Reset Form

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

INTERPRETING PHYSICIAN CERTIFICATION DOCUMENT

STATUS | FOR NIOSH USE ONLY

RETURN TO
NIOSH
Coal Workers' Health Surveillance Program
1095 WILLOWDALE ROAD M/S LB208
MORGANTOWN, WEST VIRGINIA 26505

MEDICAL LICENSE NUMBER

STATE LICENSED IN

NAME (LAST-FIRST-MIDDLE) | SOCIAL SECURITY NUMBER | DATE OF BIRTH

HOSPITAL OR DEPARTMENT | STREET ADDRESS

CITY | STATE | ZIP CODE

TELEPHONE NUMBER | During last year, monthly average number of Chest films interpreted per month | Chest films interpreted for pneumoconioses per month | Chest films interpreted for other occupational respiratory disease per month

SPECIALTY: Primary — Board Certified? Primary Yes ☐ No ☐

Secondary — Secondary Yes ☐ No ☐

☐ I am applying to be a first or "A" reader, and

☐ I choose to submit six ILO-U/C classified films for review

☐ I have taken instruction in the ILO-U/C classification system

I attended the approved course at: _____ (city) on _____ (date)

☐ I am applying to be a first or "B" reader, and

☐ I have taken the "B" Reader Proficiency exam at: _____ (city) on _____ (date)

☐ I have taken the "B" Reader Recertification exam at: _____ (city) on _____ (date)

Do you anticipate that you will use this certification to interpret radiographs for occupational lung disease for:

☐ Individual patient care ☐ Government programs

☐ Industry programs ☐ Other

☐ Medical-legal activities

Would you be interested in participating as a B Reader for the National Coal Workers' Xray Surveillance Program?

Yes ☐ No ☐

I agree that my participation in the X-Ray Surveillance Program for Underground Coal Miners will be conducted in the manner specified by Part 37, Title 42 of the Code of Federal Regulations, and understand that all information related X-Ray Interpretations made in connection with this Program will be held STRICTLY CONFIDENTIAL and divulged only as specified by the above Regulation.

DATE | PHYSICIAN SIGNATURE

*Social Security Number is furnished solely for purpose of identification and reimbursement.
It will be treated as confidential information and released only with permission of the provider.

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CERT DATE	DATE OF EXAM	TYPE OF EXAM (B) (R)	SCORE	STUDY METHOD (A) (B) (C) (D)	EXAM SITE

CDC/NIOSH (M) 2.12(E), REV. 07/2007

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