FEB 17 1984

J-M Manufacturing Company, Inc.

Internal Correspondence

To: W. G. Burnett

Date: February 16, 1984

From: E. E. Wang

Copies: R. K. Chi, Ann Root

Subject: **EMPLOYEES PHYSICAL EXAMINATIONS**

After a review of the related literature/regulations, the recommended J-M employees physical examinations have been listed in Tables I-III.

The plant manager will determine which physician an employee is to use. Physician(s) presently offering medical services to a plant may be used if both the location and the service efficiency suit the plant needs.

In those plant locations having a company-operated medical facility, it is the responsibility of the appropriate medical personnel to maintain a periodic exam file on each employee and arrange for the scheduling of the periodic exam. In those locations without medical personnel, this is an Employee Relations function.

Employees who decline to take any periodic physical exam offered to them shall be required to sign a form for their medical record that they have so declined. All new employees are required to take the appropriate pre-employment physical examinations.

E. E. Wang

EEW/dm

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TABLE I: Recommended Medical Program for Plant A/C Pipe Workers

ITEMS SUGGESTED	PRE-EMPLOYMENT EXAM	PERIODIC EXAM	EMPLOYMENT TERMINATION EXAM
1. History to elicit symptomatology of upper & lower respiratory and gastrointestinal diseases	Yes	Annual	Yes
2. Physical exam of the respiratory & gastrointestinal systems	Yes	Every 3 yr. (for those under 40 yr. of age & with less than 10 yr. of exposure) Annual (for those $\geq$ 40 yr. of age or with $\geq$ 10 yr. exposure)	Yes
3. 14" X17" posterior-anterior chest x-ray	Yes	Annual	Yes
4. Right & left anterior oblique chest x-rays	Yes	Every 3 Yr.	Yes
5. Pulmonary function tests to include forced vital capacity & forced expiratory volume at 1 second	Yes	Annual	Yes
6. Rectal exam & stool guaiac test for occult blood	Yes	Annual	Yes
7. Complete urinalysis	Yes	Every 2 yr. (for those $\geq$ 45 yr. of age)	No
8. Complete blood count	Yes	Every 2 yr. (for those $\geq$ 45 yr. of age)	No
9. Vision test	Yes	Every 2 yr. (for those $\geq$ 45 yr. of age)	No
10. Hearing test	Yes	Annual	Yes
11. Urine drug screens	Yes (only when there is a concern about the potential for drug abuse or addiction either by history or clin-	No	No

TABLE II: Recommended Medical Program for Plant PVC Pipe Workers

ITEMS SUGGESTED	PRE-EMPLOYMENT EXAM	PERIODIC EXAM	EMPLOYMENT TERMINATION EXAM
1. Medical history to include alcohol intake; past history of hepatitis; work history & past exposure to potential hepatotoxic agents, including drugs & chemicals; past history of blood transfusions; past history of hospitalizations	Yes	Annual (only when VCM conc. $\geq$ action level of 0.5 ppm)	No
2. Complete urinalysis	Yes	Every 2 yr. (for those $\geq$ 45 yr. of age)	No
3. Complete blood count	Yes	Every 2 yr. (for those $\geq$ 45 yr. of age)	No
4. Vision test	Yes	Every 2 yr. (for those $\geq$ 45 yr. of age)	No
5. Hearing test	Yes	Annual	Yes
6. Urine drug screens	Yes (only when there is a concern about the potential for drug abuse or addiction either by history or clinical presentation)	No	No
7. Detecting enlargement of liver, spleen or kidneys; or dysfunction in these organs, and for abnormalities in skin, connective tissues & the pulmonary system	yes (only when VCM conc. $\geq$ action level of 0.5 ppm)	Annual (only when VCM conc. $\geq$ action level of 0.5 ppm)	No
8. 14" X17" posterior - anterior chest x-ray	Yes	Every 2 yr. (for those $\geq$ 45 yr. of age)	No
9. Obtaining serum specimen to determine total bilirubin; alkaline phosphatase; serum glutamic oxalacetic transaminase (SGOT); serum glutamic pyruvic transaminase (SGPT); and gamma glustamyl transpeptidase	Yes (only when VCM conc. $\geq$ action level of 0.5 ppm)	Annual (only when VCM conc. $\geq$ action level of 0.5 ppm)	No

TABLE III: Recommended Medical Program for Office Workers (Including HQ Personnel, Plant Office Personnel, and Sales Representat

ITEMS SUGGESTED	PRE-EMPLOYMENT EXAM	PERIODIC EXAM	EMPLOYMENT TERMINATIO EXAM
1. General health history questionnaire	Yes	No	No
2. General physical exam	Yes	No	No
3. 14" X17" posterior-anterior chest x-ray	Optional	Every 3 yr. (for those ≥ 45 yr. of age)	No
4. Complete urinalysis	Optional	Every 3 yr. (for those ≥ 45 yr. of age)	No
5. Complete blood count	Optional	Every 3 yr. (for those ≥ 45 yr of age)	No
6. Hearing test	Optional	Every 3 yr (for those ≥ 45 yr. of age)	No
7. Vision test	Optional	Every 3 yr. (for those ≥ 45 yr. of age)	NO