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Centers for Disease Control and Prevention (CDC)  
National Institute for Occupational Safety and Health  
Coal Workers' Health Surveillance Program  
1095 Willowdale Road  
Morgantown, West Virginia 26505

Dear Coal Miner:

As part of the Enhanced Coal Workers' Health Surveillance Program (ECWHSP), the National Institute for Occupational Safety and Health (NIOSH) will offer **free, confidential health screenings** to coal miners throughout Alabama, Illinois, Indiana, and Pennsylvania, over the next year in order to provide early detection of coal workers' pneumoconiosis, a serious but preventable occupational lung disease. These health screenings will be provided through a state-of-the-art NIOSH mobile testing van at convenient community and mine locations and will include a work history questionnaire, a chest x-ray, and a spirometry (breathing) test. Blood pressure screening will be offered as well. Typically, the process takes about 25 minutes. NIOSH provides the individual with the results of their own screening, but by law each person's screening remains confidential. No individual information is publicly disclosed, including the names of participating miners.

Coal workers' pneumoconiosis is caused by inhaling coal mine dust. Early on, the disease may show few or no symptoms. However, it can progress and cause scarring of the lungs and shortness of breath. In advanced cases, this can lead to disability and death. The disease is not curable but it is preventable. Miners who participate in health screenings have the best chance for detecting any injuries to the lungs at an early stage, when steps can be taken to reduce further exposures to coal mine dust and prevent the disease from progressing. Under the Federal Mine Safety & Health Act of 1977, all working underground coal miners are eligible for chest x-ray screening at no cost to them. You may have already participated in this Program at some time.

In addition to helping individual miners, the health screening program provides important information about coal workers' pneumoconiosis. The prevalence of coal workers' pneumoconiosis among long-term underground miners who participated in chest x-ray screening decreased from the 1970s to the 1990s. ~~Although still much less than in the 1970s, the prevalence of CWP among US coal miners has increased~~ since the 1990s. CWP can occur in mines of all sizes. The more serious advanced type of disease called Progressive Massive Fibrosis (PMF) is much more prevalent among miners from underground mines with fewer than 50 workers. Miners who work in particular areas of the country, in certain mining jobs, and in these smaller mines have an increased risk of developing CWP. This Enhanced Program is seeking to find out why.

I want to encourage you to take advantage of this opportunity. Participation in the screening is **BENEFICIAL, FREE, EASY, AND CONFIDENTIAL** – your employer will not be notified.

WHAT: FREE and CONFIDENTIAL Screening  
WHO IS ELIGIBLE: Any active coal miner (or former coal miner if they have at least 10 years tenure)  
WHEN/WHERE: See enclosed schedule

## HOW CAN I PARTICIPATE?

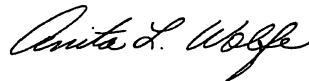
1. Complete the enclosed MINER IDENTIFICATION DOCUMENT (front and back).
2. If possible, call to schedule an appointment (1-888-480-4042).
3. Take the completed form to one of the locations on the enclosed schedule.
4. You will receive a full report by mail in approximately 8 - 10 weeks.

Please try to call to schedule a time for your screening. Although walk-ins will be accepted, we urge you to call 1-888-480-4042 (toll free). Calling to schedule an appointment may save you time.

If you have any questions or concerns about the Program, please contact us at the address on the top of the first page or at our toll-free number (1-888-480-4042).

The ECWHSP is intended to protect your health. **HELP US PROTECT YOU AND THE NATION'S COAL MINERS!**

Sincerely yours,



Anita L. Wolfe  
Public Health Analyst  
Program Operations Coordinator  
Coal Workers' Health Surveillance Program  
Workforce Screening and Surveillance Team  
Surveillance Branch  
Division of Respiratory Disease Studies

Enclosures

<p align="center"><b>MINER IDENTIFICATION DOCUMENT</b>                  DEPARTMENT OF HEALTH AND HUMAN SERVICES                  UNITED STATES PUBLIC HEALTH SERVICE                  CENTERS FOR DISEASE CONTROL AND PREVENTION                  NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH                  COAL WORKERS' HEALTH SURVEILLANCE PROGRAM (CWHSP)</p>	<p><b>FOR NIOSH USE ONLY</b>                  Analog <input type="checkbox"/>                  Digital <input type="checkbox"/>                  Spirometry <input type="checkbox"/></p>
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<p><b>DIRECTIONS FOR X-RAY FACILITY:</b>                  PLEASE MAKE SURE THAT ALL ITEMS ARE COMPLETED. THEN RETURN FORM AND X-RAY TO: NIOSH                  COAL WORKERS' HEALTH SURVEILLANCE PROGRAM                  PO BOX 4258                  MORGANTOWN, WV 26504-4258</p>	<p><b>X-RAY FACILITY: NAME</b>  <input style="width:100%;" type="text"/></p> <p><b>CERTIFICATION NO.</b>  <input style="width:100%;" type="text"/></p>	<p><b>TYPE OF X-RAY</b>  <input type="checkbox"/> NIOSH CWHSP    <input type="checkbox"/> OTHER  <small>Please Specify</small></p> <p><b>DATE OF X-RAY (MM/DD/YYYY)</b>  <input type="text"/> / <input type="text"/> / <input type="text"/></p>
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<p><b>DIRECTIONS FOR THE MINER</b>                  PLEASE COMPLETE AND MAKE ANY CORRECTIONS TO THE INFORMATION BELOW. (PLEASE PRINT)</p>	<p><b>MINER'S SOCIAL SECURITY NUMBER</b>  <input type="text"/> - <input type="text"/> - <input type="text"/></p>	<p><b>SEX</b>  <input type="checkbox"/> M    <input type="checkbox"/> F</p>
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<p><b>MINER'S NAME (LAST)</b>  <input style="width:100%;" type="text"/></p>	<p><b>(FIRST)</b>  <input style="width:100%;" type="text"/></p>	<p><b>(MI)</b>  <input style="width:100%;" type="text"/></p>	<p><b>BIRTH DATE (MM/DD/YYYY)</b>  <input type="text"/> / <input type="text"/> / <input type="text"/></p>
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<p><b>MINER'S MAILING ADDRESS</b>  <input style="width:100%;" type="text"/></p>	<p><b>CITY</b>  <input style="width:100%;" type="text"/></p>	<p><b>STATE</b>  <input style="width:100%;" type="text"/></p>	<p><b>ZIP</b>  <input style="width:100%;" type="text"/></p>
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<p><b>MINER'S TELEPHONE NUMBER</b>                  ( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> - <input type="text"/></p>	<p><b>RACE (check all that apply)</b>  <input type="checkbox"/> American Indian or Alaska Native  <input type="checkbox"/> Asian  <input type="checkbox"/> Black or African American  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> White</p>	<p><b>ETHNICITY</b>  <input type="checkbox"/> Hispanic or Latino  <input type="checkbox"/> Not Hispanic or Latino</p>
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<p><b>MINE NAME</b>  <input style="width:100%;" type="text"/></p>	<p>Is your employer a <input type="checkbox"/> Mine Operator    <input type="checkbox"/> Contractor</p>
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<p><b>EMPLOYER'S NAME</b>  <input style="width:100%;" type="text"/></p>	<p><b>MSHA Mine ID Number</b>  <input style="width:100%;" type="text"/></p> <p>If contractor, enter  <b>MSHA Contractor Number</b>  <input style="width:100%;" type="text"/></p>
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<p><b>STREET</b>  <input style="width:100%;" type="text"/></p>	<p><b>CITY</b>  <input style="width:100%;" type="text"/></p>	<p><b>STATE</b>  <input style="width:100%;" type="text"/></p>	<p><b>ZIP</b>  <input style="width:100%;" type="text"/></p>
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<p>When Did You <u>First Start Work</u>                  in the Coal Mine Industry?</p>	<p>Started Underground</p>	<p><input type="text"/> / <input type="text"/>  <small>Month                      Year</small></p>	<p>Started Surface</p>	<p><input type="text"/> / <input type="text"/>  <small>Month                      Year</small></p>
<p>How Many Total Years You Have Worked in the <u>Coal Mine Industry</u>?</p>	<p>Underground</p>	<p><input type="text"/>  <small>Years</small></p>	<p>Surface</p>	<p><input type="text"/>  <small>Years</small></p>
<p>How Many Total Years You Have Worked Underground <u>at the Face</u>?</p>	<p><input type="text"/>  <small>Years</small></p>	<p>How Many Total Years You Have Worked <u>at Your Current Coal Mine</u>?</p>	<p><input type="text"/>  <small>Years</small></p>	
<p>Do you wear a respirator (including dust masks) at work (exclude self-rescuers)?    <input type="checkbox"/> No    <input type="checkbox"/> Yes</p> <p>If Yes, what type? (Mark all that apply)</p> <p><input type="checkbox"/> Dust mask (disposable)    <input type="checkbox"/> Half - face mask (other than disposable)    <input type="checkbox"/> Full - face    <input type="checkbox"/> Hood / Helmet</p>				

I wish to participate in the Coal Workers' Health Surveillance Program conducted under Section 203 of the Federal Mine Safety and Health Act of 1977 (30 U.S.C 843). I understand that a report of my X-ray will be mailed to me and my health information will be confidential unless otherwise compelled by law.

<p><b>Signature</b>  <input style="width:100%;" type="text"/></p>	<p><b>Date Signed</b>                  (MM / DD / YYYY) <input type="text"/> / <input type="text"/> / <input type="text"/></p>
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## FREE BLACK LUNG SCREENING

NIOSH's Mobile Occupational Safety and Health Unit will be in your area soon to conduct black lung screenings. All current and former coal miners are encouraged to stop by the mobile and participate in this free health exam. Former coal miners must have had at least 10 years in coal mining work. Typically, testing takes about 25 minutes and includes a short questionnaire, a chest x-ray, and a spirometry (breathing) test. Blood pressure screening will also be available. Although walk-ins will be accepted, miners are urged to call 1-888-480-4042 to schedule an appointment. Depending on the number of miners participating, some wait time should be anticipated.

**PARTICIPATION IS FREE AND EASY  
RESULTS ARE COMPLETELY CONFIDENTIAL  
PLEASE PLAN TO PARTICIPATE**

Where:	When:	Times:
<b>Joliett Fire Company 401 Main Street Tremont, PA 17981</b>	<b>Tuesday, June 25, 2013 Wednesday, June 26, 2013 Thursday, June 27, 2013</b>	<b>10:00 am – 6:00 pm</b>

