL WORKERS' HEALTH SURVEILLANCE PROGRAM (CWHSP)

FOR NIOSH USE ONLY  
 Analog  
 Digital  
 Spirometry

**DIRECTIONS FOR X-RAY FACILITY:**  
 PLEASE MAKE SURE THAT ALL ITEMS ARE COMPLETED. THEN RETURN FORM AND X-RAY TO:  
**NIOSH**  
**COAL WORKERS' HEALTH SURVEILLANCE PROGRAM**  
**1095 WILLOWDALE ROAD M/S LB208**  
**MORGANTOWN, WV 26505**

**X-RAY FACILITY: NAME**  **CERTIFICATION NO.**

**TYPE OF X-RAY**  
 NIOSH CWHSP  OTHER Please Specify **DATE OF X-RAY (MM/DD/YYYY)**

**DIRECTIONS FOR THE MINER**  
 PLEASE COMPLETE AND MAKE ANY CORRECTIONS TO THE INFORMATION BELOW. **(PLEASE PRINT)**

**MINER'S SOCIAL SECURITY NUMBER**  -  -   
**SEX**  M  F

**MINER'S NAME (LAST)**  **(FIRST)**  **(MI)**  **BIRTH DATE (MM/DD/YYYY)**

**MINER'S MAILING ADDRESS**  **CITY**  **STATE**  **ZIP**

**MINER'S TELEPHONE NUMBER** (  )  -   
**RACE (check all that apply)**  
 American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White  
**ETHNICITY**  
 Hispanic or Latino  
 Not Hispanic or Latino

**MINE NAME**

Is your employer a  Mine Operator  Contractor  
**EMPLOYER'S NAME**   
**MSHA Mine ID Number**   
 If contractor, enter **MSHA Contractor Number**

**STREET**  **CITY**  **STATE**  **ZIP**

When Did You First Start Work in the Coal Mine Industry? Started Underground  /  Started Surface  /   
 How Many Total Years You Have Worked in the Coal Mine Industry? Underground  Years Surface  Years  
 How Many Total Years You Have Worked Underground at the Face?  Years How Many Total Years You Have Worked at Your Current Coal Mine?  Years  
 Do you wear a respirator (including dust masks) at work (exclude self-rescuers)?  No  Yes  
 If Yes, what type? (Mark all that apply)  
 Dust mask (disposable)  Half - face mask (other than disposable)  Full - face  Hood / Helmet

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.C 843). I understand that a report of my X-ray will be mailed to me and my health information will be confidential unless otherwise compelled by law.

**Signature**  **Date Signed (MM / DD / YYYY)**

### Coal Mining Job History

COAL MINER JOB	MINE NAME/COMPANY	YEARS		UNDERGROUND			SURFACE COAL MINE
Please List in Order Any Coal Mine Job You Have Held and Mine Name. (If information is provided please correct and/or update.)		Start year:	End year:	Face	Nonface	Surface	MINE
<i>Example:</i> Continuous Miner Operator	<i>Mine Name/Company</i>	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"/>
				<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"/>
				<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 in **Any Mine Other than Coal?**    No    Yes   If Yes, please record number of years worked:

<b>metal mines</b> <small>(For example, lead, copper, gold, silver)</small>	Surface <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> years worked	<b>nonmetal mines</b> <small>(For example, salt, phosphate, limestone)</small>	Surface <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> years worked
	Underground <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> years worked		Underground <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> years worked

Have You Ever Worked for More than 1 Year in **Any Other Dusty Job?**    No    Yes   If Yes, please record number of years:

Work with asbestos, vermiculite, or talc <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> years	In foundry, pottery, or abrasive manufacturing <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> years
Tunneling, drilling, quarrying, sand blasting <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> years	Welding, cutting, or grinding metals <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> years
Road construction, jack hammer, masonry saw <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> years	Other dusty job (please specify) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> years
<input style="width: 100%; height: 20px;" type="text"/>	

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, Project Clearance Officer, 1600 Clinton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (0920-0020). Do not send the completed form to this address.