

<b>MINER IDENTIFICATION DOCUMENT</b> 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)	<b>FOR NIOSH USE ONLY</b>  NIOSH Receipt Date:
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<b><u>DIRECTIONS FOR HEALTH FACILITY:</u></b>  Please make sure that all items are completed. Then return form and results to:	NIOSH Coal Workers' Health Surveillance Program 1095 Willowdale Road, M/S LB208 Morgantown, WV 26505  FAX: 304-285-6058
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<b>Facility Name</b> <input style="width:95%;" type="text"/>	<b>Facility Number</b> <input style="width:95%;" type="text"/>	<b>Unit Number</b> <input style="width:95%;" type="text"/>
<b>Exam Type(s)</b> <input type="checkbox"/> Analog Radiograph <input type="checkbox"/> Digital Radiograph <input type="checkbox"/> Spirometry	<b>Health Program</b> <input type="checkbox"/> NIOSH CWHSP <input type="checkbox"/> Other (please specify) <input style="width:350px;" type="text"/>	<b>Exam Date (MM/DD/YYYY)</b> <input style="width:20px;" type="text"/> / <input style="width:20px;" type="text"/> / <input style="width:20px;" type="text"/>

<b><u>DIRECTIONS FOR THE MINERS</u></b>  PLEASE COMPLETE AND MAKE ANY CORRECTIONS TO THE INFORMATION BELOW (PLEASE PRINT)	<b>Miner's Social Security Number</b> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> - <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> - <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> Full SSN is optional; last 4 digits is required.	<b>Sex</b> <input type="checkbox"/> M <input type="checkbox"/> F
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<b>Miner's Name (Last)</b> <input style="width:95%;" type="text"/>	<b>(First)</b> <input style="width:95%;" type="text"/>	<b>(MI)</b> <input style="width:20px;" type="text"/>	<b>Birth Date (MM/DD/YYYY)</b> <input style="width:20px;" type="text"/> / <input style="width:20px;" type="text"/> / <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>
<b>Miner's Mailing Address</b> <input style="width:95%;" type="text"/>	<b>City</b> <input style="width:95%;" type="text"/>	<b>State</b> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	<b>Zip</b> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>
<b>Miner's Telephone Number</b> ( <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> ) <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> - <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	<b>Miner's Email Address</b> <input style="width:95%;" type="text"/>		

<b>Race (Check all that apply)</b>	<b>Ethnicity</b>
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino

<b>Mine Name</b> <input style="width:95%;" type="text"/>	<b>MSHA Mine ID Number</b> <input style="width:95%;" type="text"/>
Is your employer a <input type="checkbox"/> Mine Operator <input type="checkbox"/> Contractor	If contractor, enter <b>MSHA Contractor Number</b> <input style="width:95%;" type="text"/>
<b>Employers' Name</b> <input style="width:95%;" type="text"/>	<b>City</b> <input style="width:95%;" type="text"/>
	<b>State</b> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>

<b>When did you FIRST START WORK in the Coal Mine Industry?</b>	Started Underground <input style="width:20px;" type="text"/> / <input style="width:20px;" type="text"/>	Started Surface <input style="width:20px;" type="text"/> / <input style="width:20px;" type="text"/>	Month Year Month Year
<b>How many TOTAL YEARS have you worked in the Coal Mine Industry?</b>	Underground <input style="width:20px;" type="text"/> Years	Surface <input style="width:20px;" type="text"/> Years	
<b>How many TOTAL YEARS have you worked Underground at the Face?</b>	<input style="width:20px;" type="text"/> Years	<b>How many TOTAL YEARS have you worked at Your Current Mine?</b>	<input style="width:20px;" type="text"/> Years
Do you wear a respirator (including dust masks) at work (exclude self-rescuers)? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, what type (Mark all that apply)			
<input type="checkbox"/> Dust Mask (disposable) <input type="checkbox"/> Half – face mask (other than disposable) <input type="checkbox"/> Full – face <input type="checkbox"/> 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.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.

<b>Signature</b> <input style="width:95%;" type="text"/>	<b>Date Signed (MM / DD /YYYY)</b> <input style="width:20px;" type="text"/> / <input style="width:20px;" type="text"/> / <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>
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