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AMERICAN HEALTH PROFILES, INC.

Employee's Name Robert J. Reusch **Medical No.** B 23451

Employer General V.G.M. **Location** Lake Charles

WAIVER OF MEDICAL EXAMINATIONS

I, ______________________, indicate by signing this document, that I refuse to take the medical examinations made available to me by my employer.

I understand these examinations are offered as a protection against any toxic substances that I come into contact with in my daily work and I understand the possible medical hazards involved with these substances.

Witness ______________________ Signature of Employee ______________________

Witness ______________________ Date ______________________

WAIVER OF PORTION OF MEDICAL EXAM

I, Robert J. Reusch *waive the* chest x-ray *portion of my medical examination. I understand the possible results and evaluations obtained from my examination may be hindered by the refusal of this portion of the testing.* Had a chest xray 2 yrs. ago.

Witness [illegible signature] Signature of Employee [signature]

Witness ______________________ Date 10-11-79

WAIVER OF RESPIRATOR EXAM

I, ______________________, understand that Federal Regulation 29 CFR 1910.134 requires a medical examination and certification by a licensed physician to wear a respirator. I understand the consequence of this refusal places myself in jeopardy since the Company cannot legally provide me with a protective respiratory device.

Witness ______________________ Signature of Employee ______________________

Witness ______________________ Date ______________________

CCR 000081058

(WHITE COPY TO AHP, NASHVILLE, CANARY COPY TO PLANT MEDICAL RECORDS, PINK COPY TO PLANT MANAGEMENT)

Form No. 005 (Rev. 1/79)