

## Request for Medical Records

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

National Institute for Occupational Safety and Health  
Coal Workers' Health Surveillance Program  
Attention: Diana Cale/Jennifer Orrahood – Mailstop LB208  
1000 Frederick Lane  
Morgantown, WV 26508  
or  
FAX: (304) 285-6058

- 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 \_\_\_\_\_
  - 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 reached at:
  - Home Phone # ( \_\_\_\_\_ ) \_\_\_\_\_
  - Work Phone # ( \_\_\_\_\_ ) \_\_\_\_\_
- **"I hereby certify that I am \_\_\_\_\_ and understand that  
(print your name here)  
knowing and willful request for, or acquisition of, records pertaining to an individual under false  
pretenses is a criminal offense under the Privacy Act, subject to a \$5,000 fine."**
- Signature \_\_\_\_\_  
(Required before NIOSH can send copies of medical records.)