

## Request for Medical Records

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

National Institute for Occupational Safety and Health  
Coal Workers' Health Surveillance Program  
Attention: Diana Cale/Jennifer Orrahood – Mailstop LB208  
1000 Frederick Lane  
Morgantown, WV 26508  
or  
FAX: (304) 285-6058

Today's date \_\_\_\_\_

### I request a copy of my:

- Chest Radiograph (x-ray) dated \_\_\_\_\_
- Radiograph Interpretation Sheets
- Breathing test (spirometry) results

### 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.