



Application for Services

The Miners Hospital and Clinic, University of Utah

SECTION 1: Instructions for completing this form

To be considered for medical services through The Miners Hospital or Clinic, please complete this form and return to The Miners Hospital in the enclosed stamped addressed envelope or Fax to 801-585-0452 (Address is on last page of this form.)

MINER'S INFORMATION

Name: _____ Today's Date: ____ / ____ / ____
First Middle Last MM DD YYYY

Mailing Address: _____
Street Apt # City State Zip Code

E-mail Address: _____

Telephone #: (____) _____ - _____ Home Work Cell

Alternate Phone#: (____) _____ - _____ Home Work Cell

Date of Birth: ____ / ____ / ____ Miners Age: _____ years Miners Sex: Male Female
MM DD YYYY

Marital Status: Single Married Widowed Separated/Divorced

Race: White Black African American American Indian/Alaskan Native Asian
 Native Hawaiian/Other Pacific Islander Multiracial Other (Specify): _____

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Social Security #: _____

What is your primary language? English Spanish Other (Specify): _____

Have you served in the military? Yes No If so, which branch and number of years:
Branch: _____ Years: _____

PERSON TO CONTACT IN CASE OF EMERGENCY

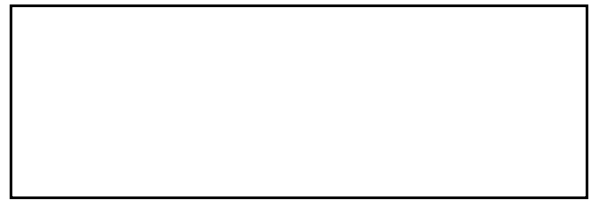
Name: _____ E-mail: _____
First Middle Last

Telephone #: (____) _____ - _____ Home Work Cell

Alternate Phone#: (____) _____ - _____ Home Work Cell

Mailing Address: _____
Street Apt # City State Zip Code





RESIDENCE HISTORY

List applicant's Utah residences for a period of two years immediately prior to filling this application. If needed, attach separate sheet for additional residences lived in past two years.

Current Street Address: (not post office box)

Street: _____
Street Apt # City State Zip Code

From: / / To: / /
MM DD YYYY MM DD YYYY

Previous Address:

Street: _____
Street Apt # City State Zip Code

From: / / To: / /
MM DD YYYY MM DD YYYY

WORK HISTORY

Are you currently working? Yes No

If yes, what is your current job: _____

Provide name, address and phone of the current employer:

Name: _____ Telephone #: () - _____

Address: _____
Street City State Zip Code

What is your current employment status (mark all that apply)

- Full-time Part-time Self-employed Retired Student
- Homemaker Unemployed Disabled

Are you currently working as a miner? Yes No

What year did you first start mining: _____ (year)

NOTE: The Miners Hospital DOES NOT cover sand, gravel, or rock aggregate pits, oil fields or any comparable.

In what year did you stop mining? _____ (year)

How many years in all have you worked in the mining industry? _____ (number of years)

What general type of mine or mines have you worked? (mark all that apply)

- Underground Mine Surface, open pit, strip mine Smelter Mill
- Above ground work at an underground mine
- Transportation work moving a mineral such as ore or coal from mine site





What did you mine? (mark all that apply)

- Coal
 Copper
 Gold
 Molybdenum
 Potash
 Silver
 Uranium
 Other (specify): _____

WORK INJURY HISTORY

What injuries did you sustain in the mine(s) and what year did they occur? _____

Do you have an open workers compensation claim? Yes No

For what injury? _____

Who is your general practitioner? _____

MINING EMPLOYMENT HISTORY (TO BE COMPLETED IN FULL)

List applicant's employment in **Utah** mines. For additional Utah mining employers, attach additional page.

Mine Name: _____ **Location: City** _____ **State** _____
Hire Date: ____/____/____ **Separation Date:** ____/____/____
MM DD YYYY MM DD YY

Type of Mining: Underground Surface, open pit, strip Above ground Smelter
 Mill Other (specify) _____

Type of Mining: Coal Uranium Copper Potash Metal
 Other (specify) _____

List Job Title(s) and briefly describe work activities (use one line per job title)

Mine Name: _____ **Location: City** _____ **State** _____
Hire Date: ____/____/____ **Separation Date:** ____/____/____
MM DD YYYY MM DD YY

Type of Mining: Underground Surface, open pit, strip Above ground Smelter
 Mill Other (specify) _____

Type of Mining: Coal Uranium Copper Potash Metal
 Other (specify) _____

List Job Title(s) and briefly describe work activities (use one line per job title)





(CONTINUED)

Mine Name: _____ **Location:** City _____ State _____

Hire Date: ____ / ____ / ____ **Separation Date:** ____ / ____ / ____
MM DD YYYY MM DD YY

Type of Mining: Underground Surface, open pit, strip Above ground Smelter
 Mill Other (specify) _____

Type of Mining: Coal Uranium Copper Potash Metal
 Other (specify) _____

List Job Title(s) and briefly describe work activities (use one line per job title)

Mine Name: _____ **Location:** City _____ State _____

Hire Date: ____ / ____ / ____ **Separation Date:** ____ / ____ / ____
MM DD YYYY MM DD YY

Type of Mining: Underground Surface, open pit, strip Above ground Smelter
 Mill Other (specify) _____

Type of Mining: Coal Uranium Copper Potash Metal
 Other (specify) _____

List Job Title(s) and briefly describe work activities (use one line per job title)

Mine Name: _____ **Location:** City _____ State _____

Hire Date: ____ / ____ / ____ **Separation Date:** ____ / ____ / ____
MM DD YYYY MM DD YY

Type of Mining: Underground Surface, open pit, strip Above ground Smelter
 Mill Other (specify) _____

Type of Mining: Coal Uranium Copper Potash Metal
 Other (specify) _____

List Job Title(s) and briefly describe work activities (use one line per job title)





MINER'S STATEMENT

Why do you want to be seen in the Miners Clinic? _____

Did your symptoms, illness, or injury for which you are seeking care begin while you were employed as a miner?

- Yes No Not Applicable

When did you first report your injury or illness to your employer? _____ / _____ / _____
MM DD YYYY

- Did not report injury or illness

If you have documents that you provided to or received from the employer regarding your injury or illness, please bring to your appointment.

I hereby state that the information given herein is true and complete.

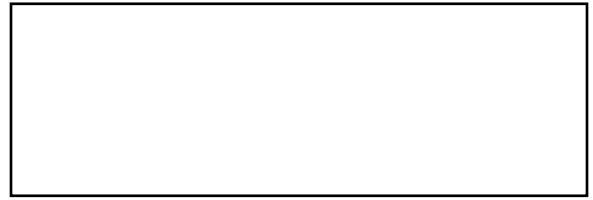
_____ Responsible Party Signature

_____ / _____ / _____
MM DD YYYY

How did you hear about the Miners Hospital?

- Friend Presentation Other (specify) _____





INSURANCE INFORMATION

Do you currently have health insurance? Yes No

If yes, **WE MUST HAVE THE FOLLOWING INFORMATION:**

EITHER Copy front and back of insurance cards.
Write the policy holder's birthday on copy.
If policy holder's name is not on the card, please write it on copy.
Attach copy to this application and return.

OR Fill out the information below:

Insurance Company: _____

Complete Billing Address: _____

Policy Holder: _____ Date of Birth: ____/____/____

Policy Number: _____ If Medicare: effective date(s) ____/____/____

Group Name: _____ Group Number: _____

Insurance Company: _____

Complete Billing Address: _____

Policy Holder: _____ Date of Birth: ____/____/____

Policy Number: _____ If Medicare: effective date(s) ____/____/____

Group Name: _____ Group Number: _____

PLEASE BRING YOUR INSURANCE CARDS WITH YOU TO YOUR APPOINTMENTS

Please return the completed application to the address below or fax it to 801-585-0452

The Miners Hospital
University of Utah
1B295
50 North Medical Drive
Salt Lake City, UT 84132

