

Request for Medical Records

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

National Institute for Occupational Safety and Health
Coal Workers' Health Surveillance Program
Mailstop LB208
1000 Frederick Lane
Morgantown, WV 26508

Email: CWHSP@cdc.gov

- 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.)