

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.)