

|   |  |  |  |  |  |  |                   |  |  |
|---|--|--|--|--|--|--|-------------------|--|--|
| <b>MINER IDENTIFICATION DOCUMENT</b><br>DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>CENTERS FOR DISEASE CONTROL AND PREVENTION<br>NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH<br>COAL WORKERS' HEALTH SURVEILLANCE PROGRAM (CWHSP) |  |  |  | NIOSH Receipt Date:  |  |  |                   |  |  |
| <b><u>DIRECTIONS FOR HEALTH FACILITY:</u></b><br>Please make sure that all items are completed. Then return form and results to:  |  |  |  | NIOSH<br>Coal Workers' Health Surveillance Program<br>1000 Frederick Lane, M/S LB208<br>Morgantown, WV 26508 |  | FAX: 304-285-6058                                  |                   |  |  |
| <b>Facility Name</b>  |  | <b>Radiography Facility Number</b>                             |  | <b>Unit Number</b>   |  |  |                   |  |  |
| <b>Exam Type(s)</b><br>Analog Radiograph<br>Digital Radiograph<br>Spirometry  |  | <b>Health Program</b><br>NIOSH CWHSP<br>Other (please specify) |  | <b>Spirometry Facility Number</b>  |  | <b>Unit Number</b>                                 |                   |  |  |
|   |  |  |  | <b>Exam Date (MM/DD/YYYY)</b><br>/ /   |  |  |                   |  |  |
| <b><u>DIRECTIONS FOR THE MINERS</u></b><br>PLEASE COMPLETE AND MAKE ANY CORRECTIONS<br>TO THE INFORMATION BELOW ( <b>PLEASE PRINT</b> )   |  |  | <b>Miner's Social Security Number</b><br>- - |  | Full SSN is optional<br>Last 4 digits required     |  | <b>Sex</b><br>M F |  |  |
| <b>Miner's Name (Last)</b>  |  | <b>(First)</b>   |  | <b>(MI)</b>  |  | <b>Birth Date (MM/DD/YYYY)</b><br>/ /              |                   |  |  |
| <b>Miner's Mailing Address</b>  |  |  | <b>City</b>                                  |  | <b>State</b>                                       |  | <b>Zip</b>        |  |  |
| <b>Miner's Telephone Number</b><br>- -  |  |  |  | <b>Miner's Email Address</b>   |  |  |                   |  |  |
| <b>Race (Check all that apply)</b><br>American Indian or Alaska Native<br>Asian<br>Black or African American  |  |  |  |  | Native Hawaiian or Other Pacific Islander<br>White |  |                   | <b>Ethnicity</b><br>Hispanic or Latino<br>Not Hispanic or Latino |  |
| <b>Mine Name</b>  |  |  |  | <b>MSHA Mine ID Number</b>   |  |  |                   |  |  |
| <b>Is your employer a</b>   |  | <b>Mine Operator</b>   |  | <b>Contractor</b>  |  | <b>If contractor, enter MSHA Contractor Number</b> |                   |  |  |
| <b>Employers' Name</b>  |  |  | <b>City</b>                                  |  |  | <b>State</b>                                       |                   |  |  |
| <b>When did you <u>FIRST START WORK</u> in the Coal Mine Industry?</b>  |  | <b>Started Underground</b>                                     |  | /  |  | <b>Started Surface</b>                             |                   | /  |  |
|   |  | Month  |  | Year   |  | Month  |                   | Year   |  |
| <b>How many TOTAL YEARS have you worked in the <u>Coal Mine Industry</u>?</b>   |  | <b>Underground</b>   |  | Years  |  | <b>Surface</b>                                     |                   | Years  |  |
| <b>How many TOTAL YEARS have you worked Underground <u>at the Face</u>?</b>   |  | Years  |  | <b>How many TOTAL YEARS have you worked at <u>Your Current Mine</u>?</b>                                     |  | Years  |                   |  |  |
| <b>Do you wear a respirator (including dust masks) at work (exclude self-rescuers)?</b><br>If Yes, what type (Mark all that apply)  |  |  |  | No   |  | Yes  |                   |  |  |
| Dust Mask (disposable)  |  | Half – face mask (other than disposable)                       |  | Full – face  |  | Hood/Helmet  |                   |  |  |

### Coal Mining Job History

Please List in Order Any Coal Mine Job You Have Held and Mine Name (if information is provided please correct and/or update)

| COAL MINE JOB                               | MINE NAME/COMPANY | Start Year | End Year | UNDERGROUND MINE |         |         | SURFACE MINE |
|---|-------------------|------------|----------|------------------|---------|---------|--------------|
|   |                   |            |          | Face             | Nonface | Surface |              |
| <i>Example</i><br>Continuous Miner Operator | Mine Name/Company | 1985       | 1990     |                  |         |         |              |
|   |                   |            |          |                  |         |         |              |
|   |                   |            |          |                  |         |         |              |
|   |                   |            |          |                  |         |         |              |
|   |                   |            |          |                  |         |         |              |
|   |                   |            |          |                  |         |         |              |
|   |                   |            |          |                  |         |         |              |
|   |                   |            |          |                  |         |         |              |
|   |                   |            |          |                  |         |         |              |
|   |                   |            |          |                  |         |         |              |
|   |                   |            |          |                  |         |         |              |
|   |                   |            |          |                  |         |         |              |
|   |                   |            |          |                  |         |         |              |
|   |                   |            |          |                  |         |         |              |
|   |                   |            |          |                  |         |         |              |
|   |                   |            |          |                  |         |         |              |

|   |             |              |  |   |              |
|---|-------------|--------------|--|---|--------------|
| Have You Ever Worked in <b>Any Mine Other than Coal?</b>        |             | No           | Yes  | If Yes, please record number of years worked: |              |
| <b>Metal mines</b><br>(For example, lead, copper, gold, silver) | Surface     | years worked | <b>Nonmetal mines</b><br>(For example, salt, phosphate, limestone) | Surface                                       | years worked |
|   | Underground | years worked |  | Underground                                   | years worked |

|  |       |  |     |  |  |
|--|-------|--|-----|--|--|
| Have You Ever Worked for More than 1 Year in <b>Any Other Dusty Job?</b> |       | No   | Yes | If Yes, please record number of years: |  |
| Work with asbestos, vermiculite or talc                                  | years | In foundry, pottery, or abrasive manufacturing |     | years                                  |  |
| Tunneling, drilling, quarrying, sand blasting                            | years | Welding, cutting, or grinding metals           |     | years                                  |  |
| Road construction, jack hammer, masonry saw                              | years | Other dusty job (please specify)               |     | 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) / /

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to CDC, Project Clearance Officer, 1600 Clinton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (0920-0020). Do not send the completed form to this address.