PLAINTIFF'S EXHIBIT

GP-200

1975

ARROD NY

ASBESTOS TESTING

...: 121-07-3130

...: 77 Main St. AKRON N.Y. ...: 60 ...

INQUIRE: INDICATE YES/NO

	YES	NO
1.COUGH		
2.CHEST PAIN	X	
3.SHORT OF BREATH	X	
4.EXPECTORATION		X
BLOOD?		X

AMOUNT/24 HRS.
1 tsp.
1 tbsp.
¼ cup
½ cup

5.DO YOU SMOKE? X 1
cigars/ /day
pipe ½ /month
cigarettes 1 /
pkg/day /yrs. 45

...

DO YOU NOW HAVE OR HAVE YOU ... - QUESTION

	YES	NO
6.PNEUMONIA		X
7.TUBERCULOSIS		X
8.ASTHMA		X
9.CHRONIC BRONCHITIS		X
10.HEART DISEASE		X
11.HIGH BLOOD PRESSURE		X

OCCUPATIONAL HISTORY: WHAT DO YOU DO AND HOW LONG HAVE YOU ...Coal

VENTILATION STUDY

FVC: 2022 cc
FEV1: 50%
FEV2: 70%
FEV3: 80%
FEF 25%-75%: 0.65 l/sec
M.V.V. 44 l/min

INTERPRETATION

Essentially no change from 1974

...OF CHEST FILM NUMBER: 9188 #9188

Considerable fibrosis of both roots and all lobes. Fibrosis is characterized by the presence of peripheral nodular densities probably denoting some occupational exposure. There is substantial evidence of pulmonary emphysema with increased radiobility in both central zones and the uppers. The lateral projection demonstrates flattening of the diaphragms and a substantial increase in PA diameter of the chest. Heart shadow is not remarkable. There is no evidence of pleural dysplasia.

...: Examination suggests examinee probably has substantial pulmonary emphysema with restrictive lung disease. SEE REVERSE SIDE...

...

DATE: 11/13/75

COMMENT: CONT'D: His status today is essentially unchanged over that noted last year.

Please advise examinee of these comments.

NOTE: 12/30/77

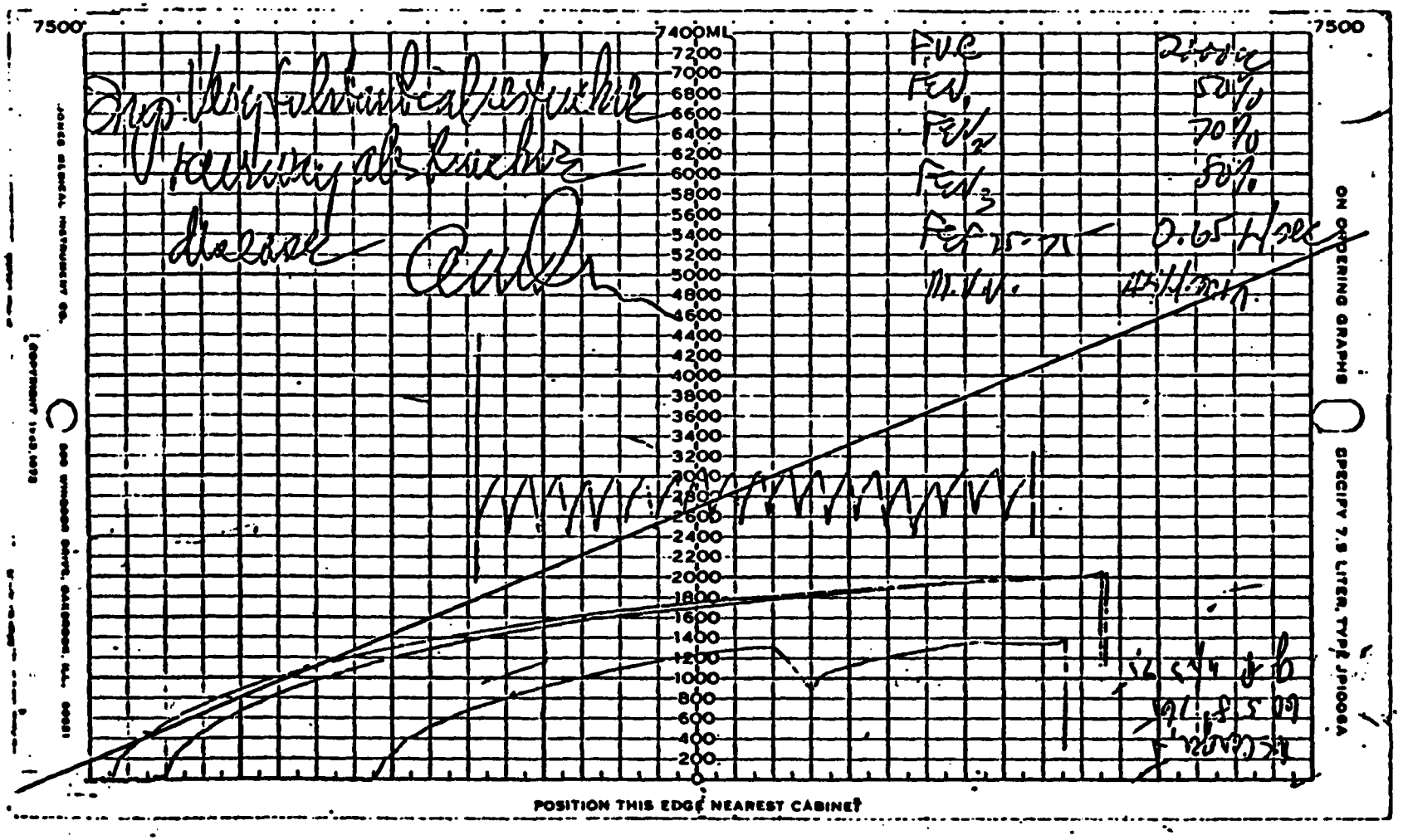
Re: [redacted] DOB: 9/20/15

Per E. Weibel, Akron plant manager, Mr. McGregor took early retirement effective 9/1/75 — is now living out-of-state (Arizona)

9/20/76
9/20/15

61 yrs. of age

LRK


7500
7400ML
7500
FVC
FEV1
FEV1/2
FEV3
FEF25-75
M.V.V.
POSITION THIS EDGE NEAREST CABINET
ON ORDERING GRAPHS SPECIFY 7.5 LITER TYPE JP1000A

NAME: C[illegible] HOSP. NO.

ADDRESS: 7061 Dooley Ave, Bronx N.Y. AGE: 68 M.

INQUIRY: INDICATE YES/NO

1.COUGH	
2.CHEST PAIN	
3.SHORT OF BREATH	
4.EXPECTORATION	
BLOODY	
AMOUNT/24 HRS.	
1 tsp.	
1 tbsp.	
¼ cup	
½ cup	
5.DO YOU SMOKE?	
cigars/ /day	
pipe / /month	1 pound/mo
cigarettes	
/day /yrs.	
IF NO - HOW LONG	

NOTED

DO YOU NOW HAVE OR HAVE YOU HAD	YES	NO	IF YES - EXPLAIN
6.PNEUMONIA			
7.TUBERCULOSIS			
8.ASTHMA			
9.CHRONIC BRONCHITIS			
10.HEART DISEASE			
11.HIGH BLOOD PRESSURE			

NOTED

OCCUPATIONAL HISTORY: WHAT DO YOU DO AND HOW LONG HAVE YOU DONE IT

Miner 39 Packer Steeples 6 mo.

VENTILATION STUDY

FVC:	5200cc
FEV1:	55%
FEV2:	78%
FEV3:	95%
FEF 25%-75%:	1.25 L/sec
M.V.V.	112 L/min

INTERPRETATION

Ventilation study regarded as being marginally abnormal. Total air volume would deny the presence of any restrictive disease but the characteristics of the flow pattern does indicate evidence of mild to moderate airway obstructive disease with a considerable portion of total lung capacity bleeding out after the 3rd second. This would..CONT'T.REVERSE...

X-RAY OF CHEST FILM NUMBER: 8894 #8894

Mild prominence of the root areas. Some minimal increase in bronchovascular markings, more prominent upon the right. No evidence of specific parenchymal disease. There are a few bands noted at the base of each lung immediately above the diaphragm and at the costophrenic sulci which may denote some bleb formation. The lateral projection does indicate some mild increase in radiolucency behind the sternum and behind the ...CONT'D. ON REVERSE..

COMMENT:

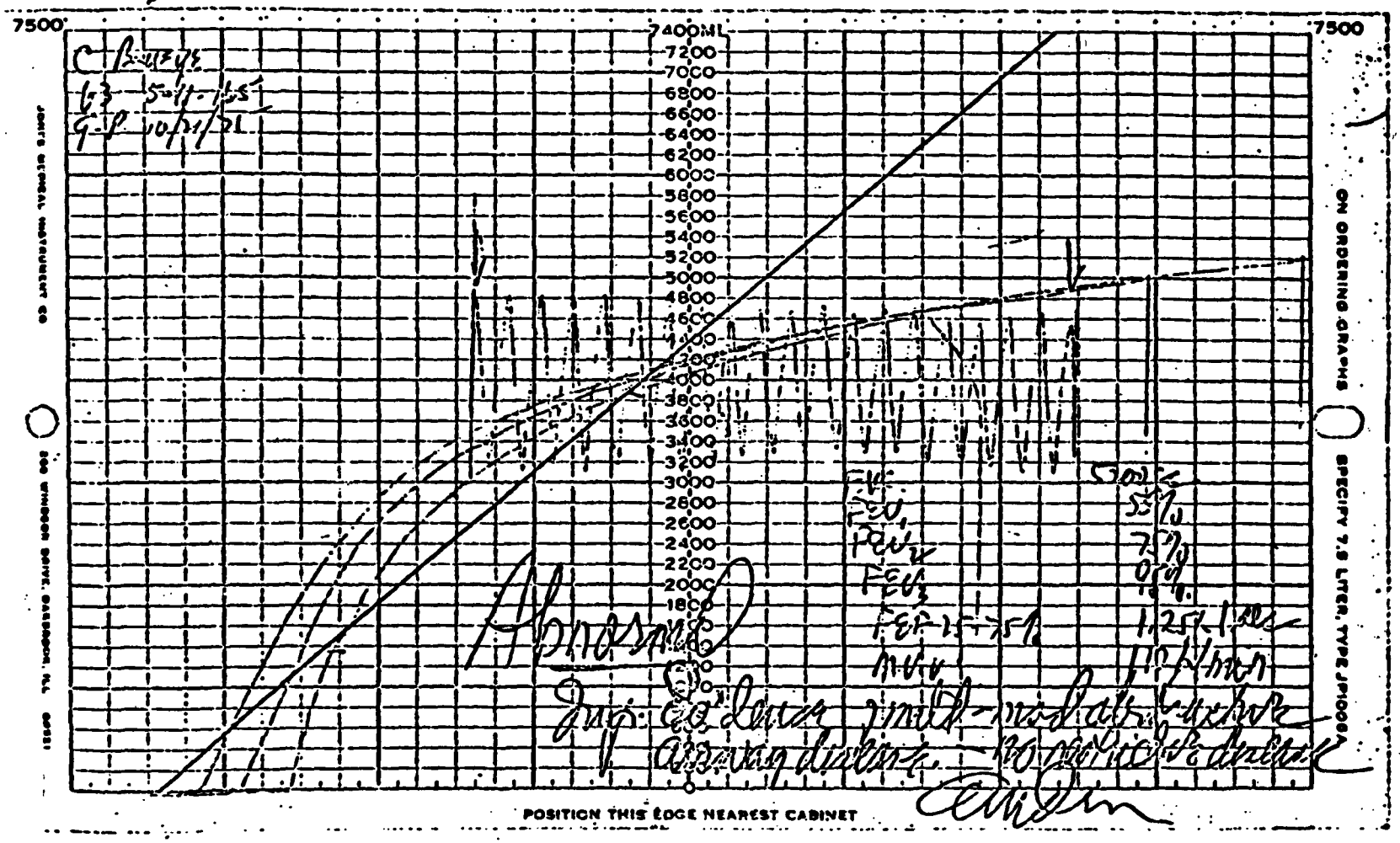
DATE: 10/2/57

MLA/kl

Marvin L. Adler, M.D.

VENTILATION INTERPRETATION: (CONT'D.)..suggest some compartmentalization of the lung with some sequential emptying to account the delay in complete expulsion of the air from the lungs.

CHEST X-RAY #8894: (CONT'D.)....heart. The general interpretation must be that of mild pulmonary emphysema probably not symptomatic and probably not requiring any active care. Examinee should be advised.


7500
7400ML
7200
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6800
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6000
5800
5600
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4800
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3800
3600
3400
3200
3000
2800
2600
2400
2200
2000
1800
1600
1400
1200
1000
800
600
400
200
7500
ON ORDERING GRAPHS SPECIFY 7.8 LITER, TYPE JP1000A
POSITION THIS EDGE NEAREST CABINET

ADDRESS: 7780 Fletcher Rd. AKRON, N.Y AGE: 60

1. COUGH	NO
2. CHEST PAIN	NO
3. SHORT OF BREATH	YES
4. EXPECTORATION	NO
BLOODY	NO
AMOUNT/24 HRS.	2
1 tsp.	
½ tbsp.	
¼ cup	
½ cup	
5. DO YOU SMOKE	
cigars/ /day	
pipe /month	NO
cigarettes	
pks/day /yrs.	
TO NO - WAS SMOKE	

noted

DO YOU NOW HAVE OR HAVE YOU EVER HAD	YES	NO	IF YES - WHEN
6. PNEUMONIA			NO
7. TUBERCULOSIS			NO
8. ASTHMA			NO
9. CHRONIC BRONCHITIS			NO
10. HEART DISEASE			NO
11. HIGH BLOOD PRESSURE			NO

noted

OCCUPATIONAL HISTORY: WHAT DO YOU DO AND HOW LONG HAVE YOU DONE IT? /

VENTILATION STUDY

FVC:	Good cp
FEV1:	80%
FEV2:	95%
FEV3:	100%
FEF 25%-75%:	1.75 l/sec
M.V.V.	120 l/min

INTERPRETATION:

Mild low flow rates otherwise satisfactory

DATE OF CHEST FILM NUMBER: 9/90. #9190

Mild prominence of root areas. Multiple calcific densities in each. General increase in bronchovascular markings throughout all lobes, not denoting any specific parenchymal disease. Heart shadow is normal in size, position and configuration. Diaphragms are smooth. Sulci are clear and bony cage is normal. IMPRESSION: Chest x-ray generally satisfactory and compatible with examinee's age.

CLINICAL: Predicated upon ventilation study and chest x-ray, status would seem to be satisfactory. Please advise examinee.

DATE: 11/13/75

M.D.

ADDRESS: 6604 Wolcottsville Rd. AKRON, O. AGE: 59 SS# 113-32-3632

INQUIRE: INDICATE YES/NO

1.COUGH	
2.CHEST PAIN	
3.SHORT OF BREATH	
4.EXPECTORATION	
BLOODY	

noted

AMOUNT/24 HRS.
1 tsp.
1 tbsp.
¼ cup
½ cup

5.DO YOU SMOKE? ___

CIGARS, /day
PIPE /month
CIGARETTES
/pkg/day /yrs.
IF NO - HOW LONG 9 yrs

DO YOU NOW HAVE OR HAVE YOU EVER HAD

	YES	NO
TUBERCULOSIS		
2.CHRONIC BRONCHITIS		
10.HEART DISEASE		

noted

OCCUPATIONAL HISTORY: WHAT DO YOU DO AND FOR HOW LONG HAVE YOU DONE IT?

He left + Firestone 1942.

VENTILATION STUDY

FVC:	3400 cc
FEV_1:	68%
FEV_2:	84%
FEV_3:	94%
FEF 25%-75%:	1.25 Hole
M.V.V.	100 L/min

COMMENTS:

Sup. marginal restrictive changes. Flow rates are low denoted some airway obstruction

DATE OF CHEST FILM NUMBER: 9189 #9169

Moderate fibrosis of both roots. Some general increase in bronchovascular markings throughout all lobes. No evidence of specific parenchymal disease. Heart shadow is normal in size, position and configuration. Lateral projection does indicate some increase in radiobility behind the heart but this is not grossly abnormal. Bony cage is normal. Chest x-ray generally ~~considered satisfactory and compatible with examinee's age.~~

COMMENTS: Chest x-ray is satisfactory. Ventilation studies show minimal impairment but certainly not disabling. Please advise examinee.

DATE: 4/13/73

M.D.

...ARD, Robert — GEORGIA-PACIFIC

NAME: [illegible] HOS. REC NO.

ADDRESS: 13 Ray Dr Gran Ny 14051 AGE: 37 M.F.

INQUIRE: INDICATE YES/NO

	YES	NO
1.COUGH		✓
2.CHEST PAIN		✓
3.SHORT OF BREATH		✓
4.EXPECTORATION		✓
BLOODY		✓

AMOUNT/24 HRS.
1 tsp.
1 tbsp.
¼ cup
½ cup

5.DO YOU SMOKE? —

cigars/ /day
pipe /month
cigarettes
[illegible]/day /yrs.
IF (NO) HOW LONG

noted

DO YOU NOW HAVE OR HAVE YOU HAD ANY OF THE FOLLOWING? IF YES - DESCRIBE

	YES	NO
5.PNEUMONIA		✓
7.TUBERCULOSIS		✓
8.ASTHMA		✓
9.CHRONIC BRONCHITIS		✓
10.HEART DISEASE		✓
11.HIGH BLOOD PRESSURE		✓

noted

OCCUPATIONAL HISTORY: HOW DO YOU DO AND HOW LONG HAVE YOU WORK Plant 39 yrs Driving Truck
Elec Department

VENTILATION STUDY

FVC:	480 cc
FEV1:	84%
FEV2:	94%
FEV3:	100%
FEF 25%-75%:	4 L/sec
M.V.V.	135 L/min

INTERPRETATION

Quite satisfactory.
Normal flow rates, no parenchymal restrictive disease. No airway obstructive disease.

X-RAY OF CHEST FILM NUMBER: 8890 #8890

Mild prominence of the right root. Minimal increase in bronchovascular markings into the right lower lobe. No evidence of specific parenchymal disease. Heart shadow and bony cage are normal.

COMMENT: Status as indicated by ventilation studies and chest x-ray would seem to be satisfactory. Please advise examinee.

REFERRING PHYSICIAN'S NAME:

DATE: 7/2/75

Marvin L Amdur M.D.

MLA/kl

NAME (Last, First): [illegible] SEC NO
ADDRESS: 173 [illegible] AGE: 58 M F
AKRON 32

INQUIRE: INDICATE YES/NO

1.COUGH	✓	
2.CHEST PAIN	✓	
3.SHORT OF BREATH	✓	
4.EXPECTORATION	✓	
BLOODY		✓

AMOUNT/24 HRS.
1 cup.
½ tbsp.
¼ cup
~ cup

5.DO YOU SMOKE? Yes
cigars/ /day
pipe /month
cigarettes
20's/day 2 /yrs. 20

IF NO - HOW LONG

noted

DO YOU NOW HAVE OR HAVE YOU HAD	YES	NO	IF YES - EXPLAIN
6.PNEUMONIA		✓	
7.TUBERCULOSIS		✓	
8.ASTHMA		✓	
9.CHRONIC BRONCHITIS		✓	
10.HEART DISEASE		✓	
11.HIGH BLOOD PRESSURE		✓	

noted

OCCUPATIONAL HISTORY: WHAT DO YOU DO AND HOW LONG HAVE YOU DONE IT? 38 yrs plant

6 mo - Dupt -

VENTILATION STUDY

FVC:	4.00 cc
FEV1:	25%
FEV2:	85%
FEV3:	95%
FEF 25%-75%:	2.5 L/sec
M.V.V.	125 L/min.

INTERPRETATION

Value for FEV$_1$ is marginal but probably, at least at this point, satisfactory. No real evidence of airway obstructive disease. No evidence of significant restrictive disease. Overall curve is probably satisfactory.

X-RAY OF CHEST FILM NUMBER: 8891 #8891

Mild prominence of both root areas. Some general increase in markings throughout all lobes. There is a generalized pattern of irregularly shaped densities bilaterally distributed. No evidence of pleural disease. Trachea is in the midline. Heart shadow and bony cage are normal.

COMMENT: Chest x-ray does exhibit evidence of mild pulmonary fibrosis predicated upon ventilation study probably not disabling. Otherwise all quite satisfactory. Please advise examinee.

DATE: 10/21/65

Marvin L. Auer, M.D.

MLA/kl

[illegible]: [illegible] SOC. SEC. NO.

ADDRESS: BASOM, N.Y. AGE: 59 M W

INQUIRE INDICATE YES/NO

1.COUGH	yes
2.CHEST PAIN	yes
3.SHORT OF BREATH	yes
4.EXPECTORATION	
BLOOD?	
AMOUNT/24 HRS.	
1 tsp.	
1 tbsp.	
1 cup	
2 cup	
5.DO YOU SMOKE?	yes
cigars/ /day	
pipe /month	
cigarettes	
2 pks/day 25/yr.	
IF NO - HOW LONG	

Examinee indicates no shortness of breath but he is visibly short of breath although not markedly so.

History noted as to chronic bronchitis.

noted

	YES	NO
DO YOU NOW HAVE OR HAVE YOU EVER HAD:		
6.PNEUMONIA		no
7.TUBERCULOSIS		no
8.ASTHMA		no
9.CHRONIC BRONCHITIS	yes	
10.HEART DISEASE		no
11.HIGH BLOOD PRESSURE		no

IF YES - EXPLAIN

noted

OCCUPATIONAL HISTORY: WHAT DO YOU DO AND HOW LONG HAVE YOU DONE IT? Mixer 4 yrs.

VENTILATION STUDY

FVC:	2600 cc
FEV1:	70%
FEV2:	85%
FEV3:	90%
FEF 25%-75%:	1.0 L/sec
M.V.V.	75 L/min

INTERPRETATION

Ventilation studies exhibit mild to moderate evidence of restrictive and airway obstructive disease. Comparing ventilation studies this year with studies of 9/30/74, indicates essentially no change.

X-RAY OF CHEST FILM NUMBER: 9016 #9019

Mild prominence of both root areas. Peripheral lung fields are generally not remarkable beyond some blunting of both costophrenic sulci. Heart shadow and bony cage are normal. Lateral projection indicates minimal flattening of the diaphragms. Heart shadow is normal. Essentially no change from previous film #3838 taken 9/30/75.

COMMENTS: Examinee does have mild pulmonary emphysoma, at least subjectively it is not disabling. Please advise examinee as to his present status. He probably requires no active care.

[illegible] MEDICAL REVIEW OFFICER

DATE: 10/30/75

M.D.

NAME: _____ CC. No. 111-05-3246

ADDRESS: Bollmingdale Ave. Akron, N.Y. AGE: 58 M X

HISTORY: INDICATE YES OR NO

	YES	NO
1. COUGH	X	
2. CHEST PAIN		X
3. SHORT OF BREATH	X	
4. EXPECTORATION	X	
BLOODY		X
AMOUNT/24 HRS.		
1 tsp.		
1 tbsp.		
¼ cup		
½ cup		
5. DO YOU SMOKE?		X
cigars/ /day		
pipe /month		
cigarettes		
3 pks/day 46 yrs.		
IF NO - HOW LONG		

noted

DO YOU NOT HAVE OR HAVE YOU EVER HAD

	YES	NO
6. PNEUMONIA		X
7. TUBERCULOSIS		X
8. ASTHMA		X
9. CHRONIC BRONCHITIS	X	
10. HEART DISEASE	X	
11. HIGH BLOOD PRESSURE		X

IF YES - DESCRIBE

noted

OCCUPATIONAL HISTORY: WHAT DO YOU DO AND HOW LONG HAVE YOU DONE IT?

Ladon 1 year — Total Expl 41 yrs

VENTILATION STUDY

FVC:	4000cc
FEV1:	80%
FEV2:	92%
FEV3:	95%
FEF 25%-75%:	3.52 l/sec
M.V.V.	150 l/min

INTERPRETATION

Quite satisfactory. No evidence of parenchymal restrictive or airway obstructive disease.

CHEST X-RAY FILM NUMBER: #9017

Mild prominence of the right root. Minimal increase in radiobility in both uppers particularly the left. Horizontal fissure noted in its usual position on the right. Heart shadow and bony cage are normal. Chest x-ray is quite satisfactory.

COMMENTS: Status with regard to heart and lungs would seem to be satisfactory. Please advise examinee.

DICTATED BY PHYSICIAN WHOSE NAME IS TYPED BELOW

DICT: 10/3/75

MLA/KI

Marvin L. Amdur, M. D.

095-03-1151

13 Indianola Ave. Akron, N.Y. 61 M

INQUIRE: INDICATE YES/NO

1.COUGH	no
2.CHEST PAIN	no
3.SHORT OF BREATH	no
4.EXPECTORATION	no
BLOOD	no

AMOUNT/24 HRS.
1 tsp.
1 tbsp.
½ cup
1 cup

5.DO YOU SMOKE? yes
cigars/day
pipe /month
cigarettes ----
1 pk/day 45 yrs.

DO YOU OR HAVE YOU HAD ANY OF THE FOLLOWING - INDICATE

	YES	NO
6.TUBERCULOSIS		no
7.PNEUMONIA		no
8.ASTHMA		no
9.CHRONIC BRONCHITIS		yes
10.HEART DISEASE		no
11.HIGH BLOOD PRESSURE		no

OCCUPATIONAL HISTORY: WHAT DO YOU DO NOW AND HOW LONG HAVE YOU DONE IT?
Fork lift truck driver + pad man

Paul Wagner

VENTILATION STUDY

FVC:	3400 cc
FEV1:	75%
FEV2:	92%
FEV3:	95%
FEF 25%-75%:	2.0 L/sec
M.V.V.	90 L/min

INTERPRETATION

Very mild restrictive defects but probably not disabling. No significant evidence of airway obstruction.

X-RAY OF CHEST FILM NUMBER: 9016 #9016

Slight fibrosis of both roots. Some increased radiobility in the left upper and both bases. The lateral projection does indicate some distinct increase in PA diameter of the chest. Heart shadow appears rather broad but not abnormally so. The bony cage as indicated has an increased PA diameter. IMPRESSION: Very mild functional evidence of pulmonary disability probably not particularly disabling.

Please advise examinee.

Examined:

Date: 10/30/53

MLA/kl

Marvin L. Amdur, M. D.

EXAMINEE'S NAME: [illegible] SOC. SEC. NO 120-20-4466

ADDRESS: 3508 [illegible] St AGE: 48

Brooklyn, N.Y.

INQUIRY: INDICATE YES/NO

	YES	NO
1. COUGH		✓
2. CHEST PAIN		✓
3. SHORT OF BREATH		✓
4. EXPECTORATION		✓
BLOODY		✓

AMOUNT/24 HRS.
- 1 tsp.
- 1 tbsp.
- 1/4 cup
- 1/2 cup

5. DO YOU SMOKE? Yes
- cigars/ /day
- pipe /month
- cigarettes 1/2 pks/day /yrs.
- IF NO - HOW LONG

noted

DO YOU NOW HAVE OR HAVE YOU EVER HAD? IF YES - DESCRIBE

	YES	NO
6. PNEUMONIA		✓
7. TUBERCULOSIS		✓
8. ASTHMA		✓
9. CHRONIC BRONCHITIS		✓
10. HEART DISEASE		✓
11. HIGH BLOOD PRESSURE		✓

noted

OCCUPATIONAL HISTORY: WHAT DO YOU DO AND HOW LONG HAVE YOU WORKED: OFFICE + LAB WORK — 20 YRS AT PLANT AND 6 MONTHS IN DEPARTMENT

VENTILATION STUDY

FVC:	4800 cc
FEV_1:	80%
FEV_2:	98%
FEV_3:	100%
FEF 25%-75%:	6 L/sec
M.V.V.	150 L/min

INTERPRETATION

Normal flow rates.
No restrictive parenchymal and no airway obstructive disease.

QUITE SATISFACTORY.

X-RAY OF CHEST FILM NUMBER: 892 #8892

Mild prominence of both root areas. Minimal increase in broncho-vascular markings throughout but no evidence of specific parenchymatous disease. There is some equivocal pleural thickening along the parietal border of the left chest at the level of the inferior margin of the 8th rib. Otherwise no abnormalities noted. Heart shadow and bony cage are normal.

COMMENT: As indicated above, status would seem to be satisfactory at this time. Please advise examinee.

[illegible] MEDICAL C[illegible] [signature]

DATE: 10/21/75

MLA/kl

NAME: [illegible] SOC. SEC NO 103-24-3225

ADDRESS: 131 Park Dale Ave. Buffalo, N.Y. AGE: 47 M X

INQUIRE: INDICATE YES/NO

1.COUGH	no
2.CHEST PAIN	no
3.SHORT OF BREATH	no
4.EXPECTORATION	no
BLOODY	no

AMOUNT/24 HRS.
1 tsp.
1 tbsp.
¼ cup
½ cup
~ cup

5.DO YOU SMOKE? yes

cigars/ /day
pipe /mouth
cigarettes
1 pks/day 30/yrs.
IF NO - HOW LONG

DO YOU NOW HAVE OR HAVE YOU EVER HAD

	YES	NO
6.PNEUMONIA		no
7.TUBERCULOSIS		no
8.ASTHMA		no
9.CHRONIC BRONCHITIS		no
10.HEART DISEASE		no
11.HIGH BLOOD PRESSURE		no

IF YES - EXPLAIN

OCCUPATIONAL HISTORY: WHAT DO YOU DO AND HOW LONG HAVE YOU BEEN AT IT?
Lab Technician - Laboratory - 2 mos.

VENTILATION STUDY

FVC:	4400 cc
FEV_1:	78%
FEV_2:	90%
FEV_3:	96%
FEF 25%-75%:	2.52 l/sec
M.V.V.	90 l/min

INTERPRETATION

Quite satisfactory. No evidence of restrictive parenchymal or airway obstructive disease.

X-RAY OF CHEST FILM NUMBER: 9018 #9018

Mild prominence of both root areas. Some general increase in markings into both lower lobes. Some evidence of pleural thickening at the summit of each lung particularly upon the right. The lateral projection does indicate some increase in radiobility behind the sternum. Heart shadow and bony cage are normal. IMPRESSION: Chest x-ray generally satisfactory.

COMMENT: Ventilation study and x-ray studies are satisfactory. No evident disability. Please advise the examinee.

PHYSICIAN'S SIGNATURE: Laurence F. Gilmore M.D.

DATE: 10/20/55

MA/kl

106- 20-2676

ADDRESS: 7867 Fletcher & Akron, N.Y. AGE: 48 X

INDICATE: INDICATE YES/NO ✓
1. COUGH
2. CHEST PAIN
3. SHORT OF BREATH
4. EXPECTORATION
BLOOD
AMOUNT/24 HRS.
1 tsp.
1 tbsp.
¼ cup
½ cup
5. DO YOU SMOKE?
cigars/ /day
pipe /month
cigarettes
1 pkg/day 30 /yrs.

Sound like a "wet" bronchitic but dense

DO YOU NOW HAVE OR HAVE YOU HAD - DURATION

	YES	NO
6. PNEUMONIA		✓
7. TUBERCULOSIS		✓
8. ASTHMA		✓
9. CHRONIC BRONCHITIS		✓
10. HEART DISEASE		✓
11. HIGH BLOOD PRESSURE		✓

OCCUPATIONAL HISTORY: WHAT DO YOU DO NOW AND HOW LONG HAVE YOU BEEN DOING IT?

12 yrs Forklift Last 4 months

VENTILATION STUDY

FVC:	360 cc
FEV1:	75%
FEV2:	90%
FEV3:	95%
FEF 25%-75%:	2.5 l/sec
M.V.V.	90 l/min

INTERPRETATION:

very mild restrictive parenchymal + obstructive airway disease

DATE OF CHEST FILM NUMBER: 9125 #9125

Moderate prominence of both root areas. Some minimal increase in bronchovascular markings in both lower lobes. Lateral projection demonstrates some increased radiobility behind the heart but the diaphragms are not flat and general chest status would seem satisfactory otherwise.

IMPRESSION: Predicated upon examinee's frame and size, he presents mild to moderate evidence of parenchymal restriction and airway obstructive disease. This is probably related to his cigarette smoking. Please advise.

DATE: 11/6/75

MLA/kl

Marvin L. Amdur M.D.

ADDRESS: 62 Parkview Dr. Mtn. N.J. AGE: 60 No. 111-05-2345

INQUIRY: INDICATE YES/NO

1. COUGH	X
2. CHEST PAIN	X
3. SHORT OF BREATH	X
4. EXPECTORATION BLOOD AMOUNT/24 HRS. 1 tsp. 2 tbsp. 1 cup 1 cup	X

5. DO YOU SMOKE yes
CIGARS/ /day
PIPE /month
CIGARETTES 1½ packs/day 40 yrs.

Noted

DO YOU NOW HAVE OR HAVE YOU EVER HAD ANY OF THE FOLLOWING DISEASES OR CONDITIONS

	YES	NO
6. PNEUMONIA		X
7. TUBERCULOSIS		X
8. ASTHMA		X
9. CHRONIC BRONCHITIS		X
10. HEART DISEASE		X
11. HIGH BLOOD PRESSURE		X

OCCUPATIONAL HISTORY: WHAT JOB YOU DO AND HOW LONG HAVE YOU DONE IT?
Foreman-operator - Ford Eastern Minerals

VENTILATION STUDY

FVC:	5000 cc
FEV1:	72%
FEV2:	85%
FEV3:	95%
FEF 25%-75%:	25-4/sec
M.V.V.	110 L/Min

INTERPRETATION

Mild airway obstruction
Heart larger than normal
3rd compartment - emphysema.

DATE OF CHEST FILM NUMBER: 9/26/#9126

Moderate prominence of both root areas. Some distinct increase in radiobility in the left upper. Lateral projection shows increased radiobility behind the sternum and behind the heart. PA diameter of the chest is increased. Heart shadow and bony cage are normal. Overall impression is that of some pulmonary emphysema probably not disabling. Please advise examinee.

COMMENTS:

DATE: 11/15/65

MLA/kl

Marvin L. Amdur, M.D.

NAME: _____ SOC. SEC. NO 084-24-4603

ADDRESS: 24 Albert Ct. Depew, NY AGE: 44 M W

INQUIRE: INDICATE YES/NO

1.COUGH	
2.CHEST PAIN	
3.SHORT OF BREATH	
4.EXPECTORATION	
BLOODY	
AMOUNT/24 HRS.	
1 tsp.	
1 tbsp.	
¼ cup	
½ cup	
5.DO YOU SMOKE?	✓
cigars/ /day	
pipe /month	
cigarettes	
1 pks/day 25 /yrs.	
IF NO - HOW LONG	

DO YOU NOW HAVE OR HAVE YOU EVER HAD?

	YES	NO
6.PNEUMONIA	✓	
7.TUBERCULOSIS		✓
8.ASTHMA		✓
9.CHRONIC BRONCHITIS		✓
10.HEART DISEASE		✓
11.HIGH BLOOD PRESSURE		✓

IF YES - DESCRIBE

In army, 1953

OCCUPATIONAL HISTORY: WHAT DO YOU DO AND HOW LONG HAVE YOU DONE IT?

Quality Control Supt; 16 years

VENTILATION STUDY

FVC:	5000cc
FEV1:	75%
FEV2:	85%
FEV3:	98%
FEF 25%-75%:	2.15 L/sec
M.V.V.	104 L/min

INTERPRETATION:

Mild airway defect. Slight change from previous — not disabling

DATE OF CHEST FILM NUMBER: 9/24 #9124

Mild prominence of both root areas. Some general increase in bronchovascular markings throughout all lobes. No evidence of specific parenchymatous disease. Some increase in PA diameter of the chest. Heart shadow and bony cage are normal. Chest x-ray compares favorably with previous study #3971 taken 10/7/74. General health status appears bascially unchanged. Please advise examinee.

COMMENT:

DATE: 11/6/75

MLA/kl

Marvin L. Anderson, M.D.

Name: _____ Hosp. No 062-18-7798

Address: 8998 Fisk Akron, NY Age: 53 M F

INQUIRE: INDICATE YES/NO

1. COUGH	✓
2. CHEST PAIN	✓
3. SHORT OF BREATH	✓
4. EXPECTORATION	✓
BLOOD?	✓
AMOUNT/24 HRS.	
1 cup.	
2 tbsp.	
1 tsp	
1 tsp	
5. DO YOU SMOKE?	✓
cigars/ /day	
pipe /month	
cigarettes	✓
1½ pks/day 35 yrs.	

Not Rec'd

DO YOU NOW HAVE OR HAVE YOU — IF YES - DURATION

	YES	NO
TUBERCULOSIS?		✓
6. PNEUMONIA		✓
7. SCHISTOSOMIASIS		✓
8. ASTHMA		✓
9. CHRONIC BRONCHITIS		✓
10. HEART DISEASE		✓
11. HIGH BLOOD PRESSURE		✓

OCCUPATIONAL HISTORY: WHAT DO YOU DO AND FOR HOW LONG HAVE YOU DONE IT?

Mechanic 34 yrs. - 6 months in present concern.

VENTILATION STUDY

FVC:	4500cc
FEV1:	75%
FEV2:	88%
FEV3:	96%
FEF 25%-75%:	3.4/sec
M.V.V.	105 L/Min

CHEST EXAMINATION

very mild airway obstruction defect of negligible significance Skeletal okay

CHEST FILM NUMBER: 9123 #9123

Mild prominence of both root areas. Minimal increase in bronchovascular markings over both lower lobes. Trachea is in the midline. Diaphragms are smooth and sulci are clear. Heart shadow and bony cage are normal. IMPRESSION: Satisfactory chest.

Despite negligible defect in ventilation study, examinee is probably quite satisfactory and should be so advised.

DATE: 11/6/75

M.D.

GENERAL-PACIFIC

NAME: _____ SOC. SEC. NO. 095-01-9800

ADDRESS: 6223 Crittenden Rd. Akron, N.Y. AGE: 59 M ✓

	YES	NO
1. COUGH		✓
2. CHEST PAIN		✓
3. SHORT OF BREATH		✓
4. EXPECTORATION		✓
BLOODY		
AMOUNT/24 HRS.		
1 tsp.		
1 tbsp.		
¼ cup		
½ cup		
5. DO YOU SMOKE?		✓
cigars/ /day		
pipe /month		
cigarettes		
/day /year.		
IF NO - HOW LONG 9 yrs.		

Noted

DO YOU NOW HAVE OR HAVE YOU EVER HAD	YES	NO	IF YES - DESCRIBE
6. PNEUMONIA		✓	
7. TUBERCULOSIS		✓	
8. ASTHMA		✓	
9. CHRONIC BRONCHITIS		✓	
10. HEART DISEASE		✓	
11. HIGH BLOOD PRESSURE		✓	

Noted

OCCUPATIONAL HISTORY: WHAT DO YOU DO AND HOW LONG HAVE YOU DONE IT?

Work Drive lift truck 10 mo.
on pails Total 39 years

VENTILATION STUDY

FVC:	Normal
FEV1:	80%
FEV2:	94%
FEV3:	100%
FEF 25%-75%:	4L/sec
M.V.V.	160 L/min

INTERPRETATION

There is no evidence of restrictive or airway obstructive disease. Spirogram is quite satisfactory.

X-RAY OF CHEST FILM NUMBER: 9015 #9015

Moderate fibrosis of both roots. Moderate fibrosis of all lobes. Fibrosis is essentially linear in configuration. No evidence of specific parenchymatous disease. Heart shadow is distinctly full but does not exceed 50% of the transverse thoracic diameter (16.5/35). Bony cage does exhibit some proliferative change involving the dorsal spine. G

COMMENT: Examinee's health status with regard to his chest appears to be satisfactory. Certainly no significant evidence of any disability. Please advise examinee.

SIGNED INDUSTRIAL MEDICAL CLINIC

DICT: 10/30/75
MLA/kl

Marvin L. Amdur M. D.

EMPLOYEE'S NAME: [redacted] SOC. SEC. NO.

ADDRESS: 8199 Mapleridge Rd Akron, N.Y. AGE: 56 M. W.

INQUIRE: INDICATE YES, NO

	YES	NO
1. COUGH		
2. CHEST PAIN		
3. SHORT OF BREATH		
4. EXPECTORATION: BLOODY		
AMOUNT/24 HRS.		
1 tsp.		
1 tbsp.		
¼ cup		
½ cup		
5. DO YOU SMOKE?		
cigars/ /day		
pipe /month		
cigarettes		
pks/day /yrs.		
IF NO - HOW LONG		

Noted

Has ex smoked for 6 yrs

DO YOU NOW HAVE OR HAVE YOU EVER HAD	YES	NO	IF YES - DESCRIBE
6. PNEUMONIA			
7. TUBERCULOSIS			
8. ASTHMA			
9. CHRONIC BRONCHITIS			
10. HEART DISEASE			
11. HIGH BLOOD PRESSURE			

Noted

OCCUPATIONAL HISTORY: WHAT DO YOU DO AND HOW LONG HAVE YOU DONE IT?

Worked in plant 35 yrs

Packer - Stacker --> 6 months

VENTILATION STUDY

FVC:	3800 cc
FEV_1:	78 %
FEV_2:	88 %
FEV_3:	95 %
FEF 25%-75%:	3.4 l/sec
M.V.V.	150 l/min

INTERPRETATION

IMPRESSION: Flow rates are normal. No evidence of restrictive parenchymal or airway obstructive disease. Quite satisfactory.

X-RAY OF CHEST FILM NUMBER: 8893 #8893

Mild prominence of both root areas. Multiple small calcific densities noted in each, particularly the right and in the right lower lobe. Some general increase in bronchovascular markings throughout but no evidence of specific parenchymal disease. Heart shadow and bony cage are normal. Significant proliferative disease noted to involve the dorsal spine in the lateral projection only

COMMENT: Status with regard to ventilation studies and chest x-ray would seem to be satisfactory. Please advise examinee.

BUFFALO INDUSTRIAL MEDICAL CENTER

DATE: 10/2/75

Marvin L. Amdur, M.D.

Marvin L. Amdur, M. D.

MLA/kl

NAME: [illegible] SOC. SEC. NO. 099-28-9757

ADDRESS: 4406 S.Newstead Rd. AKRON, N.Y. AGE: 37 RX /

INQUIRE: INDICATE YES/NO

	yes	
1.COUGH		✓
2.CHEST PAIN		✓
3.SHORT OF BREATH		✓
4.EXPECTORATION		✓
BLOODY		
AMOUNT/24 HRS.		
1 tsp.		
1 tbsp.		
¼ cup		
½ cup		

noted

5.DO YOU SMOKE? yes

cigars/ /day

pipe /month

cigarettes

2 pks/day 20/yrs.

IF NO - HOW LONG

DO YOU NOW HAVE OR HAVE YOU EVER HAD

	YES	NO	IF YES - DESCRIBE
6.PNEUMONIA	✓		noted
7.TUBERCULOSIS		✓	
8.ASTHMA		✓	
9.CHRONIC BRONCHITIS		✓	
10.HEART DISEASE		✓	
11.HIGH BLOOD PRESSURE		✓	

OCCUPATIONAL HISTORY: WHAT DO YOU DO AND HOW LONG HAVE YOU WORK

Plant Maintenance. 16 yrs.

VENTILATION STUDY

FVC: Stuck

FEV_1: 72%

FEV_2: 87%

FEV_3: 98%

FEF 25%-75%: 2.5 L/sec

M.V.V. 110 L/min

INTERPRETATION

Essentially no significant change

X-RAY OF CHEST FILM NUMBER: 9191 #9191

Moderate fibrosis of both roots. Slight fibrosis of all lobes. No specific evidence of parenchymal disease. Trachea is ; in the midline. Diaphragms are smooth and sulci are clear. Lateral projection generally not remarkable. Essentially no change from chest x-ray films of previous study and likewise, minimal or negligible change from the standpoint of ventilation study. Please advise examinee health status is satisfactory

COMMENT:

[illegible] MEDICAL CENTER

DATE: 11/13/75

MLA/kl

Marvin L. Amdur M D