

40 Paterson Street
New Brunswick, NJ 08901
Tel: (732) 545-4717 Fax: (732) 545-4579
www.hoaglandlongo.com

Nora J. Grimbergen
Partner
Environmental/Toxic Tort Department
ngrimbergen@hoaglandlongo.com



March 30, 2015

Leah Kagan, Esq.
Levy Konigsberg, LLP
800 Third Avenue, 11th Floor
New York, NY 10022

Re: Gilvin, Janet vs. Whittaker Clark & Daniels
Our File No.: 6120330 - NJG
Docket No.: MID-L-6187-14

Dear Ms. Kagan:

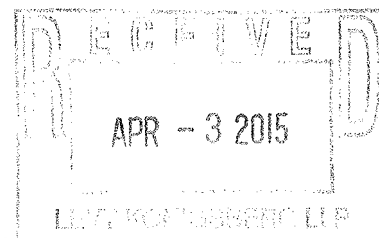
Pursuant to the Court's order of March 25, 2015, enclosed please find the Workers' Compensation records with the Social Security number only redacted.

Very truly yours,

/s/ Nora J. Grimbergen

NORA J. GRIMBERGEN

NJG:sf
Enclosures



Department of Labor and Industry
DIVISION OF WORKERS' COMPENSATION
CN 381
Trenton, New Jersey 08646

EMPLOYEE'S CLAIM PETITION

(DO NOT FILE IN)
C.P. NO. 91-0286
D.O. HUDSON

SOCIAL SECURITY NUMBER

NAME

WILLIE F. GILBERT

COUNTY OF RESIDENCE Hudson

ADDRESS 326 Delaware Street
Jersey City, New Jersey 07306

NAME

WHITNEY B. BANYARD, JR.

COUNTY OF RESIDENCE Hudson

ADDRESS 1000 1st Avenue
New Jersey 07030-1000

FEDERAL EMPLOYER'S
IDENTIFICATION NUMBER
(If none, Inset Sec. 901)

22-2965495

NAME

SALVATORE MARABONDO, ESQ.

ADDRESS

26 Journal Square, 10th Floor

Jersey City, New Jersey 07306

TELEPHONE (Area Code) (201) 636-8400

NAME (Indicate if Not Owner or If Self-Employed)

GLOBE INDEMNITY COMPANY

ADDRESS 340 USHERWOOD ROAD

P. O. Box 1045

Turnersville, New Jersey 08012

CARRIER CLAIM FILE NUMBER

TO THE NEW JERSEY DIVISION OF WORKERS' COMPENSATION

Petitioner, alleging that Respondent's injury by an accident arising out of and in the course of petitioner's employment with Respondent, is compensable under the Act, respectfully states:

THE CAUSE OF THE ACCIDENT WAS:

From November 12, 1989, at employer's premises in Jersey and South Plainfield, N. J.

W:

DATE

DATE

DATE

DATE

DATE

SECTION 5

Number of days

Indicate the date of injury

itioner (WAS) (DSD) Not a case of death or informal hearing.

is a copy of Petitioner's

cal aid (WAS) (WAS) (WAS) Not a case of death or informal hearing.

names and addresses of physicians and hospitals

Ramesh M. Kania, M.D., 109 S. Munn Avenue, East Orange, N. J. 07019

Jesse G. Mangione, M.D., 196 Paterson Avenue, East Rutherford, N. J. 07073

and Company Physicians and others, yet to be determined.

(OVER)

FILED
JUL 19 10 18 AM '91
DIVISION OF WORKERS' COMPENSATION
TRENTON, NJ

Department of Labor and Industry
DIVISION OF WORKERS' COMPENSATION
CN 381
Trenton, New Jersey 08625

EMPLOYEE'S CLAIM PETITION

WU - 388 (7-80)

(DO NOT FILL IN)

C.P. NO.

P.O.

HUDSON

SOCIAL SECURITY NUMBER:

NAME:

WILLIE J. MALLORY

COUNTY OF RESIDENCE: Hudson

ADDRESS: 326 Halsted Street
Jersey City, New Jersey 07306

FEDERAL EMPLOYER'S
IDENTIFICATION NUMBER
(If none, insert Soc. Sec. No.)

22-2965495

NAME:

SALVATORE MARABONDO, M.D.

ADDRESS:

26 Journal Square, 10th floor
Jersey City, New Jersey 07306
TELEPHONE (Area Code) (201) 656-8400

ATTORNEY FOR
PETITIONER

381002-2

VS

902-561-6106

NAME:

WHITTAKER, CLARK & DAVIDS, INC.

COUNTY OF RESIDENCE: Middlesex

ADDRESS: 1000 Coolidge Street
South Plainfield, New Jersey 07080-1000

Is this (check one) (If Not Covered or If Self Insured)

GLOBE INDEMNITY COMPANY

ADDRESS: 340 KENNEDY ROAD

P. O. Box 1045

Turnersville, New Jersey 08012

CARRIER'S CLAIM FILE NUMBER:

ATTORNEY FOR
RESPONSEE

TO THE DIVISION OF WORKERS' COMPENSATION:

Petitioner, alleging that the Petitioner sustained an injury by an accident arising out of and in the course of petitioner's employment with Respondent, compensable under R.S. 24:15-7 et seq., supplements and amendments, respectfully states:

DATE OF ACCIDENT: DATE OF OCCUPATIONAL EXPOSURE:

From November 1, 1980 to present.

WHERE: At employer's premises in
Kearny and South Plainfield, N.J.

INJURY: Pulmonary irritants and other deleterious substances.

DATE STOPPED WORK:

DATE RETURNED TO WORK:

NAME OF PHYSICIAN:

DATE OF INJURY:

MARRIED

DATE INJURY REPORTED TO EMPLOYER AND TO WHOM:

DATE OF INJURY:

MARRIED

Employer's new doctor informed petitioner for first time in

DATE OF INJURY:

MARRIED

DATE OF COMPENSATION

TEMPORARY DISABILITY PAID

PERMANENT DISABILITY PAID

\$0.00

\$ Maximum

\$ None

\$ None

SCOPE, EXTENT AND CHARACTER OF INJURY: If there has been amputation or loss of usefulness of any member or impairment of any physical function, explain fully. Permanent pulmonary disease with related internal consequences and neuropsychiatric disability.

Petitioner (X) (DID NOT) seek compensation at any Informal hearing.

A copy of Petitioner's treating physician's report is attached hereto

☐

Yes

☒

No

Medical aid (NOT) furnished by Petitioner's employer.

Name of physicians and hospitals:

Ramesh M. Kania, M.D., 109 S. Mum Avenue, East Orange, N. J. 07019

Jesse G. Mangona, M.D., 196 Paterson Avenue, East Rutherford, N. J. 07073
and Company Physicians and others, yet to be determined.

(OVER)

JUL 19 10 18 AM '91

OFFICIAL FILES
DIV. OF WORKERS
COMPENSATION
TRENTON, NJ

LAW OFFICES
SALVATORE MARABONDO, ESQ.
26 Journal Square
Jersey City, New Jersey 07306
(201) 656-8400
Attorney for Petitioner

WILLIE J. MALLORY,

Petitioner

-VS-

WHITTAKER, CLARK & DANIELS,

Respondent

NEW JERSEY DEPARTMENT OF
LABOR & INDUSTRY
DIVISION OF WORKERS'
COMPENSATION

Hudson County

Claim Petition #91-028646,
91-028649, 91-028651,
91-028657, 91-028659,
91-028665, 91-028668 &
91-028675

INTERROGATORIES

TO: RICHARD J. SAUERWEIN, ESQ.
325 Columbia Turnpike, Suite 303
P. O. Box 891
Florham Park, New Jersey 07932
Attorney for Continental Ins. Co.

SIR: PLEASE TAKE NOTICE that the Petitioner demands
Answers, under oath, of the Respondent to the following
Interrogatories within the time prescribed by the Rules of the
Division of Workers' Compensation.

1. Set forth the date on which the petitioner started working for the respondent and the date on which the petitioner last worked, or indicate if the petitioner is still employed by the respondent.

2. What was the chemical composition of the liquids, powders, gases, fumes, mists, dust and all other substances and materials which the petitioner used or was exposed to in his work or which in the course of his employment were handled by him, or which, were in any way used or processed in the vicinity in which the petitioner worked; list these substances both by common or trade name and by chemical name and composition, for the entire period that the petitioner was employed by the respondent.

3. In the area where the petitioner worked, was there any oven, or machinery which in the operation or use there generated heat? If the answer is affirmative, then specify in particular, the type of oven, machinery, and contrivance used and to what degree of temperature of heat such contrivance generated and the purpose for which they were used and the manner in which they were used.

a) Were smoke, fumes, dust or any substances emitted from the aforesaid oven, machinery or contrivance while in operation?

b) Describe the type of smoke, fumes, dust or any substances emitted.

c) During what period of time was the petitioner exposed to such smoke, fumes, dust or substances?

4. Describe the room or rooms in which the petitioner performed his work, during the entire period of the petitioner's employment with you. Also set forth the size of said room or rooms by length, width and height.

5. Did the room or rooms in which the petitioner worked contain any ventilating or blower systems, and if so, describe such systems in detail, indicating the location of the intakes and exhaust of such systems and the details of the capacity of such systems.

6. If natural ventilation was relied on, state the location and size of all openings.

7. State the name and address of all treating physicians who have examined and/or treated the petitioner on behalf of the respondent prior, during and since the time of his employment, and give the complete medical findings and diagnosis including all laboratory data of each such physician, and describe in detail, the nature of the treatments and dates of the treatment.

8. State the interpretation made of any x-rays taken of the petitioner by any physician on behalf of the respondent, naming the particular physician in each instance, and the date of each such x-ray and interpretation made of said x-ray.

9. State the company policy of the respondent when a treating physician has a finding and/or diagnosis indicating that there is a manifestation of some health problem. In particular, what is the company policy regarding notification to the employee of said findings?

10. Did the respondent prior, during and subsequent to the period of the petitioner's employment cause to be made any air sampling test to determine the presence and nature of any gases, smoke, fumes, mists, elements, substances and dust in the environment in which the petitioner worked? If the answer to the foregoing is in the affirmative, give in detail the results of said tests, setting forth the dates on which they were performed and by whom made.

11. Did the respondent prior, during and subsequent to the period of the petitioner's employment become aware of any technical, scientific or industry literature or warnings regarding the health hazards and the potential health hazards of any of the substances or chemical compositions that the respondent would deal with and that the petitioner did handle or was exposed to in the course of his employment? Set forth in detail what were said warnings or notifications, by whom they were made, and what course of action respondent took regarding each. Annex copies of any such literature, notices or reports hereto.

12. Set forth the specific work classification assigned to the petitioner during his entire period of employment with the respondent, and include the following information:

a) The dates of the period covering the various classifications.

b) The exact nature of the work performed in such classification and the methods of operation by which such work was performed.

13. Set forth by trade name and chemical composition all substances and materials used in composing molds used in metal pouring.

14. Set forth by trade name and give the chemical composition of all oils, greases, parting compounds, lining compounds or dusting compounds used in lining molds and cores.

SALVATORE MARABONDO
Attorney for Petitioner

DATED: March 16, 1992.

STATE OF NEW JERSEY:

: ss

COUNTY OF

:

I, the undersigned, being duly sworn upon my oath,
according to law, depose and says:

1. I am the
in the within action.

2. I have read the foregoing Interrogatories and answers
thereto and they are true to the best of my knowledge.

Sworn and subscribed to before me

this day of , 1992.

LAW OFFICES
SALVATORE MARABONDO, ESQ.
26 Journal Square
Jersey City, New Jersey 07306
(201) 656-8400
Attorney for Petitioner

WILLIE J. MALLORY,

Petitioner

-vs-

WHITTAKER, CLARK & DANIELS,

Respondent

NEW JERSEY DEPARTMENT OF
LABOR & INDUSTRY
DIVISION OF WORKERS'
COMPENSATION

Hudson County

Claim Petition #91-028646,
91-028649, 91-028651,
91-028657, 91-028659,
91-028665, 91-028668 &
91-028675

INTERROGATORIES

TO: STEVEN A. WEINER, ESQ.
300 Harmon Meadow Boulevard
Secaucus, New Jersey 07096
Attorney for Fireman's Fund Ins. Co.

SIR: PLEASE TAKE NOTICE that the Petitioner demands
Answers, under oath, of the Respondent to the following
Interrogatories within the time prescribed by the Rules of the
Division of Workers' Compensation.

1. Set forth the date on which the petitioner started working for the respondent and the date on which the petitioner last worked, or indicate if the petitioner is still employed by the respondent.

2. What was the chemical composition of the liquids, powders, gases, fumes, mists, dust and all other substances and materials which the petitioner used or was exposed to in his work or which in the course of his employment were handled by him, or which, were in any way used or processed in the vicinity in which the petitioner worked; list these substances both by common or trade name and by chemical name and composition, for the entire period that the petitioner was employed by the respondent.

3. In the area where the petitioner worked, was there any oven, or machinery which in the operation or use there generated heat? If the answer is affirmative, then specify in particular, the type of oven, machinery, and contrivance used and to what degree of temperature of heat such contrivance generated and the purpose for which they were used and the manner in which they were used.

a) Were smoke, fumes, dust or any substances emitted from the aforesaid oven, machinery or contrivance while in operation?

b) Describe the type of smoke, fumes, dust or any substances emitted.

c) During what period of time was the petitioner exposed to such smoke, fumes, dust or substances?

4. Describe the room or rooms in which the petitioner performed his work, during the entire period of the petitioner's employment with you. Also set forth the size of said room or rooms by length, width and height.

5. Did the room or rooms in which the petitioner worked contain any ventilating or blower systems, and if so, describe such systems in detail, indicating the location of the intakes and exhaust of such systems and the details of the capacity of such systems.

6. If natural ventilation was relied on, state the location and size of all openings.

7. State the name and address of all treating physicians who have examined and/or treated the petitioner on behalf of the respondent prior, during and since the time of his employment, and give the complete medical findings and diagnosis including all laboratory data of each such physician, and describe in detail, the nature of the treatments and dates of the treatment.

8. State the interpretation made of any x-rays taken of the petitioner by any physician on behalf of the respondent, naming the particular physician in each instance, and the date of each such x-ray and interpretation made of said x-ray.

9. State the company policy of the respondent when a treating physician has a finding and/or diagnosis indicating that there is a manifestation of some health problem. In particular, what is the company policy regarding notification to the employee of said findings?

10. Did the respondent prior, during and subsequent to the period of the petitioner's employment cause to be made any air sampling test to determine the presence and nature of any gases, smoke, fumes, mists, elements, substances and dust in the environment in which the petitioner worked? If the answer to the foregoing is in the affirmative, give in detail the results of said tests, setting forth the dates on which they were performed and by whom made.

11. Did the respondent prior, during and subsequent to the period of the petitioner's employment become aware of any technical, scientific or industry literature or warnings regarding the health hazards and the potential health hazards of any of the substances or chemical compositions that the respondent would deal with and that the petitioner did handle or was exposed to in the course of his employment? Set forth in detail what were said warnings or notifications, by whom they were made, and what course of action respondent took regarding each. Annex copies of any such literature, notices or reports hereto.

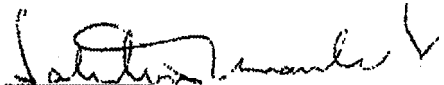
12. Set forth the specific work classification assigned to the petitioner during his entire period of employment with the respondent, and include the following information:

a) The dates of the period covering the various classifications.

b) The exact nature of the work performed in such classification and the methods of operation by which such work was performed.

13. Set forth by trade name and chemical composition all substances and materials used in composing molds used in metal pouring.

14. Set forth by trade name and give the chemical composition of all oils, greases, parting compounds, lining compounds or dusting compounds used in lining molds and cores.


/ SALVATORE MARABONDO
Attorney for Petitioner

DATED: March 16, 1992.

STATE OF NEW JERSEY:

: ss

COUNTY OF ESSEX :

I, the undersigned, being duly sworn upon my oath,
according to law, depose and says:

1. I am the
in the within action.

2. I have read the foregoing Interrogatories and answers
thereto and they are true to the best of my knowledge.

Sworn and subscribed to before me

this day of , 1992.

September 22, 1990

Mr. William Mallory
328 Kalsted Street
East Orange, NJ 07030

Dear Mr. Mallory:

Enclosed please find copies of the "New Jersey Hazardous Materials Fact Sheets" for:

<u>Description</u>	<u>CAS Number</u>
Calcium Hydroxide	1305-32-0
Calcium Oxide	1305-78-9
Carbon Black	1333-86-4
Chromium Oxide	1309-38-9
Iron Oxide	1309-37-1
Magnesium Oxide	1309-48-4
Silica, Tripoli	1317-95-2
Talc	14807-96-6
Titanium Dioxide	13463-67-7
Zinc Oxide	1314-13-2
Silica, Quartz	14808-60-7

We are also enclosing pursuant to your request under the "Right to Know Act" copies of our "Material Safety Data Sheets" for materials for which no fact sheets were available from the state:

continued...

Mr. William Hallory
326 Halsied Street
East Grange, N.J. 07050

September 20, 1990

<u>Description</u>	<u>CAS Number</u>
Flint Quartz	7631-86-9
Cadmium Sulfide	1305-32-6
Cadmium Zinc Sulfide	12214-12-8
Cadmium Selenium Sulfide	12442-27-2

If we can be of further assistance, please contact us.

Very truly yours,

WHITTAKER, CLARK & GRIEELS, INC.

F. McGonigle
Manager - Technical Services

FMS/ep
Enclosure

bcc: Mr. G.J. Dippold
Mr. M.C. Argyelan

P 420 672 732

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
(NOT FOR INTERNATIONAL MAIL)
(See Reverse)

U.S. G.P.O. 1985-254-450

PS Form 3800, June 1985

Sender	Mr. William Mallory	
Street and No.	326 Halsted Street	
P.O., State and ZIP Code	E. Orange, NJ 07050	
Postage		2.40
Certified Fee		.85
Special Services		
Restricted Delivery Fee		
Return Receipt (to whom and for what)		
Return Receipt showing to whom, Date, and Address of Delivery		.40
TOTAL Postage and Fees		\$ 3.65
Postmark or Date		

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS



SENDER INSTRUCTIONS

- Print your name, address and ZIP Code in the space below.
- Complete items 1, 2, 3, and 4 on the reverse.
 - Attach to front of article if space permits, otherwise affix to back of article.
 - Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE
USE, \$300

RETURN
TO



Print Sender's name, address, and ZIP Code in the space below.

Whittaker, Clark & Daniels
1000 Coolidge Street
South Plainfield, NJ 07080

PARK PLAZA RADIOLOGY
PARK PROFESSIONAL PLAZA
SUITE — LLB
2509 PARK AVENUE
SOUTH PLAINFIELD, NEW JERSEY 07080
(908) 753-2223

GARY P. NIKOLIS, M.D.
MEDICAL DIRECTOR

October 7, 1991

Yogi Bakshi, M.D.
101 Sampton Ave.
South Plainfield, NJ 07080

RE: Willie Mallory
Date of Exam: 9/16/91
Examination: Chest

Dear Dr. Bakshi,

PA and lateral views of the chest dated 9/16/91 were submitted for review.

The soft tissue and bony structures are within normal limits. The lung fields bilaterally show diffuse increased interstitial markings. There appears to be pleural thickening involving the right hemi-diaphragm. Fibrotic changes are appreciated in the right apex. The hilar regions are prominent. The cardiac silhouette is normal. Comparison with prior chest film shows no significant interval change. Interstitial fibrosis which may be secondary to pneumoconiosis. Clinical correlation is recommended.

Impression: Chest: Diffuse interstitial changes in both lung fields. These changes are chronic and there is no significant interval change when compared with a prior chest films. These findings may be consistent with pneumoconiosis.

Very truly yours,


Gary P. Nikolis, M.D.

GPN/lkl

JOHN F. SCALERA, M. D. 101 SAMPTON AVENUE SO. PLAINFIELD, N. J.

Name

EMPLOYMENT EXAMINATION RECORD

Address

Employer

Age

Sex

M. S. W. D.

1. Height

2. Weight

3. Blood Pressure

4. Pulse

5. Hearing Levels (Decibels)

Cps.

250

500

1000

2000

4000

6. Vision without glasses

7. Vision with glasses

8. Color ☐

R-14/..... L-14/.....

R-14/..... L-14/.....

R-20/20 L-20/20

R-20/20 L-20/20

9. Depth ☐

Right

Left

KEY: Normal ☒

Abnormal ☒

Not Examined ☐

(Use this space to describe all defects)

10. Appearance ☐

21. Abdomen/Scars ☐

11. Skin ☒

22. Hernias ☐

12. Eyes ☐

23. Inguinal Rings ☐

13. Ears/Drums ☒

24. Ext. Genitalia ☐

14. Nose ☒

25. Anus ☐

15. Throat ☐

26. Rectum/Prostate ☐

16. Teeth/Gums ☐

27. Extremities ☐

17. Neck ☐

28. Back ☐

18. Chest/Breasts ☐

29. Reflexes ☐

19. Heart ☐

30. Blood ☐

20. Lungs ☒

31. Urine ☒

Approved ☒

Not Approved ☐

Limited ☐

Restrictions:

Date Examined

JOHN F. SCALERA, M. D.

Examiner

FORM S-12856

OCCUPATIONAL HISTORY

List all employers for whom applicant
worked for the last three years

PAST MEDICAL HISTORY

(Record nature and dates of all injuries,
operations and major illnesses)

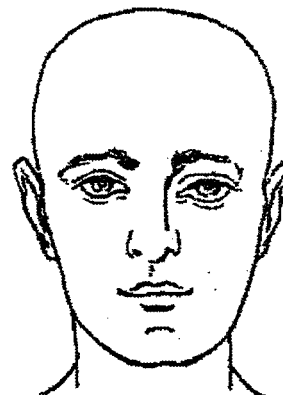
RE-CHECKS & SPECIAL EXAMINATIONS

Date of last immunization

Smallpox None ☐

Tetanus None ☐

Indicate scars and disfigurements



I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

Witness

Applicant

Date

9-16-97

Name

EMPLOYMENT EXAMINATION RECORD

Whittaker, Clark & Daniels

Address

326 HALSTED E. ORANGE N.J.

59

M

15/15

1. Height

5'11"

2. Weight

186

3. Blood Pressure

170/80

4. Pulse

68

5. Hearing Levels (Decibels)

Cps.

250

500

1000

2000

4000

6. Vision without glasses

R-14/50 L-14/50

R-20/20 L-20/20

7. Vision with glasses

R-14/28 L-14/24.5

R-20/..... L-20/.....

8. Color

4

9. Depth

0

Right

Left

KEY: Normal ☒Abnormal ☒Not Examined ☐

(Use this space to describe all defects)

10. Appearance

☐

11. Skin

☐

12. Eyes

☐

13. Ears/Drums

☐

14. Nose

☐

15. Throat

☐

16. Teeth/Gums

☐

17. Neck

☐

18. Chest/Breasts

☐

19. Heart

☐

20. Lungs

☒

21. Abdomen/Scars

☐

22. Hernias

☐

23. Inguinal Rings

☐

24. Ext. Genitalia

☐

25. Anus

☐

26. Rectum/Prostate

☐

27. Extremities

☐

28. Back

☐

29. Reflexes

☐

30. Blood

☐

31. Urine

☒

Patient advised under treatment by PMD

Approved ☐Not Approved ☐Limited ☐

9-17

1990

JOHN F. SCALERA, M. D.

Date Examined

Examiner

Restrictions:

FORM 5-12856

OCCUPATIONAL HISTORY

List all employers for whom applicant worked for the last three years

PAST MEDICAL HISTORY

(Record nature and dates of all injuries, operations and major illnesses)

RE-CHECKS & SPECIAL EXAMINATIONS

chest x-ray (PA&LAT)
not done at pt's request

Date of last immunization

Samlipox

None ☐

Tetanus

None ☐

I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

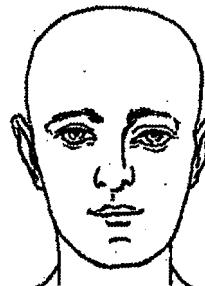
Witness

Applicant

9-17-90

Date

Indicate scars and disfigurements



JOHN F. SCALERA, M. D. 101 SAMPTON AVENUE, SO. PLAINFIELD, N. J.

Name

EMPLOYMENT EXAMINATION RECORD

Whittaker, Clark & Daniels

Address

326 HALSTED E. ORANGE NJ.

59

M

15/15

1. Height 5'11 2. Weight 186 3. Blood Pressure 170/80 4. Pulse 68

5. Hearing Levels (Decibels)

Cps.	250	500	1000	2000	4000
Right					
Left					

6. Vision without glasses
R-14/50 L-14/50
R-20/30 L-20/307. Vision with glasses
R-14/20 L-14/20
R-20/20 L-20/208. Color ☒ 9. Depth ☐KEY: Normal ☒ Abnormal ☒ Not Examined ☐

(Use this space to describe all defects)

- | | |
|---|---|
| 10. Appearance ☐ | 21. Abdomen/Scars ☐ |
| 11. Skin ☐ | 22. Hernias ☐ |
| 12. Eyes ☐ | 23. Inguinal Rings ☐ |
| 13. Ears/Drums ☐ | 24. Ext. Genitalia ☐ |
| 14. Nose ☐ | 25. Anus ☐ |
| 15. Throat ☐ | 26. Rectum/Prostate ☐ |
| 16. Teeth/Gums ☐ | 27. Extremities ☐ |
| 17. Neck ☐ | 28. Back ☐ |
| 18. Chest/Breasts ☐ | 29. Reflexes ☐ |
| 19. Heart ☐ | 30. Blood ☐ |
| 20. Lungs ☒ | 31. Urine ☒ |

Patient advised under treatment by PMD

Approved ☐ Not Approved ☐ Limited ☐

Restrictions:

FORM S-12856

9-17

1990

JOHN F. SCALERA, M. D.

Date Examined

Examiner

OCCUPATIONAL HISTORY

List all employers for whom applicant worked for the last three years

PAST MEDICAL HISTORY

(Record nature and dates of all injuries, operations and major illnesses)

RE-CHECKS & SPECIAL EXAMINATIONS

chest x-ray (PA&LAT)
not done at pt's request

Date of last immunization

Samlipox None ☐
Tetanus 1988 None ☐

Indicate scars and disfigurements

I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

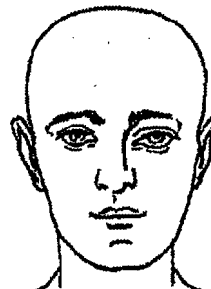
I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

Witness

Applicant

9-17-90

Date



JOHN F. SCALERA, M. D. 101 SAMPTON AVENUE 50. PLAINFIELD, N. J.

Name

EMPLOYMENT EXAMINATION RECORD

Whittaker, Clark & Daniels

Employer

Address

MALLOREY WILLIE

Age

Sex

M. S. W. D.

59

M

R/L
15/15

1. Height

2. Weight

3. Blood Pressure

4. Pulse

5'11

186

170/80

68

5. Hearing Levels (Decibels)

Cps.

250

500

1000

2000

4000

6. Vision without glasses

7. Vision with glasses

8. Color ☒

R-14/50 L-14/50

R-14/28 L-14/245

R-20/20 L-20/20

R-20/..... L-20/.....

9. Depth ☐

Right

Left

KEY: Normal ☒

Abnormal ☒

Not Examined ☐

(Use this space to describe all defects)

10. Appearance ☐

11. Skin ☐

12. Eyes ☐

13. Ears/Drums ☐

14. Nose ☐

15. Throat ☐

16. Teeth/Gums ☐

17. Neck ☐

18. Chest/Breasts ☐

19. Heart ☐

20. Lungs ☒

21. Abdomen/Scars ☐

22. Hernias ☐

23. Inguinal Rings ☐

24. Ext. Genitalia ☐

25. Anus ☐

26. Rectum/Prostate ☐

27. Extremities ☐

28. Back ☐

29. Reflexes ☐

30. Blood ☐

31. Urine ☒

Patient advised under treatment by PMD

Approved ☐

Not Approved ☐

Limited ☐

Restrictions:

FORM 8-12856

9-17

1990

JOHN F. SCALERA, M. D.

Date Examined

Examiner

OCCUPATIONAL HISTORY
List all employers for whom applicant
worked for the last three years

PAST MEDICAL HISTORY
(Record nature and dates of all injuries,
operations and major illnesses)

RE-CHECKS & SPECIAL EXAMINATIONS

chest x-ray (PA&LAT)
not done at pt's request

Date of last immunization

Smallpox None ☐
Tetanus 1988 None ☐

Indicate scars and disfigurements

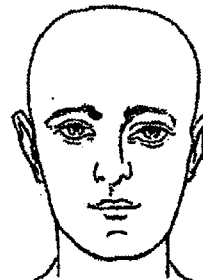
I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

Witness

Applicant

9-17-90
Date



JOHN F. SCALERA, M. D. 101 SAMPTON AVENUE SO. PLAINFIELD, N. J.

Name

EMPLOYMENT EXAMINATION RECORD

Address 114 LLOYD W. L. LIE

Age

Sex

M. S. W. D.

58

Employer

REARING R/L '95

1. Height 2. Weight 3. Blood Pressure 4. Pulse

5' 11"

182

140/80

68

5. Hearing Levels (Decibels)

Cps.

250

500

1000

2000

4000

Right

Left

6. Vision without glasses

R-14/20 L-14/20

R-20/20 L-20/20

7. Vision with glasses

R-14/21 L-14/21

R-20/21 L-20/21

8. Color ☒

9. Depth ☐

KEY: Normal ☒ Abnormal ☒ Not Examined ☐

(Use this space to describe all defects)

- | | |
|---|---|
| 10. Appearance ☒ | 21. Abdomen/Scars ☒ |
| 11. Skin ☒ | 22. Hernias ☒ |
| 12. Eyes ☒ | 23. Inguinal Rings ☒ |
| 13. Ears/Drums ☒ | 24. Ext. Genitalia ☒ |
| 14. Nose ☒ | 25. Anus ☒ |
| 15. Throat ☒ | 26. Rectum/Prostate ☒ |
| 16. Teeth/Gums ☒ | 27. Extremities ☒ |
| 17. Neck ☒ | 28. Back ☒ |
| 18. Chest/Breasts ☒ | 29. Reflexes ☒ |
| 19. Heart ☒ | 30. Blood ☒ |
| 20. Lungs ☒ | 31. Urine ☒ |

Trace alb.

Approved ☒ Not Approved ☐ Limited ☐

9-25 1989
Date Examined

JOHN F. SCALERA, M. D.
Examiner

Restrictions:
FORM 5-12856

OCCUPATIONAL HISTORY

List all employers for whom applicant worked for the last three years

PAST MEDICAL HISTORY

(Record nature and dates of all injuries, operations and major illnesses)

RE-CHECKS & SPECIAL EXAMINATIONS

Xray of chest shows increased interstitial markings of the rt. lung field and lower left lung field consistent with fibrotic changes.

Date of last immunization

Samlipox None ☐

Tetanus None ☐

Indicate scars and disfigurements

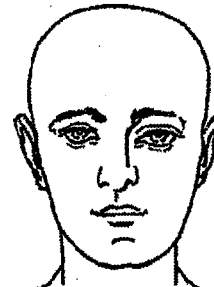
I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

Witness

Applicant

9-25-89
Date



JOHN F. SCALERA, M. D. 101 SAMPTON AVENUE SO. PLAINFIELD, N. J.

Name

EMPLOYMENT EXAMINATION RECORD

Address 114 LUGER W. L. LIE

Age 58 Sex M Employer M. S. W. D. R/4 '75

1. Height <u>5'11"</u>	2. Weight <u>182</u>	3. Blood Pressure <u>140/80</u>	4. Pulse <u>68</u>	5. Hearing Levels (Decibels)					
				Cps.	250	500	1000	2000	4000
6. Vision without glasses R-14/ <u>56</u> L-14/ <u>56</u> R-20/ <u>20</u> L-20/ <u>20</u>				7. Vision with glasses R-14/ <u>21</u> L-14/ <u>21</u> R-20/ <u>20</u> L-20/ <u>20</u>		8. Color ☒		9. Depth ☐	
				Right					
				Left					

KEY: Normal ☒ Abnormal ☒ Not Examined ☐

10. Appearance ☒	21. Abdomen/Scars ☒
11. Skin ☒	22. Hernias ☒
12. Eyes ☒	23. Inguinal Rings ☒
13. Ears/Drums ☒	24. Ext. Genitalia ☐
14. Nose ☒	25. Anus ☐
15. Throat ☒	26. Rectum/Prostate ☐
16. Teeth/Gums ☒	27. Extremities ☒
17. Neck ☒	28. Back ☒
18. Chest/Breasts ☒	29. Reflexes ☒
19. Heart ☐	30. Blood ☐
20. Lungs ☒	31. Urine ☒

(Use this space to describe all defects)

Approved ☒ Not Approved ☐ Limited ☐

Restrictions:

FORM S-12856

Date Examined 9-25 1989 JOHN F. SCALERA, M. D. Examiner

OCCUPATIONAL HISTORY

List all employers for whom applicant worked for the last three years

PAST MEDICAL HISTORY

(Record nature and dates of all injuries, operations and major illnesses)

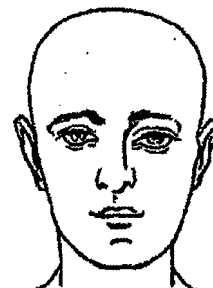
RE-CHECKS & SPECIAL EXAMINATIONS

Xray of chest shows increased interstitial markings of the rt. lung field and lower left lung field consistent with fibrotic changes.

Date of last immunization

Smallpox None ☐
Tetanus None ☐

Indicate scars and disfigurements



I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

Witness

Applicant

9-25-89

Date

JOHN F. SCALERA, M. D. 101 SAMPTON AVENUE SO. PLAINFIELD, N. J.

Name

EMPLOYMENT EXAMINATION RECORD

Address
MILLESBY WILLYE

Employer
WED

326 WALSTED ST. E. ORANGE

Age

Sex

M. S. W. D.

SE

1. Height

2. Weight

3. Blood Pressure

4. Pulse

5. Hearing Levels (Decibels)

5' 11"

182

140/80

68

Cps.

250

500

1000

2000

4000

6. Vision without glasses

7. Vision with glasses

8. Color ☒

R-14/56 L-14/56

R-14/21 L-14/21

Right

R-20/20 L-20/20

R-20/20 L-20/20

9. Depth ☐

Left

KEY: Normal ☒

Abnormal ☒

Not Examined ☐

(Use this space to describe all defects)

10. Appearance

☒

21. Abdomen/Scars

☒

11. Skin

☒

22. Hernias

☒

12. Eyes

☒

23. Inguinal Rings

☒

13. Ears/Drums

☒

24. Ext. Genitalia

☒

14. Nose

☒

25. Anus

☒

15. Throat

☒

26. Rectum/Prostate

☒

16. Teeth/Gums

☒

27. Extremities

☒

17. Neck

☒

28. Back

☒

18. Chest/Breasts

☒

29. Reflexes

☒

19. Heart

☒

30. Blood

☒

20. Lungs

☒

31. Urine

☒

Traceable

Approved ☒

Not Approved ☐

Limited ☐

Restrictions:

FORM S-12856

9-25

1989

JOHN F. SCALERA, M. D.

Date Examined

Examiner

OCCUPATIONAL HISTORY

List all employers for whom applicant worked for the last three years

PAST MEDICAL HISTORY

(Record nature and dates of all injuries, operations and major illnesses)

RE-CHECKS & SPECIAL EXAMINATIONS

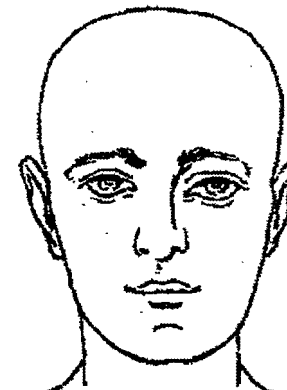
Ray of chest shows
"increased" interstitial
markings of the rt. lung
field and lower left
lung field consistent
with fibrotic changes.

Date of last immunization

Smallpox None ☐

Tetanus None ☐

Indicate scars and disfigurements



I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

Witness

Applicant

9-25-79

Date

OCCUPATIONAL HISTORY
List all employers for whom applicant
worked for the last three years

PAST MEDICAL HISTORY
(Record nature and dates of all injuries,
operations and major illnesses)

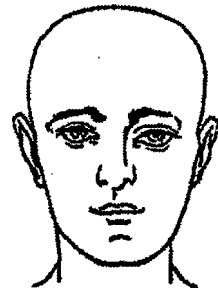
RE-CHECKS & SPECIAL EXAMINATIONS

Chest: -
Silicosis x-ray
Evidence of exposure to
asbestos / No active Dera
No change from a previous
chest x-ray of last year.

Date of last immunization

Smallpox None ☐
Tetanus None ☐

Indicate scars and disfigurements



I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

Witness

Applicant

9-26-88
Date

JOHN F. SCALERA, M. D.
Examiner

Date Examined

9-26-88

FORM 8-12585

Restrictions:

Approved ☐ Not Approved ☐ Limited ☐

10. Appearance	☒	21. Abdomen/Scars	☒
11. Skin	☒	22. Hernias	☒
12. Eyes	☒	23. Inguinal Rings	☒
13. Ears/Drums	☒	24. Exr. Genitalia	☒
14. Nose	☒	25. Anus	☒
15. Throat	☒	26. Rectum/Prostate	☒
16. Teeth/Gums	☒	27. Extremities	☒
17. Neck	☒	28. Back	☒
18. Chest/Breasts	☒	29. Reflexes	☒
19. Heart	☒	30. Blood	☒
20. Lungs	☒	31. Urine	☒

18. X-ray report on back

(Use this space to describe all defects)

KEY: Normal ☒ Abnormal ☐ Not Examined ☐	
6. Vision without glasses	R-20/30 L-20/30
7. Vision with glasses	R-14/30 L-14/30
1. Height	5'11"
2. Weight	184
3. Blood Pressure	130/90
4. Pulse	60
8. Color	☒
9. Depth	☒
5. Hearing Levels (Decibels)	
Cps.	250 500 1000 2000 4000
Left	
Right	

EMPLOYMENT EXAMINATION RECORD

JOHN F. SCALERA, M. D. 101 SAMPTON AVENUE 30. PLAINFIELD, N. J.

Name

JOHN F. SCALERA, M. D. 101 SAMPTON AVENUE SO. PLAINFIELD, N. J.

EMPLOYMENT EXAMINATION RECORD

MALLORY, WILLIE

Address

326 HALSTED C. ORANGE

Age

Sex

Employer

M. S. V. D.

Hearing

1. Height

2. Weight

3. Blood Pressure

4. Pulse

5' 11"

184

134/80

60

5. Hearing Levels (Decibels)

Cps.

250

500

1000

2000

4000

6. Vision without glasses

7. Vision with glasses

8. Color

R-14/36 L-14/36

R-14/24 L-14/24

R-20/20 L-20/20

R-20/20 L-20/20

9. Depth

KEY: Normal ☒Abnormal ☒Not Examined ☐

10. Appearance

11. Skin

12. Eyes

13. Ears/Drums

14. Nose

15. Throat

16. Teeth/Gums

17. Neck

18. Chest/Breasts

19. Heart

20. Lungs

21. Abdomen/Scars

22. Hernias

23. Inguinal Rings

24. Ext. Genitalia

25. Anus

26. Rectum/Prostate

27. Extremities

28. Back

29. Reflexes

30. Blood

31. Urine

(Use this space to describe all defects)

18. X-ray report on back

Approved ☐Not Approved ☐Limited ☐

Restrictions:

FORM S-12856

9-26-88

Date Examined

19

JOHN F. SCALERA, M. D.
Examiner

SOUTH PLAINFIELD PRIMARY CARE CENTER
JOHN F. SCALERA, M.D., P.A. YOGI BAKSHI, M.D.
101 SAMPTON AVENUE
SOUTH PLAINFIELD, NEW JERSEY 07080
TELEPHONE (201) 756-5207

October 1, 1987

Whittaker Clark & Daniels
1000 Coolidge Street
South Plainfield, N.J. 07080
ATT: John Fitzpatrick
Plant Manager

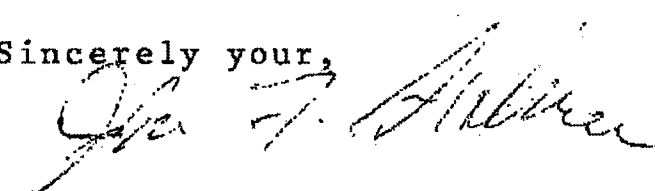
RE: Willie Mallory

Dear Mr. Fitzpatrick:

Please advise the above named patient of
the following changes on his yearly x-ray
examination.

Chest x-ray (PA & LAT)
No acute changes. Epithelial changes
becoming more prominent.

Sincerely your,


John F. Scalera, M.D., P.A.

SOUTH PLAINFIELD PRIMARY CARE CENTER
JOHN F. SCALERA, M.D., P.A. YOGI BAKSHI, M.D.
101 SAMPTON AVENUE
SOUTH PLAINFIELD, NEW JERSEY 07080
TELEPHONE (201) 756-5207

October 1, 1987

Whittaker Clark & Daniels
1000 Coolidge Street
South Plainfield, N.J. 07080
ATT: John Fitzpatrick
Plant Manager

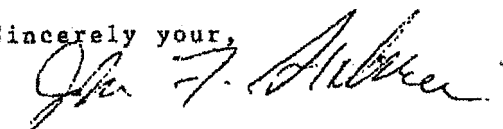
RE: Willie Mallory

Dear Mr. Fitzpatrick:

Please advise the above named patient of
the following changes on his yearly x-ray
examination.

Chest x-ray (PA & LAT)
No acute changes. Epithelial changes
becoming more prominent.

Sincerely your,


John F. Scalera, M.D., P.A.

Copy To Mr D. Di Paolo

10/2/87.

SOUTH PLAINFIELD PRIMARY CARE CENTER
JOHN F. SCALERA, M.D., P.A. YOGI BAKSHI, M.D.
101 SAMPTON AVENUE
SOUTH PLAINFIELD, NEW JERSEY 07080
TELEPHONE (201) 756-5207

October 1, 1987

Whittaker Clark & Daniels
1000 Coolidge Street
South Plainfield, N.J. 07080
ATT: John Fitzpatrick
Plant Manager

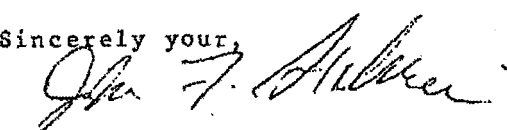
RE: Willie Mallory

Dear Mr. Fitzpatrick:

Please advise the above named patient of
the following changes on his yearly x-ray
examination.

Chest x-ray (PA & LAT)
No acute changes. Epithelial changes
becoming more prominent.

Sincerely yours,


John F. Scalera, M.D., P.A.

Copy To Mr D. ppold.
10/2/87

OCCUPATIONAL HISTORY

List all employers for whom applicant worked for the last three years

PAST MEDICAL HISTORY

(Record nature and dates of all injuries, operations and major illnesses)

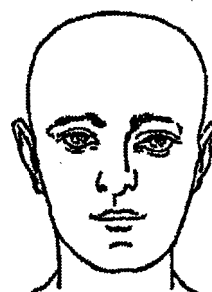
RE-CHECKS & SPECIAL EXAMINATIONS

chest x-ray (PA & LAT)
No acute changes.
Epithelial changes becoming more prominent.

Date of last immunization

Samlpox None ☐
Tetanus None ☐

Indicate scars and disfigurements



I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

Witness

Applicant

9-28-87
Date

FORM 5-12856

Restrictions:

Approved ☐ Not Approved ☒ Limited ☐

10. Appearance	☒
11. Skin	☒
12. Eyes	☒
13. Ears/Drums	☒
14. Nose	☒
15. Throat	☒
16. Teeth/Gums	☒
17. Neck	☒
18. Chest/Breasts	☒
19. Heart	☒
20. Lungs	☒
21. Urine	☒
22. Hernias	☒
23. Inguinal Rings	☒
24. Excr. Genitalia	☒
25. Abuse	☒
26. Rectum/Prostate	☒
27. Extremities	☒
28. Back	☒
29. Reflexes	☒
30. Blood	☒
31. Urine	☒

JOHN F. SCALERA, M.D. 9-28-87 Date Examined

(Use this space to describe all defects)

1. Height	5'11"
2. Weight	190
3. Blood Pressure	120/80
4. Pulse	60
5. Vision without glasses	R-14/50 L-14/42
6. Vision with glasses	R-14/20 L-14/25
7. Color	☒
8. Depth	☐
9. Cps.	250
10. Right	2000
11. Left	4000
12. Hearing Levels (Decibels)	1000
13. Age	56
14. Sex	M
15. Employer	Whitaker and Clark

EMPLOYMENT EXAMINATION RECORD

JOHN F. SCALERA, M.D. 101 SAMPTON AVENUE SO. PLAINFIELD, N.J.

Name

Address: Hattery, Willie

Whitaker and Clark

JOHN F. SCALERA, M. D. 101 SAMPTON AVENUE SO. PLAINFIELD, N. J.

Name

EMPLOYMENT EXAMINATION RECORD

Address

Mallory, Willie

Age

Sex

M. S. W. D.

Employer + Daniels

15/15

1. Height

2. Weight

3. Blood Pressure

4. Pulse

5. Hearing Levels (Decibels)

Cps.

250

500

1000

2000

4000

6. Vision without glasses

7. Vision with glasses

8. Color ☒

9. Depth ☐

R-14/50 L-14/42

R-14/28 L-14/24.5

R-20/20 L-20/20

R-20/..... L-20/.....

KEY: Normal ☒

Abnormal ☒

Not Examined ☐

(Use this space to describe all defects)

10. Appearance

☒

21. Abdomen/Scars

☒

11. Skin

☒

22. Hernias

☒

12. Eyes

☒

23. Inguinal Rings

☐

13. Ears/Drums

☒

24. Ext. Genitalia

☐

14. Nose

☒

25. Anus

☐

15. Throat

☒

26. Rectum/Prostate

☐

16. Teeth/Gums

☒

27. Extremities

☒

17. Neck

☒

28. Back

☒

18. Chest/Breasts

☒

29. Reflexes

☒

19. Heart

☒

30. Blood

☐

20. Lungs

☒

31. Urine

☒

Approved ☐

Not Approved ☐

Limited ☐

Restrictions:

FORM S-12856

9-28 1987 JOHN F. SCALERA, M. D.
Date Examined Examiner

JOHN F. SCALERA, M. D. 101 SAMPTON AVENUE SO. PLAINFIELD, N. J.

Name

EMPLOYMENT EXAMINATION RECORD

326 E HALSTEAD ORANGE

WCD

Address

Age

Sex

Employer
M. S. W. D.

Mallory, Willie

55

M

Hearing

R/L 9/15

1. Height 5'9" 2. Weight 190 3. Blood Pressure 170/80 4. Pulse 80

5. Hearing Levels (Decibels)

6. Vision without glasses R-14/89 L-14/89
R-20/22 L-20/22

7. Vision with glasses R-14/24.5 L-14/21
R-20/..... L-20/.....

8. Color ☒

9. Depth ☐

Cps.	250	500	1000	2000	4000
Right					
Left					

KEY: Normal ☒ Abnormal ☒ Not Examined ☐

(Use this space to describe all defects)

- | | |
|---|---|
| 10. Appearance ☒ | 21. Abdomen/Scars ☒ |
| 11. Skin ☒ | 22. Hernias ☒ |
| 12. Eyes ☒ | 23. Inguinal Rings ☒ |
| 13. Ears/Drums ☒ | 24. Ext. Genitalia ☒ |
| 14. Nose ☒ | 25. Anus ☒ |
| 15. Throat ☒ | 26. Rectum/Prostate ☒ |
| 16. Teeth/Gums ☒ | 27. Extremities ☒ |
| 17. Neck ☒ | 28. Back ☒ |
| 18. Chest/Breasts ☒ | 29. Reflexes ☒ |
| 19. Heart ☒ | 30. Blood ☐ |
| 20. Lungs ☒ | 31. Urine ☒ |

Tinea Versicolor

Approved ☒ Not Approved ☐ Limited ☒

9/9/86

19

JOHN F. SCALERA, M. D.

Date Examined

Examiner

Restrictions:

FORM S-12856

OCCUPATIONAL HISTORY
List all employers for whom applicant
worked for the last three years

PAST MEDICAL HISTORY
(Record nature and dates of all injuries,
operations and major illnesses)

RE-CHECKS & SPECIAL EXAMINATIONS

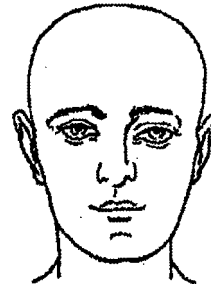
Xray Chest - Normal

Date of last immunization

Smallpox None ☐

Tetanus None ☐

Indicate scars and disfigurements



I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

John F. Scalera
Witness

Applicant

9/9/86

Date

FORM 5-12856

Restrictions:

Approved ☒ Not Approved ☐ Limited ☐

10. Appearance	☒
11. Skin	☒
12. Eyes	☒
13. Ears/Drums	☒
14. Nose	☒
15. Throat	☒
16. Teeth/Gums	☒
17. Neck	☒
18. Chest/Breasts	☒
19. Heart	☒
20. Lungs	☒
21. Abdomen/Scars	☒
22. Hernias	☒
23. Inguinal Rings	☒
24. Ext. Genitalia	☒
25. Anus	☒
26. Rectum/Prostate	☒
27. Extremities	☒
28. Back	☒
29. Reflexes	☒
30. Blood	☒
31. Urine	☒

KEY: Normal ☒ Abnormal ☐ Not Examined ☐

6. Vision without glasses		R - 20/20 L - 20/20
7. Vision with glasses		R - 14/20 L - 14/20
8. Color	9. Depth	10. Pulse
11. Blood Pressure	12. Weight	13. Height
14. Age	15. Sex	16. M. S. W. D.
17. Hearing Levels (Decibels)		
18. 250	19. 500	20. 1000
21. 2000	22. 4000	23. 8000

EMPLOYMENT EXAMINATION RECORD

JOHN F. SCALERA, M.D. 101 SAMPTON AVENUE SO. PLAINFIELD, N. J.

OCCUPATIONAL HISTORY
List all employers for whom applicant
worked for the last three years

PAST MEDICAL HISTORY
(Record nature and dates of all injuries,
operations and major illnesses)

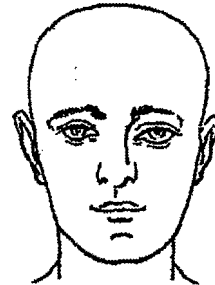
RE-CHECKS & SPECIAL EXAMINATIONS

Xray Chest - Normal

Date of last immunization

Smallpox None ☐
Tetanus None ☐

Indicate scars and disfigurements



I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

John F. Scaler
Witness

Applicant

9/9/86

Date

FORM 9-12855

Restrictions:

Approved ☒ Not Approved ☐ Limited ☐

10. Appearance	☒
11. Skin	☒
12. Eyes	☒
13. Ears/Drums	☒
14. Nose	☒
15. Throat	☒
16. Teeth/Gums	☒
17. Neck	☒
18. Chest/Breasts	☒
19. Heart	☒
20. Lungs	☒
21. Abdomen/Scars	☒
22. Hernias	☒
23. Inguinal Rings	☒
24. Ext. Genitalia	☒
25. Anus	☒
26. Rectum/Prostate	☒
27. Extremities	☒
28. Back	☒
29. Reflexes	☒
30. Blood	☒
31. Urine	☒

KEY: Normal ☒ Abnormal ☐ Not Examined ☐

6. Vision without glasses		R - 20/30 L - 20/30
7. Vision with glasses		R - 20/20 L - 20/20
8. Color	9. Depth	
10. Hearing Levels (Decibels)	11. Age	12. Sex
13. Weight	14. Blood Pressure	15. Pulse
16. Height	17. M. S. W. D.	18. Hearing
Name: MALLORY, WILLIE		
Address: 326 E 14th St, ORANGE		
Employer: WCD		
Hearing: R/L 15/15		
Age: 55 Sex: M		
Cps. 250 500 1000 2000 4000		
Left Right		
(Use this space to describe all defects)		

EMPLOYMENT EXAMINATION RECORD

JOHN F. SCALERA, M. D. 101 SAMPTON AVENUE 50. PLAINFIELD, N. J.

OCCUPATIONAL HISTORY

List all employers for whom applicant worked for the last three years

PAST MEDICAL HISTORY (Record nature and dates of all injuries, operations and major illnesses)

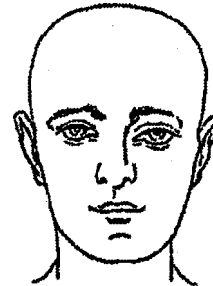
RE-CHECKS & SPECIAL EXAMINATIONS

Xray Chest - Normal

Date of last immunization

Samlipor None ☐
Tetanus None ☐

Indicate scars and disfigurements



I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

James B. Veltman
Witness

Applicant

9/9/86
Date

FORM S-12856

Restrictions:

9/9/86 Date Examined
JOHN F. SCALERA, M.D. Examiner

Approved ☒	Not Approved ☐	Limited ☐
10. Appearance	☒	
11. Skin	☒	
12. Eyes	☒	
13. Ears/Drums	☒	
14. Nose	☒	
15. Throat	☒	
16. Teeth/Gums	☒	
17. Neck	☒	
18. Chest/Breasts	☒	
19. Heart	☒	
20. Lungs	☒	
21. Abdomen/Scars	☒	
22. Hernias	☒	
23. Inguinal Rings	☒	
24. Ext. Genitalia	☒	
25. Anus	☒	
26. Rectum/Prostate	☒	
27. Extremities	☒	
28. Back	☒	
29. Reflexes	☒	
30. Blood	☒	
31. Urine	☒	

KEY: Normal ☒ Abnormal ☐ Not Examined ☐	
6. Vision without glasses R - 20/20 L - 20/20	7. Vision with glasses R - 14/24 L - 14/21
8. Color ☒	9. Depth ☐
1. Height 5'9"	2. Weight 190
3. Blood Pressure 120/80	4. Pulse 80
5. Hearing Levels (Decibels)	
Age 55	Sex M
Employer WCD	
Address 326 E 14th St * ORANGE	
Name Mallory, Willie	
Employment Examination Record	

EMPLOYMENT EXAMINATION RECORD

JOHN F. SCALERA, M.D. 101 SAMPTON AVENUE SO. PLAINFIELD, N.J.

OCCUPATIONAL HISTORY

List all employers for whom applicant worked for the last three years

PAST MEDICAL HISTORY

(Record nature and dates of all injuries, operations and major illnesses)

RE-CHECKS & SPECIAL EXAMINATIONS

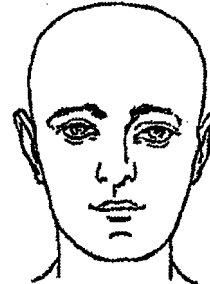
Xray Chest - Normal

Date of last immunization

Samlipox None ☐

Tetanus None ☐

Indicate scars and disfigurements



I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

John R. Scalera

Witness

Applicant

9/6/86

Date

FORM S-12856

Restrictions:

9/9/86 Date Examined
JOHN F. SCALERA, M.D. Examiner

Approved ☒	Not Approved ☐	Limited ☐
10. Appearance	☒	
11. Skin	☒	
12. Eyes	☒	
13. Ears/Drums	☒	
14. Nose	☒	
15. Throat	☒	
16. Teeth/Gums	☒	
17. Neck	☒	
18. Chest/Breasts	☒	
19. Heart	☒	
20. Lungs	☒	
21. Abdomen/Scars	☒	
22. Hernias	☒	
23. Inguinal Rings	☒	
24. Exp. Genitalia	☒	
25. Anus	☒	
26. Rectum/Prostate	☒	
27. Extremities	☒	
28. Back	☒	
29. Reflexes	☒	
30. Blood	☒	
31. Urine	☒	

1. Height 5'9" 2. Weight 190 3. Blood Pressure 120/80 4. Pulse 80		5. Vision without glasses R-14/20 L-14/20 6. Vision with glasses R-14/20 L-14/20 7. Vision without glasses R-14/20 L-14/20 8. Color ☒ 9. Depth ☐	
10. Hearing Level (Decibels) 11. Age 55 12. Sex M 13. Employer M. S. W. D. 14. Hearing R/L 15/15		15. Left 16. Right 17. Cps. 250 500 1000 2000 4000	

EMPLOYMENT EXAMINATION RECORD

JOHN F. SCALERA, M.D. 101 SAMPTON AVENUE 50. PLAINFIELD, N.J.

Name

326 E HALLSTAD "ORANGE"

Mallory, Willie

JOHN F. SCALERA, M. D. 101 SAMPTON AVENUE SO. PLAINFIELD, N. J.

Name

EMPLOYMENT EXAMINATION RECORD

Address

Mallory, Willie

Age

Sex

M. S. W. D.

Hearing

1. Height

2. Weight

3. Blood Pressure

4. Pulse

5. Hearing Levels (Decibels)

Cps.

250

500

1000

2000

4000

6. Vision without glasses

7. Vision with glasses

8. Color ☐

Right

Left

9. Depth ☐

KEY: Normal ☒

Abnormal ☒

Not Examined ☐

(Use this space to describe all defects)

10. Appearance

☒

21. Abdomen/Scars

☒

11. Skin

☒

22. Hernias

☒

12. Eyes

☒

23. Inguinal Rings

☒

13. Ears/Drums

☒

24. Ext. Genitalia

☒

14. Nose

☒

25. Anus

☒

15. Throat

☒

26. Rectum/Prostate

☒

16. Teeth/Gums

☒

27. Extremities

☒

17. Neck

☒

28. Back

☒

18. Chest/Breasts

☒

29. Reflexes

☒

19. Heart

☒

30. Blood

☐

20. Lungs

☒

31. Urine

☒

Approved ☒

Not Approved ☐

Limited ☒

Restrictions:

FORM S-12856

9/9/86

19

JOHN F. SCALERA, M. D.

Date Examined

Examiner

OCCUPATIONAL HISTORY

List all employers for whom applicant worked for the last three years

PAST MEDICAL HISTORY

(Record nature and dates of all injuries, operations and major illnesses)

RE-CHECKS & SPECIAL EXAMINATIONS

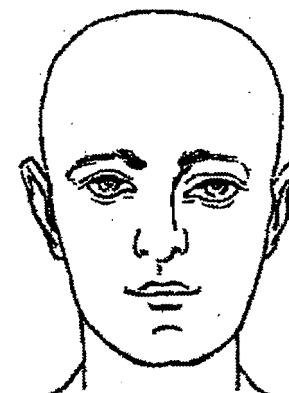
Kray Chest - Normal

Date of last immunization

Smallpox None ☐

Tetanus None ☐

Indicate scars and disfigurements



I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

James R. K. [Signature]

Witness

Applicant

9/9/86

Date

JOHN F. SCALERA, M. D. 101 SAMPTON AVENUE SO. PLAINFIELD, N. J.

Name

EMPLOYMENT EXAMINATION RECORD
WCD - annual

Mallory, Willie
Address 326 Halstead St E. Orange

Age
54

Sex
M

M. S. W. D.

Florida

1. Height 5'9"
2. Weight 185
3. Blood Pressure 131/70
4. Pulse 68

5. Hearing Levels (Decibels)

Cps.	250	500	1000	2000	4000
Right					
Left					

6. Vision without glasses R-14/-4.25 L-14/-2.5
R-20/-4.25 L-20/-2.5
7. Vision with glasses R-14/----- L-14/-----
R-20/----- L-20/-----

8. Color ☒

9. Depth ☐

KEY: Normal ☒ Abnormal ☒ Not Examined ☐

(Use this space to describe all defects)

10. Appearance: ☒	21. Abdomen/Scars ☒
11. Skin ☒	22. Hernias ☒
12. Eyes ☒	23. Inguinal Rings ☒
13. Ears/Drums ☒	24. Ext. Genitalia ☒
14. Nose ☒	25. Anus ☒
15. Throat ☒	26. Rectum/Prostate ☒
16. Teeth/Gums ☒	27. Extremities ☒
17. Neck ☒	28. Back ☒
18. Chest/Breasts ☒	29. Reflexes ☒
19. Heart ☒	30. Blood ☒
20. Lungs ☒	31. Urine ☒

Approved ☐ Not Approved ☐ Limited ☐

Restrictions:

Date Examined

9/16/85

JOHN F. SCALERA, M. D.

Examiner

FORM S-12556

OCCUPATIONAL HISTORY

List all employers for whom applicant worked for the last three years

PAST MEDICAL HISTORY

(Record nature and dates of all injuries, operations and major illnesses)

RE-CHECKS & SPECIAL EXAMINATIONS

Chest x-ray (PA&LAT)

Find no significant nodules
or masses in lung fields

Date of last immunization

Samlipox ----- None ☐

Tetanus ----- None ☐

I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

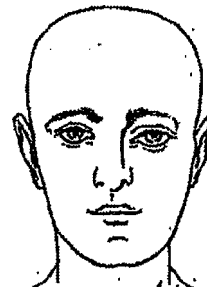
I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

Witness

Applicant

Date

Indicate scars and disfigurements



JOHN F. SCALERA, M. D. 101 SAMPTON AVENUE SO. PLAINFIELD, N. J.

Name

Mallory, Willie

EMPLOYMENT EXAMINATION RECORD
WCD- annual

Address

326 Halstead St E. Orange

Age

54

Sex

M

M. S. W. D.

Hessing

1. Height

5'9"

2. Weight

185

3. Blood Pressure

131/70

4. Pulse

68

5. Hearing Levels (Decibels)

Cps.

250

500

1000

2000

4000

6. Vision without glasses

R-14/4.2 L-14/5.2

R-20/3.2 L-20/2.5

7. Vision with glasses

R-14/..... L-14/.....

R-20/..... L-20/.....

8. Color ☒

9. Depth ☐

Right

Left

KEY: Normal ☒

Abnormal ☒

Not Examined ☐

(Use this space to describe all defects)

10. Appearance ☒

11. Skin ☒

12. Eyes ☒

13. Ears/Drums ☒

14. Nose ☒

15. Throat ☒

16. Teeth/Gums ☒

17. Neck ☒

18. Chest/Breasts ☒

19. Heart ☒

20. Lungs ☒

21. Abdomen/Scars ☒

22. Hernias ☒

23. Inguinal Rings ☒

24. Ext. Genitalia ☒

25. Anus ☒

26. Rectum/Prostate ☒

27. Extremities ☒

28. Back ☒

29. Reflexes ☒

30. Blood ☒

31. Urine ☒

Approved ☒

Not Approved ☐

Limited ☐

Date Examined

1985

JOHN F. SCALERA, M. D.

Examiner

Restrictions:

FORM S-12856

OCCUPATIONAL HISTORY

List all employers for whom applicant worked for the last three years

PAST MEDICAL HISTORY

(Record nature and dates of all injuries, operations and major illnesses)

RE-CHECKS & SPECIAL EXAMINATIONS

Chest x-ray(PA&LAT)

None, also previous chest x-ray negative

Date of last immunization

Sentipox None ☐

Tetanus None ☐

Indicate scars and disfigurements

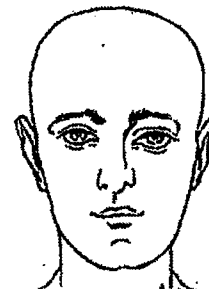
I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

Witness

Applicant

Date



JOHN F. SCALERA, M. D. 101 SAMPTON AVENUE SO. PLAINFIELD, N. J.

Name

EMPLOYMENT EXAMINATION RECORD

WOD - annual

Mallory, Willie

Address

426 Halstead St E. Orange

Employer

Age

44

Sex

M

M. S. W. D.

1. Height

5'10"

2. Weight

185

3. Blood Pressure

4. Pulse

5. Hearing Levels (Decibels)

Cps.

250

500

1000

2000

4000

6. Vision without glasses

R-14/..... L-14/.....

R-20/..... L-20/.....

7. Vision with glasses

R-14/..... L-14/.....

R-20/..... L-20/.....

8. Color ☐

9. Depth ☐

Right

Left

KEY: Normal ☒

Abnormal ☒

Not Examined ☐

(Use this space to describe all defects)

10. Appearance

☒

21. Abdomen/Scars

☐

11. Skin

☒

22. Hernias

☐

12. Eyes

☒

23. Inguinal Rings

☐

13. Ears/Drums

☒

24. Ext. Genitalia

☐

14. Nose

☒

25. Anus

☒

15. Throat

☐

26. Rectum/Prostate

☐

16. Teeth/Gums

☒

27. Extremities

☐

17. Neck

☒

28. Back

☒

18. Chest/Breasts

☒

29. Reflexes

☒

19. Heart

☒

30. Blood

☒

20. Lungs

☒

31. Urine

☒

Approved ☐

Not Approved ☐

Limited ☐

Restrictions:

Date Examined

19

JOHN F. SCALERA, M. D.

Examiner

FORM S-12856

OCCUPATIONAL HISTORY

List all employers for whom applicant worked for the last three years

PAST MEDICAL HISTORY

(Record nature and dates of all injuries, operations and major illnesses)

RE-CHECKS & SPECIAL EXAMINATIONS

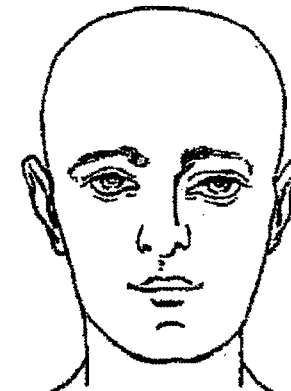
Chest X-ray (PAST)

Date of last immunization

Smallpox None ☐

Tetanus None ☐

Indicate scars and disfigurements



I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

Witness

Applicant

Date

OCCUPATIONAL HISTORY
List all employers for whom applicant
worked for the last three years

RE-CHIEF OF HISTORY
(Record nature and dates of all injuries,
operations and major illnesses)

*Naval Academy
in Kearney
1950 - 1970*

RE-CHIEF OF SPECIAL EXAMINATION

Chest Xray

Pa and Lat

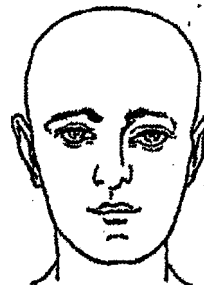
*increased ex
bronchial markings*

Date of last immunization

Smallpox None ☐

Tetanus None ☐

Indicate scars and disfigurements



I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

Witness

X Applicant

9/21/84

Date

OCCU:
List all employers for whom applicant
worked for the last three years

WORKMAN'S HISTORY
(Record nature and dates of all injuries,
operations and major illnesses)

*Naval Asbestos
in Navy
1950 - 1970*

RE-CHECK SPECIAL EXAMINATION

Chest Xray

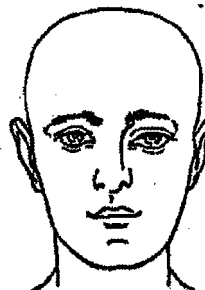
Pa and Lat

*increase in
bronchial markings*

Date of last immunization

Smallpox None ☐
Tetanus None ☐

Indicate scars and disfigurements



I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

Witness

Applicant

9/21/84

Date

JOHN F. SCALERA, M.D. Examiner
Date Examined 9/21/84

FORM S-12855
Restrictions:

Approved ☒	Not Approved ☐	Limited ☐
☒ 10. Appearance	☐	☐
☒ 11. Skin	☐	☐
☒ 12. Eyes	☐	☐
☒ 13. Ears/Drums	☐	☐
☒ 14. Nose	☐	☐
☒ 15. Throat	☐	☐
☒ 16. Teeth/Gums	☐	☐
☒ 17. Neck	☐	☐
☒ 18. Chest/Breasts	☐	☐
☒ 19. Heart	☐	☐
☒ 20. Lungs	☐	☐
☒ 21. Abdomen/Scars	☐	☐
☒ 22. Hernias	☐	☐
☒ 23. Inguinal Rings	☐	☐
☒ 24. Ext. Genitalia	☐	☐
☒ 25. Anus	☐	☐
☒ 26. Rectum/Prostate	☐	☐
☒ 27. Extremities	☐	☐
☒ 28. Back	☐	☐
☒ 29. Reflexes	☐	☐
☒ 30. Blood	☐	☐
☒ 31. Urine	☐	☐

KEY: Normal ☒ Abnormal ☐ Not Examined ☐

6. Vision without glasses	R - 20/20 L - 20/20	7. Vision with glasses	R - 20/20 L - 20/20
1. Height	5'11"	2. Weight	186
3. Blood Pressure	120/73	4. Pulse	77
Address 326 Holstead E. Orange			
Name Mallory, Willie			
Age	53	Sex	M
Employer W C D			
EMPLOYMENT EXAMINATION RECORD			
JOHN F. SCALERA, M.D. 101 SAMPTON AVENUE 50. PLAINFIELD, N.J.			

(Use this space to describe all defects)

JOHN F. SCALERA, M. D. 101 SAMPTON AVENUE SO. PLAINFIELD, N. J.

Name

Hallory, Willie

EMPLOYMENT EXAMINATION RECORD

M C D

Address

326 Holstead E. Orange

Employer

Age

Sex

M. S. W. D.

53

M

1. Height

5' 11"

2. Weight

186

3. Blood Pressure

121/73

4. Pulse

77

5. Hearing Levels (Decibels)

Cps.

250

500

1000

2000

4000

6. Vision without glasses

R-14/56 L-14/42

R-20/20 L-20/20

7. Vision with glasses

R-14/24 L-14/24

R-20/20 L-20/20

8. Color ☒

9. Depth ☐

Right

Left

KEY: Normal ☒

Abnormal ☒

Not Examined ☐

(Use this space to describe all defects)

10. Appearance ☒

21. Abdomen/Scars ☐

11. Skin ☐

22. Hernias ☐

12. Eyes ☐

23. Inguinal Rings ☐

13. Ears/Drums ☐

24. Ext. Genitalia ☐

14. Nose ☐

25. Anus ☐

15. Throat ☐

26. Rectum/Prostate ☐

16. Teeth/Gums ☐

27. Extremities ☐

17. Neck ☐

28. Back ☐

18. Chest/Breasts ☐

29. Reflexes ☐

19. Heart ☐

30. Blood ☐

20. Lungs ☐

31. Urine ☒

Approved ☒

Not Approved ☐

Limited ☐

9/21/84

19

JOHN F. SCALERA, M. D.

Restrictions:

Date Examined

Examiner

FORM S-12856

OCCUPATIONAL HISTORY

List all employers for whom applicant worked for the last three years

PAST MEDICAL HISTORY

(Record nature and dates of all injuries, operations and major illnesses)

*Handled Amputation
in Hearing
1950 - 1970*

RE-CHECKS & SPECIAL EXAMINATIONS

Chest X-ray

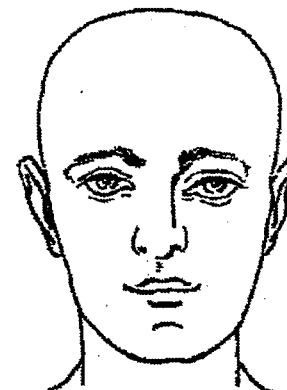
Pa and Lat

Date of last immunization

Smallpox None ☐

Tetanus None ☐

Indicate scars and disfigurements



I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

Witness

X _____
Applicant

9/21/84

Date

OCCUPATIONAL HISTORY
List all employers for whom applicant
worked for the last three years

PAST MEDICAL HISTORY
(Record nature and dates of all injuries,
operations and major illnesses)

RE-CHECKS & SPECIAL EXAMINATIONS

CX (PA) & LAT

normal chest.

Date of last immunization

Samtlox 1982 None ☐

Tetanus None ☐

Indicate scars and disfigurements

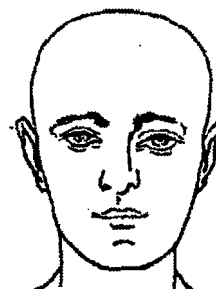
I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

I further certify that I have received a physical examination (including an audiometric examination) and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

[Signature]
Witness

[Signature]
Applicant

9-13-83
Date



Name

Mallory, Willie

Address

326 Halsted St. E. Orange, N.J.

EMPLOYMENT EXAMINATION RECORD

WCD Annual

Employee

Age

52

Sex

M

M. S. W. D.

Hearing

R+L 15/15

1. Height

5'11

2. Weight

192

3. Blood Pressure

133/93

4. Pulse

68

5. Hearing Levels (Decibels)

Cps.

250

500

1000

2000

4000

6. Vision without glasses

R-14/89 L-14/89

R-20/20 L-20/20

7. Vision with glasses

R-14/24 L-14/24

R-20/20 L-20/20

8. Color

☒

9. Depth

☐

Right

Left

KEY: Normal ☒

Abnormal ☒

Not Examined ☐

10. Appearance

☒

21. Abdomen/Scars

☒

11. Skin

☒

22. Hernias

☒

12. Eyes

☒

23. Inguinal Rings

☒

13. Ears/Drums

☒

24. Ext. Genitalia

☒

14. Nose

☒

25. Anus

☐

15. Throat

☒

26. Rectum/Prostate

☐

16. Teeth/Gums

☒

27. Extremities

☒

17. Neck

☒

28. Back

☒

18. Chest/Breasts

☒

29. Reflexes

☒

19. Heart

☒

30. Blood

☒

20. Lungs

☒

31. Urine

☒

(Use this space to describe all defects)

Approved ☒

Not Approved ☐

Limited ☐

Restrictions:

FORM 5-12855

9-13-

1983

Date Examined

JOHN F. SCALERA, M. D.

Examiner

OCCUPATIONAL HISTORY
List all employers for whom applicant
worked for the last three years

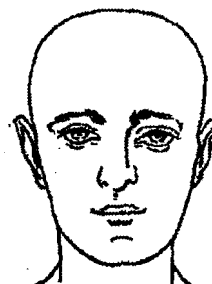
PAST MEDICAL HISTORY
(Record nature and dates of all injuries,
operations and major illnesses)

RE-CHECKS & SPECIAL EXAMINATIONS

CX (PA) & LAT
normal chest.

Date of last immunization
Smallpox 1982 None ☐
Tetanus None ☐

Indicate scars and disfigurements



I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

[Signature]
Witness

[Signature]
Applicant

9-13-83
Date

Name

Mallory, Willie

Address

326 Halsted St. E. Orange, N.J.

EMPLOYMENT EXAMINATION RECORD
NCD Annual

Employer

Age

52

Sex

M

M. S. W. D.

Hearing

R+L 15/15

1. Height

5'11"

2. Weight

192

3. Blood Pressure

133/93

4. Pulse

68

5. Hearing Levels (Decibels)

Cps.

250

500

1000

2000

4000

6. Vision without glasses

R-14/89 L-14/89

R-20/20 L-20/20

7. Vision with glasses

R-14/24 L-14/24

R-20/20 L-20/20

8. Color

☒

9. Depth

☐

Right

Left

KEY: Normal ☒Abnormal ☒Not Examined ☐

(Use this space to describe all defects)

10. Appearance

☒

21. Abdomen/Scars

☒

11. Skin

☒

22. Hernias

☒

12. Eyes

☒

23. Inguinal Rings

☒

13. Ears/Drums

☒

24. Ext. Genitalia

☒

14. Nose

☒

25. Anus

☐

15. Throat

☒

26. Rectum/Prostate

☐

16. Teeth/Gums

☒

27. Extremities

☒

17. Neck

☒

28. Back

☒

18. Chest/Breasts

☒

29. Reflexes

☒

19. Heart

☒

30. Blood

☒

20. Lungs

☒

31. Urine

☒Approved ☒Not Approved ☐Limited ☐

9-13-

1983

JOHN F. SCALERA, M.D.
Examiner

Restrictions:

FORM S-12856

JOHN F. SCALERA, M. D. 101 SAMPTON AVENUE SO. PLAINFIELD, N. J.

Name

EMPLOYMENT EXAMINATION RECORD

Mallory, Willie

Address

3245 Halsted St. E. Orange, N.J.

1. Height 5'11" 2. Weight 192 3. Blood Pressure 133/93 4. Pulse 68

6. Vision without glasses R-14/89 L-14/89 R-20/20 L-20/20
7. Vision with glasses R-14/24 L-14/24 R-20/..... L-20/.....

8. Color ☒

9. Depth ☐

KEY: Normal ☒ Abnormal ☒ Not Examined ☐

10. Appearance ☒ 11. Skin ☒ 12. Eyes ☒ 13. Ears/Drums ☒ 14. Nose ☒ 15. Throat ☒ 16. Teeth/Gums ☒ 17. Neck ☒ 18. Chest/Breasts ☒ 19. Heart ☒ 20. Lungs ☒
21. Abdomen/Scars ☐ 22. Hernias ☐ 23. Inguinal Rings ☐ 24. Ext. Genitalia ☒ 25. Anus ☐ 26. Rectum/Prostate ☐ 27. Extremities ☒ 28. Back ☒ 29. Reflexes ☐ 30. Blood ☒ 31. Urine ☒

Approved ☒ Not Approved ☐ Limited ☐

Restrictions:

FORM S-12856

Age	Sex	M. S. W. D.		Hearing.	
50	M			R+L 15/15	
5. Hearing Levels (Decibels)					
Cps.	250	500	1000	2000	4000
Right					
Left					

(Use this space to describe all defects)

9-13-1983

Date Examined

JOHN F. SCALERA, M. D.

Examiner

OCCUPATIONAL HISTORY

List all employers for whom applicant worked for the last three years

PAST MEDICAL HISTORY

(Record nature and dates of all injuries, operations and major illnesses)

[Handwritten diagonal line]

RE-CHECKS & SPECIAL EXAMINATIONS

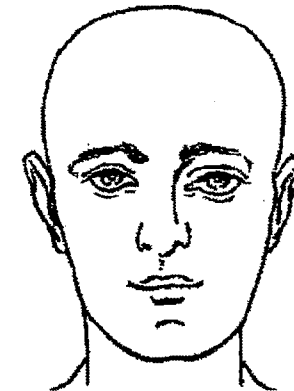
OK (PA) (Chest)

normal chest.

Date of last immunization

Smallpox 1982 None ☐
Tetanus None ☐

Indicate scars and disfigurements



I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

[Handwritten signature]
Witness

[Handwritten signature]
Applicant

9-13-83
Date

Name

Mallory, Willie

Address

326 Halstead Street, East Orange

EMPLOYMENT EXAMINATION RECORD
WCD- Annual

Employer

Age

51

Sex

M

M. S. W. D.

Hearing

R: 15/5 L

1. Height

5' 9"

2. Weight

158 1/2

3. Blood Pressure

130/82

4. Pulse

76

5. Hearing Levels (Decibels)

Cps.

250

500

1000

2000

6. Vision without glasses

R-14/20 L-14/20

R-20/20 L-20/20

7. Vision with glasses

R-14/20 L-14/20

R-20/20 L-20/20

8. Color ☒

Right

9. Depth ☐

Left

KEY: Normal ☒Abnormal ☒Not Examined ☐10. Appearance ☒11. Skin ☒12. Eyes ☒13. Ears/Drums ☒14. Nose ☒15. Throat ☒16. Teeth/Gums ☒17. Neck ☒18. Chest/Breasts ☒19. Heart ☒20. Lungs ☒21. Abdomen/Scars ☒22. Hernias ☒23. Inguinal Rings ☒24. Ext. Genitalia ☒25. Anus ☒26. Rectum/Prostate ☒27. Extremities ☒28. Back ☒29. Reflexes ☒30. Blood ☒31. Urine ☒

(Use this space to describe all defects)

Approved ☒Not Approved ☐Limited ☐

10/15/82

19

JOHN F. SCALERA, M. D.

Date Examined

Examiner

Restrictions:

FORM S-12856

OCCUPATIONAL HISTORY

List all employers for whom applicant
worked for the last three years

PAST MEDICAL HISTORY

(Record nature and dates of all injuries,
operations and major illnesses)

RE-CHECKS & SPECIAL EXAMINATION

CX (Pa & Lat)

Calc. peribronchovascular
nodes

Date of last immunization

Smallpox

None ☐

Tetanus

9 months ago

None ☐

I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

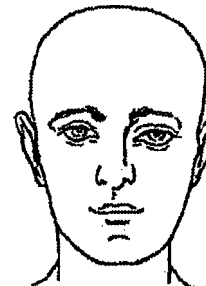
Witness

Applicant

10/15/82

Date

Indicate scars and disfigurements



Name Mallory, Willie				EMPLOYMENT EXAMINATION RECORD WCD- Annual			
Address 326 Halstead Street, East Orange				Age	Sex	M. S. W. D.	Hearing
				51	M		R: 5/5 I
1. Height 5' 9"	2. Weight 158 1/2	3. Blood Pressure 130/82	4. Pulse 76	5. Hearing Levels (Decibels)			
				Cps.	250	500	1000
				Right			
				Left			
6. Vision without glasses R-14/84 L-14/56 R-20/20 L-20/20		7. Vision with glasses R-14/35 L-14/25 R-20/20 L-20/20		8. Color ☒		9. Depth ☐	
KEY: Normal ☒ Abnormal ☒ Not Examined ☐				(Use this space to describe all defects)			
10. Appearance ☒	21. Abdomen/Scars ☐	11. Skin ☐	22. Hernias ☐	12. Eyes ☒	23. Inguinal Rings ☐	13. Ears/Drums ☒	24. Ext. Genitalia ☐
14. Nose ☒	25. Anus ☐	15. Throat ☒	26. Rectum/Prostate ☐	16. Teeth/Gums ☐	27. Extremities ☐	17. Neck ☐	28. Back ☐
18. Chest/Breasts ☐	29. Reflexes ☐	19. Heart ☒	30. Blood ☒	20. Lungs ☐	31. Urine ☒		
Approved ☒ Not Approved ☐ Limited ☐							
Restrictions: FORM S-12856				10/15/82 19 JOHN F. SCALERA, M.D. Date Examined Examiner			

OCCUPATIONAL HISTORY
List all employers for whom applicant worked for the last three years

PAST MEDICAL HISTORY
(Record nature and dates of all injuries, operations and major illnesses)

RE-CHECKS & SPECIAL EXAMINATION
CX (Pa & Lat)

Calc. peribronchovascular nodes

Date of last immunization
Smallpox None ☐
Tetanus **9 months ago** None ☐

Indicate scars and disfigurements

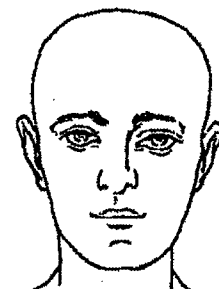
I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

Witness

Applicant

10/15/82
Date



JOHN F. SCALERA, M. D. 101 SAMPTON AVENUE 50. PLAINFIELD, N. J.

Name

Mallory, Willie

EMPLOYMENT EXAMINATION RECORD

WCD- Annual

Employer

Address

326 Halstead Street, East Orange

Age

51

Sex

M

M. S. W. D.

Hearing

R 15/50 L 15/50

1. Height

2. Weight

3. Blood Pressure

4. Pulse

5. Hearing Levels (Decibels)

Cps.

250

500

1000

2000

4000

6. Vision without glasses

R-14/40 L-14/40

R-20/40 L-20/40

7. Vision with glasses

R-14/40 L-14/40

R-20/40 L-20/40

8. Color

☒

9. Depth

☐

Right

Left

KEY: Normal ☒

Abnormal ☒

Not Examined ☐

(Use this space to describe all defects)

10. Appearance

☒

21. Abdomen/Scars

☐

11. Skin

☐

22. Hernias

☐

12. Eyes

☒

23. Inguinal Rings

☐

13. Ears/Drums

☐

24. Ext. Genitalia

☐

14. Nose

☒

25. Anus

☒

15. Throat

☐

26. Rectum/Prostate

☐

16. Teeth/Gums

☒

27. Extremities

☐

17. Neck

☒

28. Back

☐

18. Chest/Breasts

☐

29. Reflexes

☐

19. Heart

☒

30. Blood

☐

20. Lungs

☒

31. Urine

☒

Approved ☒

Not Approved ☐

Limited ☐

10/15/82

19

JOHN F. SCALERA, M. D.

Restrictions:

Date Examined

Examiner

FORM S-12856

OCCUPATIONAL HISTORY

List all employers for whom applicant worked for the last three years

PAST MEDICAL HISTORY

(Record nature and dates of all injuries, operations and major illnesses)

RE-CHECKS & SPECIAL EXAMINATIONS

CX (Pa & Lat)

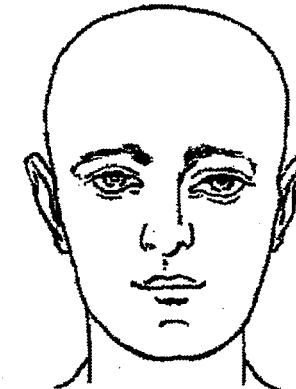
2nd. pa & lat

Date of last immunization

Smallpox None ☐

Tetanus . 9 months ago None ☐

Indicate scars and disfigurements



I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

Witness

Applicant

10/15/82
Date

JOHN F. SCALERA, M. D. 101 SAMPTON AVENUE SO. PLAINFIELD, N. J.

Name

EMPLOYMENT EXAMINATION RECORD

Address MALLORE, W. L. L.
326 WALSTEAD ST. ORANGE
 Age 50 Sex M M. S. W. D. 1915

1. Height 5'11" 2. Weight 191 3. Blood Pressure 110/80 4. Pulse 72
 5. Hearing Levels (Decibels)
 Cpe. 250 500 1000 2000 4000
 Right ☐ ☐ ☐ ☐ ☐
 Left ☐ ☐ ☐ ☐ ☐
 6. Vision without glasses R-14/89 L-14/56 7. Vision with glasses R-14/..... L-14/.....
 R-20/20 L-20/20 8. Color ☒ 9. Depth ☐

KEY: Normal ☒ Abnormal ☒ Not Examined ☐
 10. Appearance ☒ 21. Abdomen/Scars ☒
 11. Skin ☒ 22. Hernias ☒
 12. Eyes ☒ 23. Inguinal Rings ☒
 13. Ears/Drums ☒ 24. Ext. Genitalia ☒
 14. Nose ☒ 25. Anus ☒
 15. Throat ☒ 26. Rectum/Prostate ☒
 16. Teeth/Gums ☒ 27. Extremities ☒
 17. Neck ☒ 28. Back ☒
 18. Chest/Breasts ☒ 29. Reflexes ☒
 19. Heart ☒ 30. Blood ☒
 20. Lungs ☒ 31. Urine ☒

(Use this space to describe all defects)
Has reading glasses but left them on the job

Approved ☐ Not Approved ☐ Limited ☐

Restrictions:
 FORM S-12858

9-17 1981 JOHN F. SCALERA, M. D.
 Date Examined Examiner

OCCUPATIONAL HISTORY

List all employers for whom applicant worked for the last three years

PAST MEDICAL HISTORY

(Record nature and dates of all injuries, operations and major illnesses)

RE-CHECKS & SPECIAL EXAMINATIONS

*Chem X-ray
 Increase hilar markings. No change compared to previous X-ray.*

Date of last immunization
 Smallpox None ☐
 Tetanus 1979 None ☐

I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

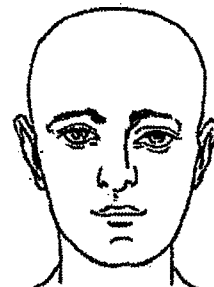
I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

Witness

Applicant

9-17-81
 Date

Indicate scars and disfigurements



JOHN F. SCALERA, M. D. 101 SAMPTON AVENUE SO. PLAINFIELD, N. J.

Name

EMPLOYMENT EXAMINATION RECORD

Address

326 HALSTED ST. L. ORANGE

Age

50

Sex

M. S. W. D.

Employer

R/L
15/15

1. Height

5' 11"

2. Weight

191

3. Blood Pressure

110/80

4. Pulse

72

5. Hearing Levels (Decibels)

Cps.

250

500

1000

2000

4000

6. Vision without glasses

R-14/84 L-14/84

R-20/20 L-20/20

7. Vision with glasses

R-14/..... L-14/.....

R-20/..... L-20/.....

8. Color ☒

Right

9. Depth ☐

Left

KEY: Normal ☒Abnormal ☒Not Examined ☐

(Use this space to describe all defects)

10. Appearance ☒11. Skin ☒12. Eyes ☒13. Ears/Drums ☒14. Nose ☒15. Throat ☒16. Teeth/Gums ☒17. Neck ☒18. Chest/Breasts ☒19. Heart ☒20. Lungs ☒21. Abdomen/Scars ☒22. Hernias ☒23. Inguinal Rings ☒24. Ext. Genitalia ☒25. Anus ☒26. Rectum/Prostate ☒27. Extremities ☒28. Back ☒29. Reflexes ☒30. Blood ☒31. Urine ☒

Has reading glasses but left them on the job

Approved ☐Not Approved ☐Limited ☐

9-17-81

Date Examined

JOHN F. SCALERA, M. D.

Examiner

Restrictions:

FORM S-12856

OCCUPATIONAL HISTORY

List all employers for whom applicant worked for the last three years

PAST MEDICAL HISTORY

(Record nature and dates of all injuries, operations and major illnesses)

RE-CHECKS & SPECIAL EXAMINATIONS

Chest X-ray
Increase hilar markings. No change compared to previous X-ray.

Date of last immunization

Samlipox

None ☐

Tetanus

None ☐

I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

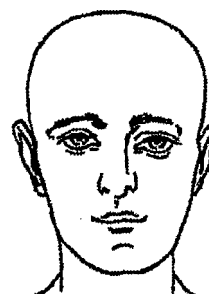
Witness

Applicant

9-17-81

Date

Indicate scars and disfigurements



JOHN F. SCALERA, M. D. 101 SAMPTON AVENUE SO. PLAINFIELD, N. J.

Name

EMPLOYMENT EXAMINATION RECORD

Address

Employer

Age

Sex

M. S. W. D.

1. Height

2. Weight

3. Blood Pressure

4. Pulse

5. Hearing Levels (Decibels)

Cps.

250

500

1000

2000

4000

6. Vision without glasses

7. Vision with glasses

8. Color ☒

R-14/... L-14/...

R-14/... L-14/...

R-20/... L-20/...

R-20/... L-20/...

9. Depth ☐

Right

Left

KEY: Normal ☒

Abnormal ☒

Not Examined ☐

(Use this space to describe all defects)

10. Appearance

☒

21. Abdomen/Scars

☒

11. Skin

☒

22. Hernias

☒

12. Eyes

☒

23. Inguinal Rings

☒

13. Ears/Drums

☒

24. Ext. Genitalia

☒

14. Nose

☒

25. Anus

☐

15. Throat

☒

26. Rectum/Prostate

☐

16. Teeth/Gums

☒

27. Extremities

☒

17. Neck

☒

28. Back

☒

18. Chest/Breasts

☒

29. Reflexes

☒

19. Heart

☒

30. Blood

☐

20. Lungs

☒

31. Urine

☒

Approved ☐

Not Approved ☐

Limited ☐

Restrictions:

FORM S-12856

Date Examined

JOHN F. SCALERA, M. D.

Examiner

OCCUPATIONAL HISTORY

List all employers for whom applicant worked for the last three years

PAST MEDICAL HISTORY

(Record nature and dates of all injuries, operations and major illnesses)

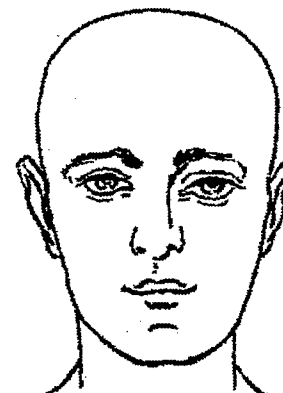
RE-CHECKS & SPECIAL EXAMINATIONS

Chest X-ray
Increase rib
markings. No
change compared to
previous X-ray.

Date of last immunization

Smallpox None ☐
Tetanus *1974* None ☐

Indicate scars and disfigurements



I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

Witness

Applicant

9-17-81
Date

Name

MALLOY WILLIE

EMPLOYMENT EXAMINATION RECORD

WCD

Address

326 WALSTED ST E-ORANGE

Age

49

Sex

M

Employer

S. W. D.

15715

1. Height

5'11"

2. Weight

185

3. Blood Pressure

120/78

4. Pulse

72

5. Hearing Levels (Decibels)

Cps.

250

500

1000

2000

4000

6. Vision without glasses

R-14/42 L-14/42

R-20/20 L-20/20

7. Vision with glasses

R-14/24 L-14/28

R-20/20 L-20/20

8. Color

☒

Right

9. Depth

☐

Left

KEY: Normal ☒Abnormal ☒Not Examined ☐

10. Appearance

☒

11. Skin

☒

12. Eyes

☒

13. Ears/Drums

☒

14. Nose

☒

15. Throat

☒

16. Teeth/Gums

☒

17. Neck

☒

18. Chest/Breasts

☒

19. Heart

☒

20. Lungs

☒

21. Abdomen/Scars

☒

22. Hernias

☒

23. Inguinal Rings

☒

24. Ext. Genitalia

☒

25. Anus

☐

26. Rectum/Prostate

☐

27. Extremities

☒

28. Back

☒

29. Reflexes

☒

30. Blood

☐

31. Urine

☒

(Use this space to describe all defects)

Approved ☐Not Approved ☐Limited ☐

Restrictions:

FORM 5-12856

Date Examined

9-25

1980

JOHN F. SCALERA, M. D.

Examiner

List all employers for whom applicant
worked for the last three years

For: (Record nature and dates of all injuries,
operations and major illnesses)

PHYSICAL & SPECIAL EXAMINATIONS

chest x-ray - 2-1-80

Date of last immunization

Smallpox None ☐
Tetanus 1979 None ☐

I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

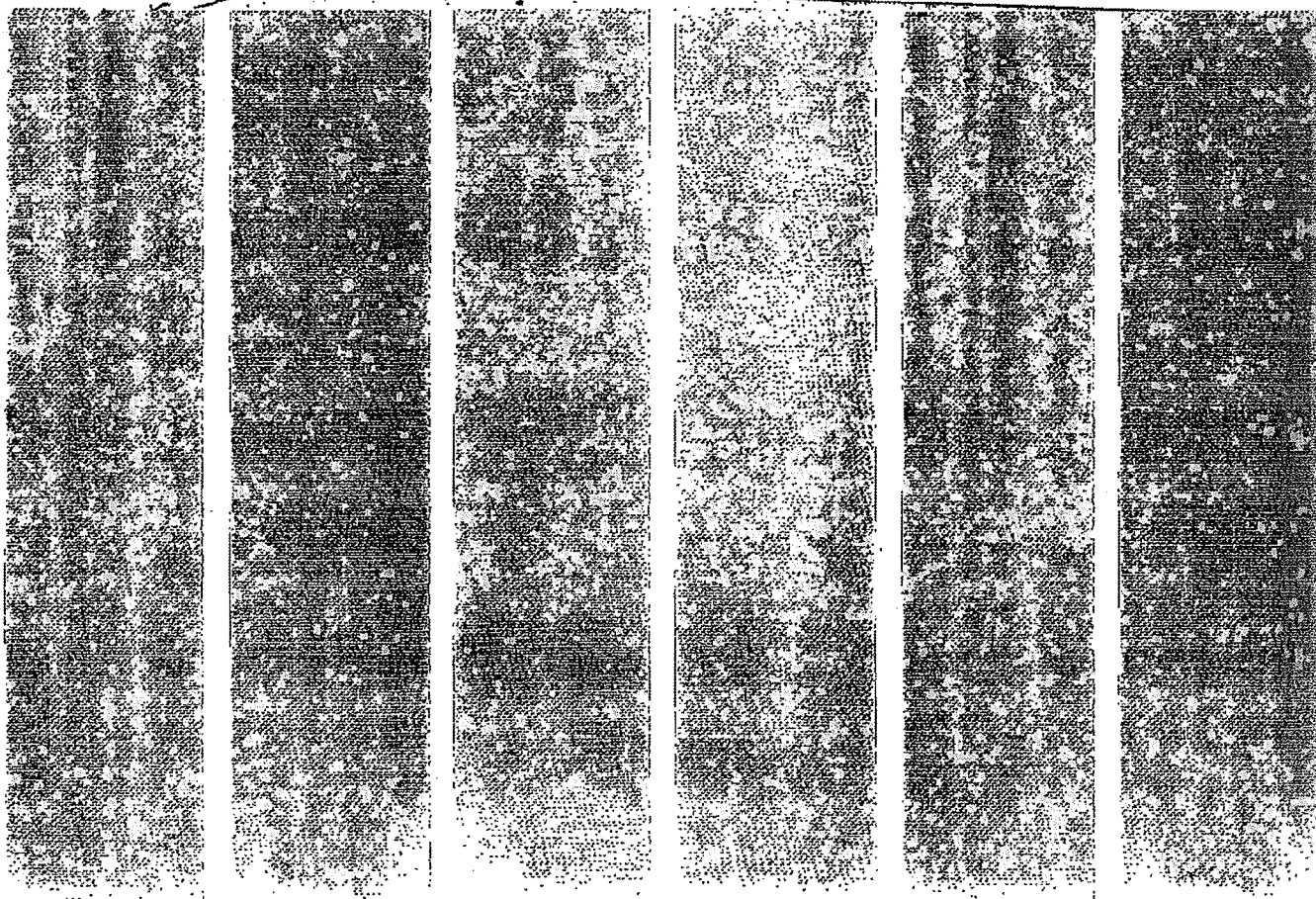
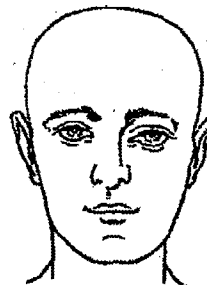
I further certify that I have received a physical examination (including radiographic examination) and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

Witness

Applicant

9/25/80
Date

Indicate scars and disfigurements



JOHN F. SCALERA, M. D. 101 SAMPTON AVENUE 30. PLAINFIELD, N. J.

Name

MALLOY WILLIE

Address

326 HALSTED ST E. ORANGE

Age

49

Sex

M

Employer

S. W. D.

15715

1. Height

5'11"

2. Weight

185

3. Blood Pressure

120/78

4. Pulse

72

5. Hearing Levels (Decibels)

Cps.

250

500

1000

2000

4000

6. Vision without glasses

R-14/42 L-14/42

R-20/20 L-20/20

7. Vision with glasses

R-14/24 L-14/28

R-20/..... L-20/.....

8. Color

4

9. Depth

1

KEY: Normal

Abnormal

Not Examined

10. Appearance

2

11. Skin

2

12. Eyes

2

13. Ears/Drums

2

14. Nose

2

15. Throat

2

16. Teeth/Gums

2

17. Neck

2

18. Chest/Breasts

2

19. Heart

2

20. Lungs

2

21. Abdomen/Scars

2

22. Hernias

2

23. Inguinal Rings

2

24. Ext. Genitalia

2

25. Anus

2

26. Rectum/Prostate

2

27. Extremities

2

28. Back

2

29. Reflexes

2

30. Blood

2

31. Urine

2

Approved

Not Approved

Limited

Restrictions:

FORM 5-12856

Date Examined

9-25

1980

JOHN F. SCALERA, M. D.

Examiner

OCCUPATIONAL HISTORY

List all employers for whom applicant worked for the last three years

PAST MEDICAL HISTORY

(Record nature and dates of all injuries, operations and major illnesses)

RE-CHECKS & SPECIAL EXAMINATIONS

Chest x ray - Normal

Date of last immunization

Samtpox

Tetanus

None

None

I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

I further certify that I have received a physical examination (including a complete physical examination) and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

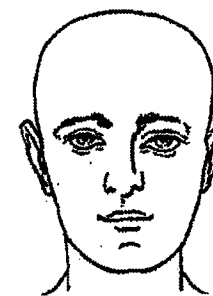
Witness

Applicant

9/25/80

Date

Indicate scars and disfigurements



JOHN F. SCALERA, M. D. 101 SAMPTON AVENUE SO. PLAINFIELD, N. J.

Name

MALLOY WILLIE

Address

326 HALSTED ST E-ORANGE

EMPLOYMENT INFORMATION RECORD

DOB

Age

49

Sex

M

Employer

S. W. D.

15715

1. Height

5'11"

2. Weight

185

3. Blood Pressure

120/78

4. Pulse

72

5. Hearing Levels (Decibels)

Cps.

250

500

1000

2000

4000

6. Vision without glasses

R-14/42 L-14/42

R-20/20 L-20/20

7. Vision with glasses

R-14/24.5 L-14/28

R-20/20 L-20/20

8. Color

4

9. Depth

4

Right

Left

KEY: Normal ☒

Abnormal ☒

Not Examined ☐

(Use this space to describe all defects)

10. Appearance

☒

21. Abdomen/Scars

☒

11. Skin

☒

22. Hernias

☒

12. Eyes

☒

23. Inguinal Rings

☒

13. Ears/Drums

☒

24. Ext. Genitalia

☒

14. Nose

☒

25. Anus

☐

15. Throat

☒

26. Rectum/Prostate

☐

16. Teeth/Gums

☒

27. Extremities

☒

17. Neck

☒

28. Back

☒

18. Chest/Breasts

☒

29. Reflexes

☒

19. Heart

☒

30. Blood

☐

20. Lungs

☒

31. Urine

☒

Approved ☐

Not Approved ☐

Limited ☐

9-25

1980

JOHN F. SCALERA, M. D.

Examiner

Restrictions:

FORM S-12855

OCCUPATIONAL HISTORY

List all employers for whom applicant worked for the last three years

PAST MEDICAL HISTORY

(Record nature and dates of all injuries, operations and major illnesses)

RE-CHECKS & SPECIAL EXAMINATIONS

Chest x-ray - normal

Date of last immunization

Samlipox

None ☐

Tetanus

None ☐

I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

I further certify that I have received a physical examination (including diagnostic examination) and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

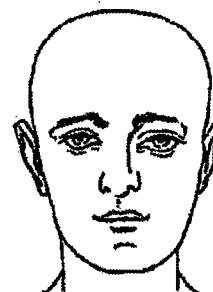
Witness

Applicant

9/25/80

Date

Indicate scars and disfigurements



Name

EMPLOYMENT EXAMINATION RECORD

MALLOY WILKIE
326 HALSTED ST E-ORANGE

Age

Sex

Employer

M S. W. D.

49

M

15715

1. Height

5'11"

2. Weight

185

3. Blood Pressure

120/78

4. Pulse

72

5. Hearing Levels (Decibels)

Cps.

250

500

1000

2000

4000

6. Vision without glasses

R-14/42 L-14/42

R-20/20 L-20/20

7. Vision with glasses

R-14/24 L-14/28

R-20/20 L-20/20

8. Color

2

9. Depth

0

KEY: Normal ☒Abnormal ☒Not Examined ☐

(Use this space to describe all defects)

10. Appearance

☒

21. Abdomen/Scars

☒

11. Skin

☒

22. Hernias

☒

12. Eyes

☒

23. Inguinal Rings

☒

13. Ears/Drums

☒

24. Ext. Genitalia

☒

14. Nose

☒

25. Anus

☐

15. Throat

☒

26. Rectum/Prostate

☐

16. Teeth/Gums

☒

27. Extremities

☒

17. Neck

☒

28. Back

☒

18. Chest/Breasts

☒

29. Reflexes

☒

19. Heart

☒

30. Blood

☐

20. Lungs

☒

31. Urine

☒Approved ☐Not Approved ☐Limited ☐

9-25

1980

JOHN F. SCALERA, M. D.

Examiner

Restrictions:

FORM S-12886

List all employers for whom applicant
 worked for the last three years

PAST MEDICAL HISTORY
 (Record nature and dates of all injuries,
 operations and major illnesses)

RE-CHECKS & SPECIAL EXAMINATIONS

chest x-ray - normal

Date of last immunization

Smallpox

None ☐

Tetanus

None ☐

I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

I further certify that I have received a physical examination (including domestic examination) and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

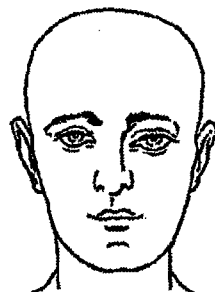
Witness

Applicant

9/25/80

Date

Indicate scars and disfigurements



JOHN F. SCALERA, M. D. 101 SAMPTON AVENUE SO. PLAINFIELD, N. J.

Name

EMPLOYMENT EXAMINATION RECORD

MALLOY WILLIE
Address
326 WALSTED ST E-ORANGE

Age 49 Sex M Employer S. W. D. 15/15

1. Height 5'11"	2. Weight 185	3. Blood Pressure 120/78	4. Pulse 72	5. Hearing Levels (Decibels)					
6. Vision without glasses R-14/42 L-14/42 R-20/20 L-20/20				7. Vision with glasses R-14/24.5 L-14/28 R-20/20 L-20/20					
8. Color ☒				Cps.	250	500	1000	2000	4000
9. Depth ☐				Right					
				Left					

KEY: Normal ☒ Abnormal ☒ Not Examined ☐		
10. Appearance ☒	21. Abdomen/Scars ☒	
11. Skin ☒	22. Hernias ☒	
12. Eyes ☒	23. Inguinal Rings ☒	
13. Ears/Drums ☒	24. Ext. Genitalia ☒	
14. Nose ☒	25. Anus ☐	
15. Throat ☒	26. Rectum/Prostate ☐	
16. Teeth/Gums ☒	27. Extremities ☒	
17. Neck ☒	28. Back ☒	
18. Chest/Breasts ☒	29. Reflexes ☒	
19. Heart ☒	30. Blood ☐	
20. Lungs ☒	31. Urine ☒	

(Use this space to describe all defects)

Approved ☐ Not Approved ☐ Limited ☐

Restrictions:
FORM S-12856

9-25 1980 JOHN F. SCALERA, M. D.
Date Examined Examiner

OCCUPATIONAL HISTORY
List all employers for whom applicant worked for the last three years

PAST MEDICAL HISTORY
(Record nature and dates of all injuries, operations and major illnesses)

RE-CHECKS & SPECIAL EXAMINATIONS

Chest x ray - Normal

Date of last immunization
Samlpox None ☐
Tetanus 1979 None ☐

Indicate scars and disfigurements

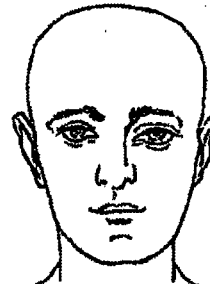
I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

I further certify that I have received a physical examination (including ~~audiometric examination~~) and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

Witness

Applicant

9/25/80
Date



JOHN F. SCALERA, M. D. 101 SAMPTON AVENUE SO. PLAINFIELD, N. J.

Name

EMPLOYMENT EXAMINATION RECORD

Address

Employer

Age

Sex

☒ M S. W. D.

1. Height

2. Weight

3. Blood Pressure

4. Pulse

5. Hearing Levels (Decibels)

Cps.

250

500

1000

2000

4000

6. Vision without glasses

7. Vision with glasses

8. Color ☒

Right

9. Depth ☐

Left

KEY: Normal ☒

Abnormal ☒

Not Examined ☐

(Use this space to describe all defects)

10. Appearance

☒

21. Abdomen/Scars

☐

11. Skin

☒

22. Hernias

☐

12. Eyes

☒

23. Inguinal Rings

☐

13. Ears/Drums

☒

24. Ext. Genitalia

☒

14. Nose

☒

25. Anus

☐

15. Throat

☒

26. Rectum/Prostate

☐

16. Teeth/Gums

☒

27. Extremities

☒

17. Neck

☒

28. Back

☒

18. Chest/Breasts

☒

29. Reflexes

☒

19. Heart

☐

30. Blood

☐

20. Lungs

☐

31. Urine

☒

Approved ☐

Not Approved ☐

Limited ☐

Restrictions:

FORM S-12856

Date Examined

JOHN F. SCALERA, M. D.

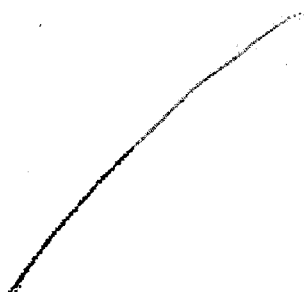
Examiner

OCCUPATIONAL HISTORY

List all employers for whom applicant worked for the last three years

PAST MEDICAL HISTORY

(Record nature and dates of all injuries, operations and major illnesses)



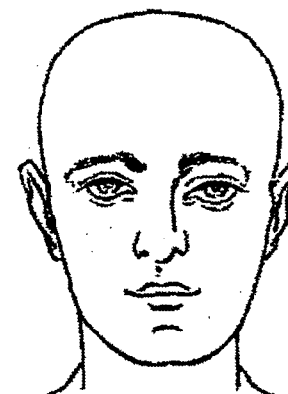
RE-CHECKS & SPECIAL EXAMINATIONS

None

Date of last immunization

Smallpox None ☐
Tetanus *1979* None ☐

Indicate scars and disfigurements



I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

I further certify that I have received a physical examination ~~(including audiometric examination)~~ and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

Witness

Applicant

9/25/80

Date

JOHN F. SCALERA, M. D. 101 SAMPTON AVENUE 50. PLAINFIELD, N. J.

Name

EXAMINATION RECORD

Address

Age

Sex

Employer
M. S. W. D.

1. Height

2. Weight

3. Blood Pressure

4. Pulse

5. Hearing Levels (Decibels)

Cps.

250

500

1000

2000

4000

6. Vision without glasses

R-14/26 L-14/26

R-20/20 L-20/20

7. Vision with glasses

R-14/26 L-14/26

R-20/20 L-20/20

8. Color ☒

9. Depth ☐

Right

Left

KEY: Normal ☒

Abnormal ☒

Not Examined ☐

(Use this space to describe all defects)

10. Appearance ☐

21. Abdomen/Scars ☐

11. Skin ☐

22. Hernias ☐

12. Eyes ☐

23. Inguinal Rings ☐

13. Ears/Drums ☐

24. Ext. Genitalia ☐

14. Nose ☐

25. Anus ☐

15. Throat ☐

26. Rectum/Prostate ☐

16. Teeth/Gums ☐

27. Extremities ☐

17. Neck ☐

28. Back ☐

18. Chest/Breasts ☐

29. Reflexes ☐

19. Heart ☐

30. Blood ☐

20. Lungs ☐

31. Urine ☒

Approved ☐

Not Approved ☐

Limited ☐

Restrictions:

Date Examined

19

JOHN F. SCALERA, M. D.

Examiner

FORM S-12856

OCCUPATIONAL HISTORY

List all employers for whom applicant worked for the last three years

PAST MEDICAL HISTORY

(Record nature and dates of all injuries, operations and major illnesses)

RE-CHECKS & SPECIAL EXAMINATIONS

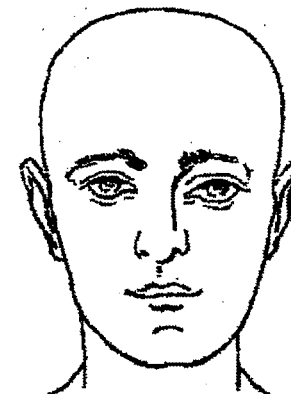
Normal

Date of last immunization

Saripox None ☐

Tetanus None ☐

Indicate scars and disfigurements



I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

Witness

Applicant

Date

OCCUPATIONAL HISTORY

List all employers for whom applicant worked for the last three years

PAST MEDICAL HISTORY

(Record nature and dates of all injuries, operations and major illnesses)

RE-CHECKS & SPECIAL EXAMINATIONS

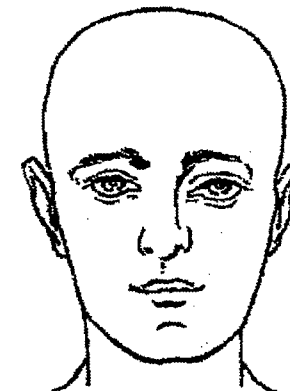
chest x-ray (PA & LAT)
No acute changes.
Epithelial changes becoming more prominent.

Date of last immunization

Smallpox None ☐

Tetanus None ☐

Indicate scars and disfigurements



I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

Witness

Applicant

Date

JOHN F. SCALERA, M. D. 101 SAMPTON AVENUE 80. PLAINFIELD, N. J.

Name

Mallory, Willie

Address

326 Palsted St
E Orange

Age

48

Sex

M. S. W. D.

Employer

WCD
Hearing
R/L 15.5

1. Height

5 11

2. Weight

190

3. Blood Pressure

120/80

4. Pulse

68

5. Hearing Levels (Decibels)

Cps.

250

500

1000

2000

4000

6. Vision without glasses

R-14/56 L-14/28

R-20/22 L-20/22

7. Vision with glasses

R-14/28 L-14/24.5

R-20/..... L-20/.....

8. Color

☒

9. Depth

☐

KEY: Normal ☒

Abnormal ☒

Not Examined ☐

(Use this space to describe all defects)

10. Appearance

☒

11. Skin

☒

12. Eyes

☒

13. Ears/Drums

☒

14. Nose

☒

15. Throat

☒

16. Teeth/Gums

☒

17. Neck

☒

18. Chest/Breasts

☒

19. Heart

☒

20. Lungs

☒

21. Abdomen/Scars

☒

22. Hernia

☒

23. Inguinal Rings

☒

24. Ext. Genitalia

☒

25. Anus

☒

26. Rectum/Prostate

☒

27. Extremities

☒

28. Back

☒

29. Reflexes

☒

30. Blood

☒

31. Urine

☒

Approved ☐

Not Approved ☐

Limited ☐

Restrictions:

FORM S-12856

Date Examined

9/28/79

JOHN F. SCALERA, M. D.
Examiner

OCCUPATIONAL HISTORY

List all employers for whom applicant worked for the last three years

PAST MEDICAL HISTORY

(Record nature and dates of all injuries, operations and major illnesses)

None

RE-CHECKS & SPECIAL EXAMINATIONS

Chest xray (2)
Normal Chest

Date of last immunization

Sandox None ☐

Tetanus None ☐

I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

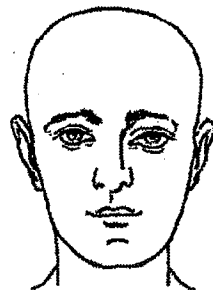
I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

Witness

Applicant

9-28-79
Date

Indicate scars and disfigurements



JOHN F. SCALERA, M. D. 101 SAMPTON AVENUE SO. PLAINFIELD, N. J.

Name Mallory, Willie EXAMINATION RECORD

Address 326 Gaisted St Employer W.C.D.

E. Orange Age 48 Sex M. S. W. D. Hearing

1. Height 5 11 2. Weight 190 3. Blood Pressure 120/80 4. Pulse 68 5. Hearing Levels (Decibels)

Cps.	250	500	1000	2000	4000
Right					
Left					

6. Vision without glasses R-14/28 L-14/28 R-20/22 L-20/22

7. Vision with glasses R-14/28 L-14/28 R-20/22 L-20/22

8. Color ☒ 9. Depth ☐

KEY: Normal ☒ Abnormal ☒ Not Examined ☐ (Use this space to describe all defects)

10. Appearance ☒	21. Abdomen/Scars ☒
11. Skin ☒	22. Hernias ☐
12. Eyes ☒	23. Inguinal Rings ☐
13. Ears/Drums ☒	24. Ext. Genitalia ☐
14. Nose ☒	25. Anus ☐
15. Throat ☒	26. Rectum/Prostate ☐
16. Teeth/Gums ☒	27. Extremities ☐
17. Neck ☐	28. Back ☒
18. Chest/Breasts ☒	29. Reflexes ☐
19. Heart ☐	30. Blood ☐
20. Lungs ☒	31. Urine ☒

Approved ☐ Not Approved ☐ Limited ☐

Restrictions: 9/28/79 Date Examined JOHN F. SCALERA, M. D. Examiner

FORM 8-12856

OCCUPATIONAL HISTORY
List all employers for whom applicant worked for the last three years

PAST MEDICAL HISTORY
(Record nature and dates of all injuries, operations and major illnesses)

RE-CHECKS & SPECIAL EXAMINATIONS

None

Chest xray (2)
Normal Chest

Date of last immunization
Smallpox None ☐
Tetanus None ☐

Indicate scars and disfigurements

I certify that I have not received Workman's Compensation, pension or damages for any injury or disease except as follows:

I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

Witness

Applicant

9-28-79
Date

