THE MEDICAL DEPARTMENT
THE ASSOCIATED ETHYL COMPANY LIMITED

INITIAL BLENDER EXAMINATION FORM

	Marital State
...cation	Children
Date	Weight (lb.)
Age	Height (ft. in.)
Date of Birth	Temperature
Race	Pulse Rate and Rhythm

Occupational Record

Past Medical Record

Rheumatic Fever	Diphtheria
Chorea	Pneumonia
Scarlet Fever	Pleurisy
Other Conditions	

Personal Record

Diet	Bowels
Appetite	Micturition

Family Record

Father	Brothers
Mother	Sisters

Physical Examination

Appearance	C.V.S. B.P.
Build	R.S.
Skin	A.S.
Lymph Nodes	G.U.S.
Mouth and Throat	C.N.S. Cranial Nerves :
Teeth	Reflexes :
Ears	Motor System :
Nose	Sensory System :
Eyes	Grip :

Urine

S.G.	Albumen
Sugar	Microscopy

Blood

Hæmoglobin

Remarks

N29803

Notes overleaf KE 0010226

Signature of Doctor .....

INITIAL BLENDER MEDICAL REPORT

	DATE	PLACE	FIT or UNFIT FOR BLENDING

REMARKS :

KE 0010227

Signature of Doctor.....

THE ASSOCIATED ETHYL COMPANY LIMITED

MEDICAL SERVICES OVERSEAS

GENERAL REPORT

BLENDING OPERATORS

DING PLANT (*Name and Location*).	STATE OF HYGIENE (*Plant and Equipment*).

EMPLOYEE (*Name*).	MEDICAL (*Initial or Routine*).	REPORT (*Fit or Unfit*).	DATE	REMARKS

THE MEDICAL DEPARTMENT

THE ASSOCIATED ETHYL COMPANY LIMITED

ROUTINE BLENDER EXAMINATION FORM

NAME

LOCATION

EMPLOYER

Date														
Pallor														
Weakness														
Fatigue														
Sleep Disturbance														
Insomnia														
Anorexia														
Indigestion														
Constipation														
Weight														
Anxious Expression														
Metallic Taste														
Headache														
Sensory Disturbance														
Dysuria														
Temperature														
Pulse														
Blood Pressure														
Tremor														
Grip (Rt.)														
Grip (Lt.)														
Teeth														
Gums														
Urine Ph.														
Urine Albumin														
Urine mg./L. (Pb.)														
Urine Sugar														
Haemoglobin														
Canisters last changed														
No. of blends since last examination														
Masks														
Gloves														
Clothes														

TO THE CHIEF MEDICAL OFFICER
THE ASSOCIATED ETHYL COMPANY LIMITED

ETHYL BLENDERS AND EQUIPMENT REPORT

LOCATION

TRENDS SINCE LAST EXAMINATION :

Report

SYMPTOMS : Cardiac.....

Respiratory.....

Alimentary.....

Genito - Urinary.....

Central Nervous.....

SPECIAL QUESTIONS : Sleep.....

Appetite.....

Weight.....

Bowels.....

SIGNS : Heart : Size :..... Rate and Rythm.....

B.P. : Systolic..... Diastolic.....

C.N.S. : Reflexes..... Tremors.....

Mouth : (Teeth)..... (Gums).....

Urine : Albumin..... Sugar.....

Equipment Report

Cannisters Last Changed :

Masks : * In Good Condition/Require Renewing

Gloves : * In Good Condition/Require Renewing

Clothes : * In Good Condition/Require Renewing

Other Equipment :

** Delete as Necessary*

Special Examinations (When Intoxication is Suspected).

Hæmoglobin.....

Lead in Blood..... mg./100 Gm.

Lead in Urine..... mg./Litre

Remarks

REPORT :

This Man is Fit and Well, or :.....

Date..... KE 0010230 Doctor.....