

MINER IDENTIFICATION DOCUMENT 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:			
<u>DIRECTIONS FOR HEALTH FACILITY:</u> Please make sure that all items are completed. Then return form and results to:				NIOSH Coal Workers' Health Surveillance Program 1000 Frederick Lane, M/S LB208 Morgantown, WV 26508		FAX: 304-285-6058	
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) / /				
<u>DIRECTIONS FOR THE MINERS</u> 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		Sex M F
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			
Race (Check all that apply) American Indian or Alaska Native Asian Black or African American				Native Hawaiian or Other Pacific Islander White		Ethnicity Hispanic or Latino Not Hispanic or Latino	
Mine Name				MSHA Mine ID Number			
Is your employer a	Mine Operator	Contractor	If contractor, enter MSHA Contractor Number				
Employers' Name			City		State		
When did you <u>FIRST START WORK</u> in the Coal Mine Industry?		Started Underground	Month	Year	Started Surface	Month	Year
How many TOTAL YEARS have you worked in the <u>Coal Mine Industry</u>?		Underground		Years	Surface		Years
How many TOTAL YEARS have you worked Underground <u>at the Face</u>?		Years		How many TOTAL YEARS have you worked at <u>Your Current Mine</u>?			Years
Do you wear a respirator (including dust masks) at work (exclude self-rescuers)? If Yes, what type (Mark all that apply)				No		Yes	
Dust Mask (disposable)		Half – face mask (other than disposable)		Full – face		Hood/Helmet	

