



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

January 26, 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:

Enclosed please find documents in response to Plaintiff's Request for Documents No. 13. Documents which are subject to the attorney/client privilege have been withheld accordingly.

Very truly yours,

*Nora J. Grimbergen /s/*

NORA J. GRIMBERGEN

NJG:ds

cc: Moshe Maimon, Esq. @ Levy Konigsberg, LLP  
Robert E. Lytle, Esq. @ Szaferman, Lakind, Blumstein & Blader P.C.  
All Defense Counsel of Record

PLAINTIFF'S  
EXHIBIT  
**WCD-24**

JANET GILVIN COUNSEL LIST

Ronald Hurst, Esq.

Montgomery, McCracken, Walker & Rhoads, LLP

123 South Broad Street

Avenue of the Arts

Philadelphia, PA 19109

John M. Leith, Esq.

Mattson, Madden & Leith

33 Bleeker Street

Millburn, NJ 07041

Diane F. Averell, Esq.

Porzio, Bromberg & Newman, P.C.

100 Southgate Parkway

PO Box 1997

Morristown, NJ 07962-1997

Anthony J. Caruso, Esq.

Caruso Smith Edell Picini, P.C.

60 Route 46 East

Fairfield, NJ 07004

Joseph T. Hanlon, Esq.

Wilson, Elser, Moskowitz, Edelman &

Dicker, LLP - Florham Park

200 Campus Drive

Florham Park, NJ 07932-0668

Department of Labor and Industry  
DIVISION OF WORKERS' COMPENSATION  
CN 181  
Trenton, New Jersey 08625

**EMPLOYEE'S CLAIM PETITION**

CL NO

DO

HUDSON

SOCIAL SECURITY NUMBER

NAME

COUNTY  
ADDRESS

DATE  
AGE

WHITTAKER BANCORP, INC.  
COUNTY OF...  
ADDRESS... New Jersey 07020-1000

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

SALVATORE MAFABONDO, ESQ.  
26 Journal Square, 10th floor  
Jersey City, New Jersey 07306  
TELEPHONE: (Area Code) (201) 636-8400

NAME (Indicate if Not Covered or If Self-insured)

GLOBE INDEMNITY COMPANY  
ADDRESS 340 GANETOWN ROAD  
P. O. Box 1045  
Turnersville, New Jersey 08012  
CLAIMANT'S CLAIM FILE NUMBER:

TO THE HONORABLE COMMISSIONER OF WORKERS' COMPENSATION:  
Petitioner, alleging that... injury by an accident arising out of and in the course of petitioner's  
employment with respondent... on or about... 1984-1985, supplements and appendiments respectfully state:

From November... at employer's premises in  
Kearny and South Plainfield, N.J.

...and other... substantial...

DATE RECEIVED BY WORK...

REPORT TO EMPLOYER AND TO WHOM:

...informed petitioner for first time in 9

TEMPORARY DISABILITY PAID PERMANENT DISABILITY PAID

...if there has been amputation or... of any

...Permanent pulmonary disease with related...  
...disability...

...ioner (WAB) (DID NOT) ... of our informal hearing.

...ie copy of Petition... attached hereto

☐ Yes ☒ No

...cal aid (WAB) (WAB) ... by Petitioner's employer.

names and addresses of physicians and hospitals:

Ramesh M. Kania, M.D., 109 S. Mann Avenue, East Orange, N. J. 07019  
Jesse G. Mangone, M.D., 196 Paterson Avenue, East Rutherford, N. J. 07073  
and Company Physicians and others, yet to be determined.

(OVER)

SEP 19 10 18 AM '91  
OFFICE OF THE  
COMPTROLLER  
TREASURY

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

**EMPLOYEE'S CLAIM PETITION**

C.P. NO.

P.D.

HUDSON

SOCIAL SECURITY NUMBER:

NAME:

COUNTY OF:  
ADDRESS:

23100243

VA

AGE:

WHITTAKER, CLARK & DANIELS, INC.

COUNTY OF RESIDENCE: Middlesex

ADDRESS: 1000 Coolidge Street  
South Plainfield, New Jersey 07060-1000

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

NAME:

SALVATORE MARABONDO, ESQ.

ADDRESS:

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

ATTORNEY FOR  
PETITIONER

INSURANCE  
CLAIMS

Is this claimant a Non-Employee or a Self-Employed?

GLOBE INDEMNITY COMPANY

ADDRESS: 340 EASTOWN ROAD  
P. O. Box 1045  
Turnersville, New Jersey 08012

CARRIER'S CLAIM FILE NUMBER:

**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 N.J.S. 34:15-7 et seq., supplements and amendments, respectfully states:

DATE OF ACCIDENT: DATE OF OCCUPATIONAL EXPOSURE:

From November 1980 to present.

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

is pulmonary irritants and other deleterious substances.

Respondent: (Petitioner)

DATE STOPPED WORK:

DATE RETURNED TO WORK:

DATE OF INJURY:

DATE INJURY REPORTED TO EMPLOYER AND TO WHOM:

Employer's new doctor informed petitioner for first time in

DATE OF INJURY:

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(OVER)

JUL 19 10 18 AM '91

OFFICIAL FILE  
DIVISION OF WORKERS'  
COMPENSATION  
TRENTON, NJ

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

Is copy of Petitioner's treating physician's report attached hereto

☐

Yes

☒

No

Is copy of Petitioner's treating physician's report (NOT) furnished by Petitioner's employer.

names of physicians and hospitals:

Ramesh M. Kania, M.D., 109 S. Main 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.

\_\_\_\_\_

-VS-

Respondent

## Claim Petition

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

-1-

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  
-----

 :  
: Petitioner :  
:

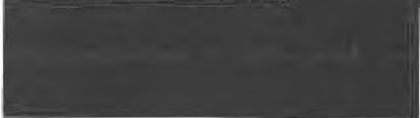
-vs-

WHITTAKER, CLARK & DANIELS,

Respondent :  
-----

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

Hudson County

Claim Petition   


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.

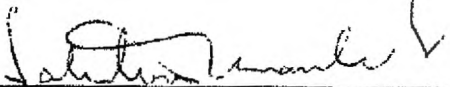
12. Set forth the specific work classification assigned to the petitioner during his entire period of employment with the respondent, and include the following information:

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:

COUNTY OF ESSEX : ss

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 27, 1990

Dear [REDACTED]

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

| <u>Description</u> | <u>CAS Number</u> |
|--------------------|-------------------|
| Calcium Hydroxide  | 1305-62-0         |
| Calcium Oxide      | 1305-78-8         |
| Carbon Black       | 1333-86-4         |
| Chromium Oxide     | 1308-38-9         |
| Iron Oxide         | 1309-47-1         |
| Magnesium Oxide    | 1309-48-4         |
| Silica, Tripoli    | 1317-95-9         |
| 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...

September 21, 1991

| <u>Description</u>       | <u>CAS Number</u> |
|--------------------------|-------------------|
| Flint Quartz             | 7631-86-9         |
| Cadmium Sulfide          | 1306-23-6         |
| Cadmium Zinc Sulfide     | 13214-12-8        |
| Cadmium Selenium Sulfide | 13442-27-2        |

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

Very truly yours,

WHITTAKER, CLARK & DANIELS, INC.

F. McGenfigle  
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 COVERAGES PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P. 1000-214-250

PS Form 3800, June 1985

|                                                               |      |
|---------------------------------------------------------------|------|
| [Redacted]                                                    |      |
| Postage                                                       | 240  |
| Certified Fee                                                 | 95   |
| Special Services                                              |      |
| Restriction Delivery Fee                                      |      |
| Return Receipt to whom and by whom used                       |      |
| Return Receipt showing to whom, Date, and Address of Delivery | 90   |
| TOTAL Postage and Fees                                        | \$15 |
| 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 Conlidge Street  
South Plainfield, NJ 07080

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO:" Space on the reverse side. Failure to do this will prevent this card from being returned to you. This return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

|                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Article Addressed to:<br><br> | 4. Article Number<br>P 420 672 732                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                     | Type of Service:<br><input type="checkbox"/> Registered <input type="checkbox"/> Insured<br><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD<br><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise |
| 5. <input checked="" type="checkbox"/>                                                                                                                                                              | Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>                                                                                                                                                                                                |
| 6. Signature — Agent<br><input checked="" type="checkbox"/>                                                                                                                                         | 8. Addressee's Address (ONLY if requested and fee paid)                                                                                                                                                                                                                 |
| 7. Date of Delivery<br>9.22.90                                                                                                                                                                      |                                                                                                                                                                                                                                                                         |

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: [REDACTED]

Date of Exam: 9/16/91  
Examination: Chest

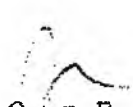
Dear Dr. Bakshi,

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.

EMPLOYMENT EXAMINATION RECORD

Name

Address

Age

Sex

M. S. W. D.

Employer

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/..... L-14/.....  
R-20/25 L-20/25  
7. Vision with glasses  
R-14/..... L-14/.....  
R-20/25 L-20/25

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:

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

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:

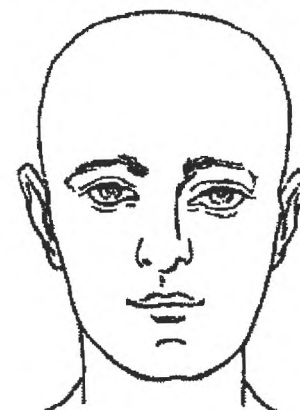
I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

Witness

Applicant

Date

Indicate scars and disfigurements



Name

## EMPLOYMENT EXAMINATION RECORD

Whittaker, Clark &amp; Daniels

Address

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-14/56 L-14/56

R-20/20 L-20/20

## 7. Vision with glasses

R-14/28 L-14/28

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

## 8. Color

2

## 9. Depth

0

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

☒

Patient advised under treatment by PMD

Approved ☐Not Approved ☐Limited ☐

9-17

1990

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 &amp; SPECIAL EXAMINATIONS

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

Date of last immunization

Santipox ..... None ☐Tetanus ..... 1.9.88 ..... 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



Name

## EMPLOYMENT EXAMINATION RECORD

Whittaker, Clark &amp; Daniels

Address

Age

Sex

Employee

Date

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 - 14/56 L - 14/56

R - 20/70 L - 20/70

7. Vision with glasses

R - 14/28 L - 14/28

R - 20/40 L - 20/40

8. Color

4

9. Depth

0

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

☒

Patient advised under treatment by PMD

Approved ☐Not Approved ☐Limited ☐

9-17

1990

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 &amp; SPECIAL EXAMINATIONS

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

Date of last immunization

Samlpox

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.

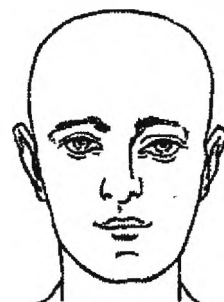
Witness

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

Employer

Address

Age

Sex

M. S. W. D.

R/2  
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-20/30 L-20/30

7. Vision with glasses

R-14/28 L-14/28

R-20/28 L-20/28

8. Color

2

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

☒

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

Samlpox ..... None ☐  
Tetanus ..... 1.9.88 ..... 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



Name

## EMPLOYMENT EXAMINATION RECORD

Address

Age

Sex

M. S. W. D.

Employer

1. Height

5'11"

2. Weight

182

3. Blood Pressure

140/80

4. Pulse

68

5. Hearing Levels (Decibels)

Cps.

250

500

1000

2000

4000

6. Vision without glasses

R-14/36 L-14/36

R-20/40 L-20/40

7. Vision with glasses

R-14/21 L-14/21

R-20/30 L-20/30

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

☒

trans alb.

Approved ☒Not Approved ☐Limited ☐

9-25

1989

JOHN F. SCALERA, M. D.

Examiner

Restrictions:

FORM 5-12B56

## 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 &amp; 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:

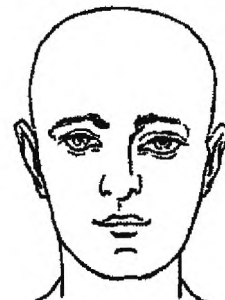
I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

Witness

Applicant

9-25-89

Date



Name

## EMPLOYMENT EXAMINATION RECORD

Address

Age

Sex

M. S. W. D.

Employer

1. Height

5'11"

2. Weight

182

3. Blood Pressure

140/80

4. Pulse

68

5. Hearing Levels (Decibels)

Cps.

250

500

1000

2000

4000

6. Vision without glasses

R-14/56 L-14/56

R-20/20 L-20/20

7. Vision with glasses

R-14/21 L-14/21

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

☒

true alb.

Approved ☒Not Approved ☐Limited ☐

9-25

1989

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 &amp; 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:

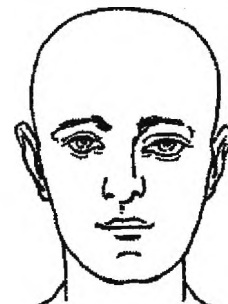
I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

Witness

Applicant

9-25-89

Date



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

Name

EMPLOYMENT EXAMINATION RECORD

Address

Age

Sex

M. S. W. D.

Employer

1. Height

2. Weight

3. Blood Pressure

4. Pulse

5. Hearing Levels (Decibels)

6. Vision without glasses

7. Vision with glasses

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

☒

Traceable

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

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

Date of last immunization

Smallpox ..... 7 ..... 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

FORM 5-12886

Restrictions:

JOHN F. SCALERA, M.D.

Date Examined

9-26-88

Approved ☐ Not Approved ☐ Limited ☐

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

18. X-ray report on back

(Use this space to describe all defects)

|                                                                                                                         |  |                                               |  |                                                  |  |                      |  |                               |  |         |  |         |  |              |  |
|-------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|--|--------------------------------------------------|--|----------------------|--|-------------------------------|--|---------|--|---------|--|--------------|--|
| KEY: Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> Not Examined <input type="checkbox"/> |  | 6. Vision with glasses<br>R - 20/20 L - 20/20 |  | 7. Vision without glasses<br>R - 20/20 L - 20/20 |  | 8. Color<br>9. Depth |  | 10. Hearing Levels (Decibels) |  | 11. Age |  | 12. Sex |  | 13. Employer |  |
|                                                                                                                         |  | R - 20/20 L - 20/20                           |  | R - 20/20 L - 20/20                              |  | 60                   |  | 5. Hearing Levels (Decibels)  |  | M       |  | M       |  | M.S.W.D.     |  |
|                                                                                                                         |  | R - 20/20 L - 20/20                           |  | R - 20/20 L - 20/20                              |  | 60                   |  | 5. Hearing Levels (Decibels)  |  | M       |  | M       |  | M.S.W.D.     |  |
|                                                                                                                         |  | R - 20/20 L - 20/20                           |  | R - 20/20 L - 20/20                              |  | 60                   |  | 5. Hearing Levels (Decibels)  |  | M       |  | M       |  | M.S.W.D.     |  |

EMPLOYMENT EXAMINATION RECORD

Name

JOHN F. SCALERA, M.D. 101 SAMPTON AVENUE 301 PLAINFIELD, N.J.

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

Name

EMPLOYMENT EXAMINATION RECORD

Employer

Age

Sex

M. S. W. D.

M

Hearing

R+L 15/15

5' 11

184

130/20

60

6. Vision without glasses

7. Vision with glasses

8. Color

5. Hearing Levels (Decibels)

Cps.

250

500

1000

2000

4000

Right

Left

R-14/24 L-14/24

R-14/24 L-14/24

9. Depth

R-20/20 L-20/20

R-20/20 L-20/20

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)

18. X-ray report on back

Approved

Not Approved

Limited

Restrictions:

FORM 3-12856

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

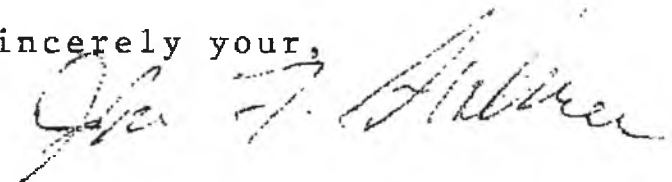
RE: 

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

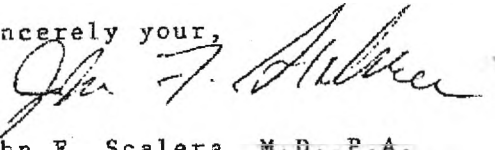
RE: 

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 Dippold

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

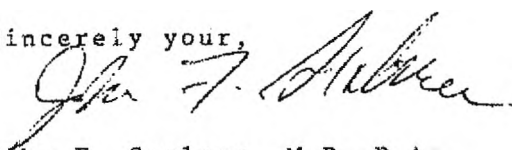
RE: [REDACTED]

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 Dippold

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)

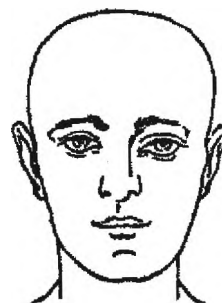
## RE-CHECKS &amp; SPECIAL EXAMINATIONS

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

9-28-87  
Date

FORM 5-12856

Reactions:

Approved ☐ Not Approved ☒ Limited ☐

|                   |                                     |                    |                                     |
|-------------------|-------------------------------------|--------------------|-------------------------------------|
| 10. Appearance    | <input checked="" type="checkbox"/> | 24. Abdomen/Scars  | <input checked="" type="checkbox"/> |
| 11. Skin          | <input checked="" type="checkbox"/> | 23. Inguinal Rings | <input checked="" type="checkbox"/> |
| 12. Eyes          | <input checked="" type="checkbox"/> | 22. Hernias        | <input checked="" type="checkbox"/> |
| 13. Ears/Drums    | <input checked="" type="checkbox"/> | 21. Extremities    | <input checked="" type="checkbox"/> |
| 14. Nose          | <input checked="" type="checkbox"/> | 20. Back           | <input checked="" type="checkbox"/> |
| 15. Throat        | <input checked="" type="checkbox"/> | 19. Reflexes       | <input checked="" type="checkbox"/> |
| 16. Teeth/Gums    | <input checked="" type="checkbox"/> | 18. Blood          | <input checked="" type="checkbox"/> |
| 17. Neck          | <input checked="" type="checkbox"/> | 17. Urine          | <input checked="" type="checkbox"/> |
| 18. Chest/Breasts | <input checked="" type="checkbox"/> |                    |                                     |
| 19. Heart         | <input checked="" type="checkbox"/> |                    |                                     |
| 20. Lungs         | <input checked="" type="checkbox"/> |                    |                                     |

Date Examined 9-28-87

Examiner JOHN F. SCALERA, M.D.

(Use this space to describe all defects)

|                              |  |                 |  |                        |  |                 |  |          |  |                    |  |
|------------------------------|--|-----------------|--|------------------------|--|-----------------|--|----------|--|--------------------|--|
| 6. Vision without glasses    |  | R-14/20 L-14/20 |  | 7. Vision with glasses |  | R-20/40 L-20/40 |  | 8. Color |  | 9. Depth           |  |
| 5. Hearing Levels (Decibels) |  | 2500            |  | 2000                   |  | 1500            |  | 1000     |  | 500                |  |
| Age                          |  | 52              |  | Sex                    |  | M               |  | Employer |  | Whitaker and Clark |  |
| Address                      |  | [Redacted]      |  | Blood Pressure         |  | 120/80          |  | Pulse    |  | 60                 |  |
| Weight                       |  | 190             |  | Height                 |  | 5'11"           |  | Cpa.     |  | 4000               |  |

## EMPLOYMENT EXAMINATION RECORD

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

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

Name

EMPLOYMENT EXAMINATION RECORD

Whitacker and Clark

Address

Age

Sex

M. S. W. D.

Employer + Daniels

MI

1. Height

2. Weight

3. Blood Pressure

4. Pulse

5. Hearing Levels (Decibels)

5'11"

190

120/80

60

6. Vision without glasses

7. Vision with glasses

8. Color ☒

Right

R-14/56 L-14/42

R-14/28 L-14/24.5

R-20/20 L-20/20

R-20/..... L-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 ☒

Approved ☐

Not Approved ☐

Limited ☐

Restrictions:

FORM S-12856

9-28 1987  
Date Examined

JOHN F. SCALERA, M. D.  
Examiner

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

Name

EMPLOYMENT EXAMINATION RECORD

WCD

Address

Age

Sex

Employer

M. S. V. D.

Hearing

|                                                                 |                  |                                                                      |                |                                              |       |     |      |      |      |
|-----------------------------------------------------------------|------------------|----------------------------------------------------------------------|----------------|----------------------------------------------|-------|-----|------|------|------|
| 1. Height<br>5'9"                                               | 2. Weight<br>190 | 3. Blood Pressure<br>170/80                                          | 4. Pulse<br>80 | 5. Hearing Levels (Decibels)                 |       |     |      |      |      |
|                                                                 |                  |                                                                      |                | Cps.                                         | 250   | 500 | 1000 | 2000 | 4000 |
| 6. Vision without glasses<br>R-14/89 L-14/89<br>R-20/20 L-20/20 |                  | 7. Vision with glasses<br>R-14/24.5 L-14/21<br>R-20/..... L-20/..... |                | 8. Color <input checked="" type="checkbox"/> | Right |     |      |      |      |
|                                                                 |                  |                                                                      |                | 9. Depth <input type="checkbox"/>            | Left  |     |      |      |      |

KEY: Normal ☒ Abnormal ☒ Not Examined ☐

(Use this space to describe all defects)

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

*Tinea Versicolor*

Approved ☒ Not Approved ☐ Limited ☒

9/9/86

19

JOHN F. SCALERA, M. D.

Restrictions:

Date Examined

Examiner

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 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.

Witness

Applicant

9/9/86

Date

JOHN F. SCALERA, M.D.  
Examiner

Date Examined

9/9/86

Restrictions:  
FORM S-12856

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

| KEY: Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> Not Examined <input type="checkbox"/> |                                     |                        |                          |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------|--------------------------|
| 1. Height                                                                                                               | 5'9"                                | 2. Weight              | 190                      |
| 3. Blood Pressure                                                                                                       | 170/80                              | 4. Pulse               | 80                       |
| 5. Vision without glasses                                                                                               | R - 20/20 L - 20/20                 | 6. Vision with glasses | R - 20/20 L - 20/20      |
| 7. Color                                                                                                                | <input checked="" type="checkbox"/> | 8. Depth               | <input type="checkbox"/> |
| 9. Hearing Levels (Decibels)                                                                                            | 250 500 1000 2000 4000              | 10. Left               |                          |
| 11. Right                                                                                                               |                                     | 12. Left               |                          |

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

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:

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

Approved ☒ Not Approved ☐ Limited ☐

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

KEY: Normal ☒ Abnormal ☐ Not Examined ☐

|                              |                        |
|------------------------------|------------------------|
| 1. Height                    | 5'9"                   |
| 2. Weight                    | 190                    |
| 3. Blood Pressure            | 170/80                 |
| 4. Pulse                     | 80                     |
| 5. Hearing Levels (Decibels) |                        |
| 6. Vision without glasses    | R-14/40 L-14/20        |
| 7. Vision with glasses       | R-20/30 L-20/30        |
| 8. Color                     |                        |
| 9. Depth                     |                        |
| 10. Left                     |                        |
| 11. Right                    |                        |
| 12. Cps.                     | 250 500 1000 2000 4000 |

(Use this space to describe all defects)

*Time Variation*

Hearing  
R/L 7/15

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

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 S-12866

Restrictions:

Approved ☒ Not Approved ☐ Limited ☐

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

KEY: Normal ☒ Abnormal ☐ Not Examined ☐

|                              |  |                        |
|------------------------------|--|------------------------|
| 1. Height                    |  | 5'9"                   |
| 2. Weight                    |  | 190                    |
| 3. Blood Pressure            |  | 110/80                 |
| 4. Pulse                     |  | 80                     |
| 5. Hearing Levels (Decibels) |  |                        |
| 6. Vision without glasses    |  | R-14/20 L-14/20        |
| 7. Vision with glasses       |  | R-14/20 L-14/20        |
| 8. Color                     |  |                        |
| 9. Depth                     |  |                        |
| 10. Left                     |  |                        |
| 11. Right                    |  |                        |
| 12. Cps.                     |  | 250 500 1000 2000 4000 |
| 13. Age                      |  |                        |
| 14. Sex                      |  | M                      |
| 15. Employer                 |  | M. S. W. D.            |
| 16. Address                  |  |                        |
| 17. Name                     |  |                        |

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

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 P. Scalera*  
Witness

Applicant

9/9/86

Date

FORM S-12856

Restrictions:

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

Approved ☒ Not Approved ☐ Identified ☒

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

KEY: Normal ☒ Abnormal ☒ Not Examined ☐

|                               |  |                               |                        |     |                   |           |          |    |
|-------------------------------|--|-------------------------------|------------------------|-----|-------------------|-----------|----------|----|
| 1. Height                     |  | 5'9"                          | 2. Weight              | 190 | 3. Blood Pressure | 170/80    | 4. Pulse | 80 |
| 6. Vision without glasses     |  | R-14/20 L-14/20               | 7. Vision with glasses |     | R-14/20 L-14/20   | 8. Color  |          |    |
| 9. Depth                      |  |                               | 9. Depth               |     |                   | 10. Color |          |    |
| 11. Right                     |  |                               | 11. Left               |     |                   | 12. Color |          |    |
| 13. 250                       |  |                               | 13. 250                |     |                   | 14. 250   |          |    |
| 15. 1000                      |  |                               | 15. 1000               |     |                   | 16. 2000  |          |    |
| 17. 4000                      |  |                               | 17. 4000               |     |                   | 18. 4000  |          |    |
| 19. Hearing Levels (Decibels) |  | 20. Hearing Levels (Decibels) |                        |     |                   |           |          |    |
| 21. M                         |  | 22. M                         |                        |     |                   |           |          |    |
| 23. M                         |  | 24. M                         |                        |     |                   |           |          |    |
| 25. M                         |  | 26. M                         |                        |     |                   |           |          |    |
| 27. M                         |  | 28. M                         |                        |     |                   |           |          |    |
| 29. M                         |  | 30. M                         |                        |     |                   |           |          |    |
| 31. M                         |  | 32. M                         |                        |     |                   |           |          |    |
| 33. M                         |  | 34. M                         |                        |     |                   |           |          |    |
| 35. M                         |  | 36. M                         |                        |     |                   |           |          |    |
| 37. M                         |  | 38. M                         |                        |     |                   |           |          |    |
| 39. M                         |  | 40. M                         |                        |     |                   |           |          |    |
| 41. M                         |  | 42. M                         |                        |     |                   |           |          |    |
| 43. M                         |  | 44. M                         |                        |     |                   |           |          |    |
| 45. M                         |  | 46. M                         |                        |     |                   |           |          |    |
| 47. M                         |  | 48. M                         |                        |     |                   |           |          |    |
| 49. M                         |  | 50. M                         |                        |     |                   |           |          |    |
| 51. M                         |  | 52. M                         |                        |     |                   |           |          |    |
| 53. M                         |  | 54. M                         |                        |     |                   |           |          |    |
| 55. M                         |  | 56. M                         |                        |     |                   |           |          |    |
| 57. M                         |  | 58. M                         |                        |     |                   |           |          |    |
| 59. M                         |  | 60. M                         |                        |     |                   |           |          |    |
| 61. M                         |  | 62. M                         |                        |     |                   |           |          |    |
| 63. M                         |  | 64. M                         |                        |     |                   |           |          |    |
| 65. M                         |  | 66. M                         |                        |     |                   |           |          |    |
| 67. M                         |  | 68. M                         |                        |     |                   |           |          |    |
| 69. M                         |  | 70. M                         |                        |     |                   |           |          |    |
| 71. M                         |  | 72. M                         |                        |     |                   |           |          |    |
| 73. M                         |  | 74. M                         |                        |     |                   |           |          |    |
| 75. M                         |  | 76. M                         |                        |     |                   |           |          |    |
| 77. M                         |  | 78. M                         |                        |     |                   |           |          |    |
| 79. M                         |  | 80. M                         |                        |     |                   |           |          |    |
| 81. M                         |  | 82. M                         |                        |     |                   |           |          |    |
| 83. M                         |  | 84. M                         |                        |     |                   |           |          |    |
| 85. M                         |  | 86. M                         |                        |     |                   |           |          |    |
| 87. M                         |  | 88. M                         |                        |     |                   |           |          |    |
| 89. M                         |  | 90. M                         |                        |     |                   |           |          |    |
| 91. M                         |  | 92. M                         |                        |     |                   |           |          |    |
| 93. M                         |  | 94. M                         |                        |     |                   |           |          |    |
| 95. M                         |  | 96. M                         |                        |     |                   |           |          |    |
| 97. M                         |  | 98. M                         |                        |     |                   |           |          |    |
| 99. M                         |  | 100. M                        |                        |     |                   |           |          |    |

EMPLOYMENT EXAMINATION RECORD

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

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

Name

EMPLOYMENT EXAMINATION RECORD

Address

Age

Sex

M. S. W. D.

Employer

Hearing

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

5'9"

190

170/80

80

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:

FORM S-12856

9/9/86

19

JOHN F. SCALERA, M. D.

Date Examined

Examiner

Tinea Versicolor

### 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.

Witness

Applicant

9/9/36

Date

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

Name

EMPLOYMENT EXAMINATION RECORD  
WCD- annual

Address

Age

Sex

Employer  
M. S. W. D.

Hessling

1. Height

2. Weight

3. Blood Pressure

4. Pulse

5. Hearing Levels (Decibels)

5'9"

185

151/90

68

Cps.

250

500

1000

2000

4000

6. Vision without glasses

7. Vision with glasses

8. Color ☒

Right

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

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

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

R-20/... L-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

☒

Approved ☒

Not Approved ☐

Limited ☐

7-16

1985

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

Chest x-ray(PA&LAT)

Some old scars, nothing of consequence.

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

Date

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

EMPLOYMENT EXAMINATION RECORD  
WCD- annual

Name

Address

Sex

Employer

M. S. W. D.

M

Hessing

1. Height

5'9"

2. Weight

185

3. Blood Pressure

131/70

4. Pulse

48

5. Hearing Levels (Decibels)

Cps.

250

500

1000

2000

4000

6. Vision without glasses

R-14/42 L-14/42

R-20/30 L-20/25

7. Vision with glasses

R-14/42 L-14/42

R-20/30 L-20/25

8. Color

L

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 ☐

9/16

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)

Find no significant pathology

Date of last immunization

Samlpoz ..... 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

Address

Employer

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

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

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

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

R - 20/..... L - 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

☒

Approved ☐

Not Approved ☐

Limited ☐

Restrictions:

FORM S-12856

Date Examined

19

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 (PASTIAL)

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

## WORK HISTORY

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

*Naval Asbestos in Navy  
1950 - 1970*

## RE-CHIEF SPECIAL EXAMINATION

Chest Xray

Pa and Lat

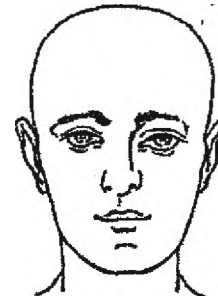
*increased ex-  
bronchial markings*

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

Applicant

*9/21/84*

Date

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

NOT MEDICAL HISTORY  
(Record nature and dates of all injuries,  
operations and major illnesses)

Naval Air Station  
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

FORM S-12856

Restrictions:

JOHN F. SCALERA, M.D.  
Examiner

Date Examined

19

9/21/84

Approved ☒ Not Approved ☐ Limited ☐

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

(Use this space to describe all defects)

|                                                                                                                                    |                     |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| KEY: Normal <input checked="" type="checkbox"/> Abnormal <input checked="" type="checkbox"/> Not Examined <input type="checkbox"/> |                     |
| 6. Vision without glasses                                                                                                          | R - 20/30 L - 20/30 |
| 7. Vision with glasses                                                                                                             | R - 14/56 L - 14/42 |
| 8. Color                                                                                                                           | 9. Depth            |
| 10. Cps.                                                                                                                           | 11. Right           |
| 12. 250                                                                                                                            | 13. Left            |
| 14. 500                                                                                                                            | 15. 1000            |
| 16. 2000                                                                                                                           | 17. 4000            |
| 5. Hearing Levels (Decibels)                                                                                                       |                     |
| 1. Height                                                                                                                          | 2. Weight           |
| 3. Blood Pressure                                                                                                                  | 4. Pulse            |
| 121/73                                                                                                                             | 77                  |
| Address                                                                                                                            |                     |
| Name                                                                                                                               |                     |
| JOHN F. SCALERA, M.D.                                                                                                              |                     |
| 101 SAMPTON AVENUE                                                                                                                 |                     |
| 50. PLAINFIELD, N.J.                                                                                                               |                     |
| W C D                                                                                                                              |                     |
| Employer                                                                                                                           |                     |
| M. S. W. D.                                                                                                                        |                     |
| Sex                                                                                                                                |                     |
| M                                                                                                                                  |                     |
| Age                                                                                                                                |                     |

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

Name [REDACTED] EMPLOYMENT EXAMINATION RECORD

Address [REDACTED]

Age

Sex

Employer  
M. S. W. D.

1. Height 5' 11" 2. Weight 186 3. Blood Pressure 121/73 4. Pulse 77

5. Hearing Levels (Decibels)

6. Vision without glasses  
R - 14/56 L - 14/42  
R - 20/20 L - 20/20

7. Vision with glasses  
R - 14/24 L - 14/21  
R - 20/20 L - 20/20

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

Approved ☐ Not Approved ☐ Limited ☐

Restrictions:

FORM S-12856

9/21/84

Date Examined

19 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)

*Head and Neck  
1950 - 1951*

# RE-CHECKS & SPECIAL EXAMINATIONS

Chest X-ray

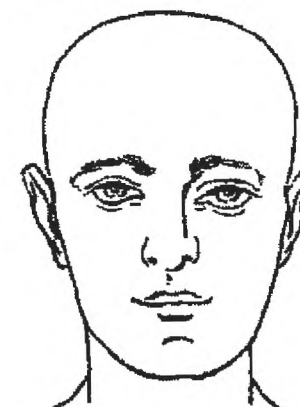
Pa and Lat

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

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  
Samlpox 1982 None ☐  
Tetanus 1982 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

9-13-83  
Date



Name

**EMPLOYMENT EXAMINATION RECORD**

**PCD Annual**

Employer

Age

Sex

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)

| Ears  | 250 | 500 | 1000 | 2000 | 4000 |
|-------|-----|-----|------|------|------|
| Right |     |     |      |      |      |
| Left  |     |     |      |      |      |

6. Vision without glasses R-14/...89 L-14/...89  
R-20/...20 L-20/...20  
7. Vision with glasses R-14/...24.5 L-14/...24.5  
R-20/... L-20/...  
8. Color ☒ 9. Depth ☐

KEY: Normal ☒ Abnormal ☒ Not Examined ☐

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

(Use this space to describe all defects)

Approved ☒ Not Approved ☐ Limited ☐

Restrictions:

FORM S-12856

9-13-

1983

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**

CX (PA)&LAT)  
normal chest.

Date of last immunization

Samllpox ..... 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.

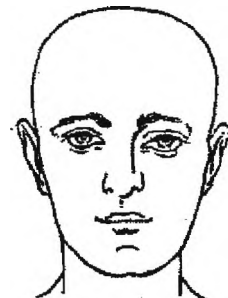
*[Signature]*

Witness



9-13-83

Date



Name

## EMPLOYMENT EXAMINATION RECORD

MCD Annual

Address

Age

Sex

M. S. W. D.

Employer

Hearing

R+L 15/15

1. Height

2. Weight

3. Blood Pressure

4. Pulse

5'11"

192

133/93

68

5. Hearing Levels (Decibels)

Cps.

250

500

1000

2000

4000

6. Vision without glasses

7. Vision with glasses

8. Color ☒

Right

R-14/89 L-14/89

R-14/345 L-14/245

R-20/20 L-20/20

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

9. Depth ☐

Left

KEY: Normal ☒Abnormal ☒Not Examined ☐

(Use this space to describe all defects)

16. 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.

Date Examined

Examiner

Restrictions:

FORM S-12856

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

Name

EMPLOYMENT EXAMINATION RECORD

Address

Age

Sex

M. S. W. D.

Employer

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

5. Hearing Levels (Decibels)

6. Vision without glasses

7. Vision with glasses

8. Color ☒

9. Depth ☐

Right

Left

KEY: Normal ☒ Abnormal ☒ Not Examined ☐

(Use this space to describe all defects)

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

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

OK (PA) (Chest)

normal chest.

Date of last immunization

Smallpox ..... 1982 ..... None ☐

Tetanus ..... 1 ..... 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.

Indicate scars and disfigurements



Witness

9-13-83

Date

Name

EMPLOYMENT EXAMINATION RECORD  
WCD- Annual

Address

Age

Sex

M. S. W. D.

Hearing

R: 15/5 I

1. Height 5'9" 2. Weight 158 1/2 3. Blood Pressure 130/82 4. Pulse 76

5. Hearing Levels (Decibels)

6. Vision without glasses

R-14/80 L-14/56

R-20/20 L-20/20

7. Vision with glasses

R-14/30 L-14/24

R-20 L-20

8. Color ☒9. Depth ☐

| Cps.  | 250 | 500 | 1000 | 2000 |
|-------|-----|-----|------|------|
| Right |     |     |      |      |
| Left  |     |     |      |      |

KEY: Normal ☒Abnormal ☒Not Examined ☐

(Use this space to describe all defects)

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

Approved ☒Not Approved ☐Limited ☐

10/15/82

Date Examined

19

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 &amp; SPECIAL EXAMINATION

CX (Pa &amp; Lat)

Calc. par. bronch. nodules

Date of last immunization

Samlipox

Tetanus

9 months ago

None ☐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:

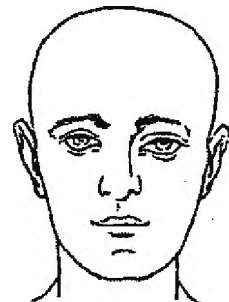
I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

Witness

Applicant

10/15/82

Date



Name

EMPLOYMENT EXAMINATION RECORD  
WCD- Annual

Address

Age

Sex

Employer  
M. S. W. D.

Hearing

R: 5/5 L

1. Height 5' 9" 2. Weight 158 1/2 3. Blood Pressure 130/82 4. Pulse 76

## 5. Hearing Levels (Decibels)

6. Vision without glasses R-14/87 L-14/56  
R-20/20 L-20/20  
7. Vision with glasses R-14/30 L-14/30  
R-20/20 L-20/20  
8. Color ☒ 9. Depth ☐

| Cps.  | 250 | 500 | 1000 | 2000 |
|-------|-----|-----|------|------|
| Right |     |     |      |      |
| Left  |     |     |      |      |

(Use this space to describe all defects)

KEY: Normal ☒ Abnormal ☒ Not Examined ☐

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

Approved ☒ Not Approved ☐ Limited ☐

10/15/82

19

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 &amp; SPECIAL EXAMINATION

CX ( Pa &amp; Lat )

Calc. peribronchovascular  
nodes

Date of last immunization

Samlipox 9 months ago 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:

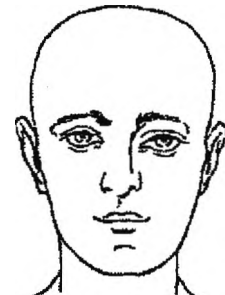
I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

Witness

Applicant

10/15/82

Date



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

Name

EMPLOYMENT EXAMINATION RECORD  
WCD- Annual

Address

Employer

Age

Sex

M. S. W. D.

Hearing

M

R

L

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

R-14/ L-14/

R-14/ L-14/

R-20/ L-20/

R-20/ L-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

☒

Approved ☒

Not Approved ☐

Limited ☐

10/15/82

19

JOHN F. SCALERA, M. D.

Date Examined

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**

CX ( Pa & Lat )

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



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

Name

## EMPLOYMENT EXAMINATION RECORD

Address

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

R-14/89 L-14/26

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

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 ☐

9-17

1981

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 &amp; SPECIAL EXAMINATIONS

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

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 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

Age

Sex

M. S. W. D.

Employer

1. Height

2. Weight

3. Blood Pressure

4. Pulse

5. Hearing Levels (Decibels)

6. Vision without glasses

7. Vision with glasses

8. Color

9. Depth

R-14/89 L-14/26

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

R-20/20 L-20/20

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

Cps.

250

500

1000

2000

4000

Right

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)

Has reading glasses but left them on the job

Approved

Not Approved

Limited

Restrictions:

FORM S-12958

9-17

1981

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

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

Date of last immunization

Samilpox

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.

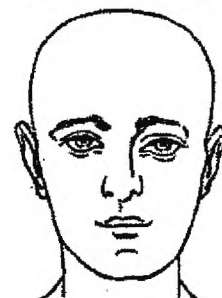
Witness

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

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 - 14/20 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 ☒

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

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 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

## EMPLOYMENT EXAMINATION RECORD

Address

Age

Sex

Cm

S. W. D.

5. Height

6. Weight

7. Blood Pressure

8. Pulse

9. Hearing Levels (Decibels)

6. Vision without glasses

7. Vision with glasses

8. Color ☒

Cps.

250

500

1000

2000

4000

R-14/42 L-14/42

R-14/24 L-14/28

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 ☐

9-25

1980

JOHN F. SCALERA, M. D.

Date Examined

Examiner

Restrictions:

FORM S-12856

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

FEI LOCAL 1000  
(Record nature and dates of all injuries,  
operations and major illnesses)

PHYSICIAN'S SPECIAL EXAMINATIONS

chest x-ray

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 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



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

Name

EMPLOYMENT EXAMINATION RECORD

Address

Age

Sex

Employer

M S. W. D.

1. Height

2. Weight

3. Blood Pressure

4. Pulse

5. Hearing Levels (Decibels)

6. Vision without glasses

7. Vision with glasses

8. Color

9. Depth

R-14/42 L-14/42

R-14/24 L-14/28

R-20/20 L-20/20

R-20/20 L-20/20

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

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

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 ~~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.

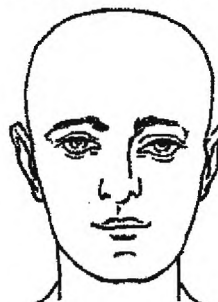
Witness

Applicant

9/25/80

Date

Indicate scars and disfigurements



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

Name

EMPLOYMENT EXAMINATION RECORD

Address

Age

Sex

Employer

(M) S. W. D.

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

4

9. Depth

1

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-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 - Normal

Date of last immunization

Samilpox

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 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

Indicate scars and disfigurements



Name

## EMPLOYMENT EXAMINATION RECORD

Address

Age

Sex

Employer

M S. W. D.

1. Height

2. Weight

3. Blood Pressure

4. Pulse

5. Hearing Levels (Decibels)

6. Vision without glasses

7. Vision with glasses

8. Color

Cps.

250

500

1000

2000

4000

R-14/42 L-14/42

R-14/24 L-14/28

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

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-12855

Date Examined

1980

JOHN F. SCALERA, M. D.  
ExaminerList all employers for whom applicant  
worked for the last three yearsPast Medical History  
(Record nature and dates of all injuries,  
operations and major illnesses)

RECHECKS &amp; 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 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



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

Name: [REDACTED]

EMPLOYMENT EXAMINATION RECORD

WEB

Address: [REDACTED]

Age

Sex

Employer

(M) S. W. D.

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 |
|-------|-----|-----|------|------|------|
| Right |     |     |      |      |      |
| Left  |     |     |      |      |      |

6. Vision without glasses R-14/42 L-14/42 7. Vision with glasses R-14/24 L-14/28 8. Color [X] 9. Depth [ ]

KEY: Normal [X] Abnormal [X] Not Examined [ ]

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

(Use this space to describe all defects)

Approved [ ] Not Approved [ ] Limited [ ]

Restrictions:

FORM S-12856

9-25

1980

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 - normal

Date of last immunization

Samipox ..... 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 medical history) 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

Age

Sex

Employer

M S. W. D.

1. Height

2. Weight

3. Blood Pressure

4. Pulse

5. Hearing Levels (Decibels)

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

9-25

1980

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 - Normal

Date of last immunization

Samllpox

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 occupational 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

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

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:

Date Examined

1980

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)

*[Handwritten diagonal line]*

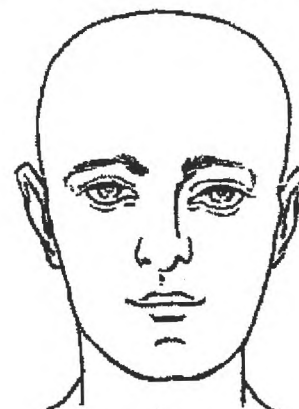
### RE-CHECKS & SPECIAL EXAMINATIONS

*[Handwritten: "None - Blood"]*

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

*[Handwritten: 9/25/80]*

Date

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

Name

**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

R-14/50 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 ☐

(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 Chest*

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:

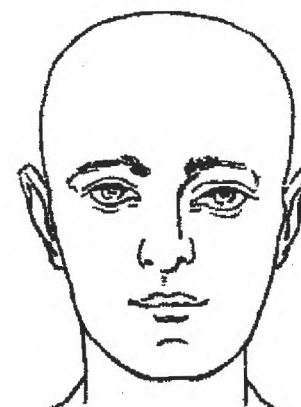
I further certify that I have received a physical examination (including an audiometric examination), and have been informed of the results of such examination, and that my occupational and medical histories, as recorded above, are true and complete.

Witness

Applicant

Date

Indicate scars and disfigurements



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

Name

EMPLOYMENT EXAMINATION RECORD

Address

Whitacker and Clark

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  
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

(Use this space to describe all defects)

KEY: Normal ☒ Abnormal ☒ Not Examined ☐

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

Approved ☐ Not Approved ☐ Limited ☐

Restrictions:

FORM S-12856

Date Examined

19

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 (PA & LAT )  
No acute changes.  
Epithelial changes be-  
coming 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 in-  
jury 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 occu-  
pational and medical histories, as recorded above, are true and complete.

Witness

Applicant

Date

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

Name: [REDACTED] EXAMINATION RECORD  
 Address: [REDACTED] Sex: [REDACTED] M. S. W. D. [REDACTED]  
 Employer: *WCD*  
*R/L 15.5*

|                                                                                                 |                         |                                    |                       |                                                                                      |     |     |      |                                              |      |
|-------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|-----------------------|--------------------------------------------------------------------------------------|-----|-----|------|----------------------------------------------|------|
| 1. Height<br><i>5 11</i>                                                                        | 2. Weight<br><i>190</i> | 3. Blood Pressure<br><i>120/80</i> | 4. Pulse<br><i>68</i> | 5. Hearing Levels (Decibels)                                                         |     |     |      |                                              |      |
|                                                                                                 |                         |                                    |                       | Cps.                                                                                 | 250 | 500 | 1000 | 2000                                         | 4000 |
| 6. Vision without glasses<br>R-14/ <i>26</i> L-14/ <i>28</i><br>R-20/ <i>20</i> L-20/ <i>20</i> |                         |                                    |                       | 7. Vision with glasses<br>R-14/ <i>28</i> L-14/ <i>24.5</i><br>R-20/..... L-20/..... |     |     |      | 8. Color <input checked="" type="checkbox"/> |      |
|                                                                                                 |                         |                                    |                       | 9. Depth <input type="checkbox"/>                                                    |     |     |      | Right                                        |      |
|                                                                                                 |                         |                                    |                       |                                                                                      |     |     |      | Left                                         |      |

KEY: Normal ☒ Abnormal ☒ Not Examined ☐

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

(Use this space to describe all defects)

Approved ☐ Not Approved ☐ Limited ☐

Restrictions:  
 FORM S-12856

*9/28/79*  
 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)

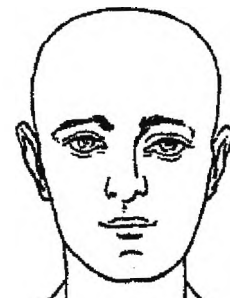
*None*

#### RE-CHECKS & SPECIAL EXAMINATIONS

*Chest x ray (2)  
 Normal chest*

Date of last immunization  
 -Scarlet fever ..... 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

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

Name: [Redacted] EXAMINATION RECORD  
 Address: [Redacted] W.C.D.  
 Age: [Redacted] Sex: [Redacted] Employer: Hearing  
 M. S. W. D. 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  
 Right: [ ] [ ] [ ] [ ] [ ]  
 Left: [ ] [ ] [ ] [ ] [ ]  
 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-20/22 L-20/22  
 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 ☒

Approved ☐ Not Approved ☐ Limited ☐

Restrictions:  
 FORM S-12858

9/28/79  
 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)

None

RE-CHECKS & SPECIAL EXAMINATIONS

Chest x-ray (2)  
 Normal Chest

Date of last immunization  
 -Sardisox ..... 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 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