

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.