Public reporting burden of this collection of information is estimated to average 5 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 this burden to - CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333 ATTN: PRA (0920-0020).

Form Approved OMB No. 0920-0020

NIOSH Coal Workers' Health Surveillance Program (CWHSP)

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 WW 26508

Worgantown, WV 20300				
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 Sta Phone # ()		 Zip	
•	The last 4 digits of my social security number a	·e:		<u></u>
•	My birthdate is:			
•	If you need to contact me for clarifications on th ☐Home Phone # () ☐Work Phone # ()	<u> </u>	can be reached	at:
•	"I hereby certify that I am knowing and willful request for, or acquisiti pretenses is a criminal offense under the Pr	on of, record	ds pertaining to	
•	Signature(Required before NIOSH can send copies of medical re	ecords.)		