REFERENCE 752

SHELL OIL COMPANY

3/5/73.

DATE MARCH 2, 1973

TO REFINERY MANAGERS

ANACORTES	ODESSA/CINIZA
HOUSTON	WILMINGTON
MARTINEZ	WOOD RIVER
NORCO	

FROM GENERAL MANAGER REFINING - HEAD OFFICE

SUBJECT OSHA ASBESTOS STANDARD MEDICAL EXAMINATIONS

Further to the General Manager Refining's memorandums of August 7, 1972, and September 14, 1972, concerning the Occupational Safety and Health Administration (OSHA) asbestos standard, Dr. R. E. Joyner, Medical Director, recently issued the attached memorandum supplementing his previous correspondence concerning medical examinations for insulators. Although most locations have completed the initial examinations, the revised examination criteria should be included in all future physical examinations.

If there are any questions concerning the revised medical examination criteria, please advise Manufacturing Engineering.

G. Holzman

Attachment

cc - Shell Oil Company
Public Affairs - Medical Director
Occupational Safety and Health - Manager
Manufacturing Engineering - Manager
Manufacturing Operations - Mr. R. H. Tubman
Ciniza Refinery - Superintendent
Shell Chemical Company
General Manager - Manufacturing and Distribution

PLAINTIFF'S EXHIBIT

SH-1963

DPMC-00388

LAM 006876

SHELL OIL COMPANY

DATE FEBRUARY 2, 1973

TO SEE ATTACHED LIST

FROM MEDICAL DIRECTOR

SUBJECT OSHA ASBESTOS STANDARD
MEDICAL EXAMINATION

The following recommendations are offered to supplement previous correspondence on the above subject:

1. The form supplied by my office for use in asbestos examinations should be corrected as follows: Under Section V - Clinical Examination: ---- the phrase "when indicated" should be deleted from the form, i.e., it is my recommendation that all employees having the history, spirometry and chest x-ray should also have a clinical examination, such as would ordinarily be performed for pre-employment purposes.

2. A copy of the examination record should be forwarded to my office, where a centralized file on all OSHA-required medical examinations has been established. This file will enable me to study corporate-wide experience, as well as insure compliance with the 20-year retention clause.

R E Joyner

R. E. Joyner, M.D.
Medical Director

Attachment

☐ Department - Shell
☐ Shell Oil Company
☐ Shell Chemical Company
☐ Shell Development Company

☐ Preplacement
☐ Annual
☐ Termination
☐ Other

Employee _____
No. _____ Date _____
Location _____

Pursuant to OSHA Regulations published in the Federal Register (37 F.R. 11318), the following procedures were performed on the above-named employee:

I. MEDICAL HISTORY: (Please check Yes or No)

	YES	NO
1. Have you had shortness of breath in the past few months?		
2. Does your shortness of breath make you stop for breath after climbing one flight of stairs?		
3. Does shortness of breath interfere with your work?		
4. Does shortness of breath ever awaken you from sleep?		
5. Does shortness of breath ever occur at rest?		
6. Do you have to sleep on several pillows at night in order to breathe easily?		
7. Do you have a bothersome cough nearly every day?		
8. Is your cough mainly on lying down?		
9. Is your cough mainly on arising in the morning?		
10. Is your cough about the same all through the day?		
11. Do you cough up yellowish or greenish sputum?		
12. Have you coughed up blood within the past six months?		
13. Do you think the blood came from your nose, throat, or chest? (Circle one)		
14. Are you frequently aware of whistling or wheezing when you breathe?		
15. Has a Doctor ever said you have emphysema?		
16. Do you get frequent chest colds?		

Remarks:

_____
Employee's Signature

II. SPIROMETRY: Ht. _____ Wt. _____ Age _____ Predicted Vital Capacity _____
Measured Vital Capacity _____, which is _____% of Predicted Vital Capacity
Forced Exp. Vol. (1 second)_____, which is _____% of Measured Vital Capacity

III. CHEST X-RAY: Date _____ Where performed? _____
Where is film filed? _____

Result: (Attach reading of chest x-ray.)
Remarks:

IV. PHYSICIAN'S EVALUATION:

☐ History and test results above do not show evidence of chronic respiratory disease.
☐ Marginal findings. Recommend follow-up as noted below.
☐ Recommend immediate further study as noted below.
☐ Employee may wear respirator.
☐ Employee should not wear respirator.

Remarks:

_____ Physician's name (print)
_____ Physician's signature
_____ Date

V. CLINICAL EXAMINATION: (when indicated) - (Attach report of examination).

VI. ADDITIONAL PROCEDURES, REMARKS, ETC.:

DPMC-00390

_____
Signature

LAM 006878