Reset Form

Form Approved
OMB No.: 0920-0020

MINER IDENTIFICATION DOCUMENT
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health
COAL WORKERS' HEALTH SURVEILLANCE PROGRAM (CWHSP)

NIOSH Receipt Date:

DIRECTIONS FOR HEALTH FACILITY
Please make sure that all items are completed. Then return form and results to:

NIOSH FAX: 304-285-6058
Coal Workers' Health Surveillance Program
1000 Frederick Lane, M/S LB208
Morgantown, WV 26508

Facility Name

Radiography Facility Number **Unit Number**

Exam Type(s)
- ☐ Analog Radiograph
- ☐ Digital Radiograph
- ☐ Spirometry

Health Program
- ☐ NIOSH CWHSP
- ☐ Other (please specify)

Spirometry Facility Number **Unit Number**

Exam Date (MM/DD/YYYY) / /

DIRECTIONS FOR MINERS
Please complete and make any corrections to the information below **(PLEASE PRINT).**

Miner's Social Security Number - -
Full SSN is optional
Last 4 digits required

Miner's Name (Last) **(First)** **(MI)** **Birth Date (MM/DD/YYYY)** / /

Miner's Mailing Address **City** **State** **Zip**

Miner's Telephone Number **Miner's Email Address**

What is your race and/or ethnicity? (Check all that apply)
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- Other:

What sex were you assigned at birth on your original birth certificate?
☐ M ☐ F

Is your employer a ☐ Mine Operator ☐ Contractor **Mine Name**

MSHA Mine ID Number **If contractor, enter MSHA Contractor Number**

Employers' Name **City** **State**

When did you start in the Coal Mine Industry? Month/Year: /

Have you **EVER** worked **UNDERGROUND** at a coal Mine? No ☐ Yes ☐

If yes, how many **TOTAL years** have you worked **UNDERGROUND** at a coal mine? Total # of Years:

If yes, how many **TOTAL years** have you worked **UNDERGROUND** at the **FACE**? Total # of Years:

Have you **EVER** worked on the **SURFACE** at a coal mine? No ☐ Yes ☐

If yes, how many **TOTAL** years did you work at the **SURFACE**? Total # of 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

--> Please complete Form on Page 2 <--

Miner's Name (Last, First MI)

Coal Mining Job History

List, in order, any coal mine jobs you have had and the mine name. If information is provided, please correct and/or update.
If you had >1 position during the same time frame, list the **primary** position.

COAL MINE JOB	MINE NAME/COMPANY	Start Year	End Year	UNDERGROUND Face	UNDERGROUND Nonface	Surface
Example Continuous Miner Operator	Mine name/Company	1985	1990	☒	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
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				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐

Have you **EVER** worked at a **Metal/Non-Metal mine** (gold, limestone, etc.)? No ☐ Yes ☐

If yes, How many **TOTAL** years did you work **UNDERGROUND**? Total # of Years: ☐☐

If yes, how many **TOTAL** years did you work at the **SURFACE**? Total # of Years: ☐☐

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.843). I understand that reports of my examination will be mailed to me. I also understand that my results may be used to assess health and risks related to coal mining. My individual health information will be treated in a secure manner and information that can be connected to me as an individual will not be disclosed, unless otherwise compelled by law.

Signature

Date Signed (MM / DD /YYYY) ☐☐/☐☐/☐☐☐☐

RESET FORM