

**UNION
CARBIDE****INTERNAL CORRESPONDENCE****CHEMICALS AND PLASTICS**

INSTITUTE PLANT P. O. BOX 2831, CHARLESTON, WEST VIRGINIA 25330

To (Name)
Division
LocationC. U. Dernehl, M.D.
270 Park Avenue
New York, N.Y. 10017

Date

15 February 1973

Originating Dept.

Medical Department - Plant 512

Answering letter date

Copy to

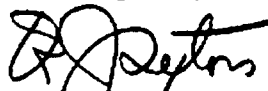
Subject

Asbestos Workers Health Hazard Survey
Form UCC-512-MD-4

At the recent meeting in New Orleans, I discussed a form I had developed for our asbestos workers' health hazard survey. At the meeting most of you requested that I send you a copy of our form, which is enclosed.

Dave Glenn told me at the meeting that he had developed a similar form and would send me a copy of his form so that a comparison could be made. If any of the other physicians receiving this letter have developed a form, I would appreciate receiving a copy.

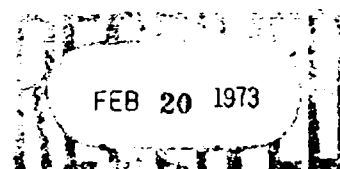
Best regards,

R. J. Sexton, M.D.
Plant Medical Director

RJS:gh

Enc.

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MEDICAL DEPT.

UCC 014439

UNION CARBIDE CORPORATION — INSTITUTE PLANT — MEDICAL DEPARTMENT

ASBESTOS WORKERS HEALTH HAZARD SURVEY

Name: _____ PR# _____ Date _____
 Last F.I. M.I. D - M - Y

Please use pen to complete questions on the front of this form. Circle the "yes" and "no" questions and fill in blanks.

YOUR WORK HISTORY

- | | | | |
|---|-----|----|---|
| 1. To your knowledge, have you ever worked with materials containing asbestos?----- | Yes | No | 3. Has all your exposure to asbestos-containing materials been while working for Union Carbide?-- Yes |
| 2. If so, how many years have you worked with asbestos-containing materials?----- | | | |

YOUR PERSONAL HEALTH HISTORY

- | | |
|--|--|
| 1. Do you have frequent upper respiratory infections? Yes No | 15. Do you have wheezing or whistling sounds when you breathe?----- Yes N |
| 2. If "yes," are they followed by chronic coughing or wheezing?----- Yes No | IF ANSWER 15 IS "NO" OMIT 16 |
| 3. Have you had pneumonia in the past year?----- Yes No | 16. If whistling or wheezing is present, did it start during the last year?----- Yes N |
| 4. Have you had bronchitis in the past year?----- Yes No | 17. During the last year, have you had any close contact with anyone with tuberculosis?----- Yes N |
| 5. Do you have a cough at the present time?----- Yes No | 18. During the last year, have you had episodes of pain, discomfort or tightness in your chest?----- Yes N |
| IF ANSWER 5 IS "NO" OMIT QUESTIONS 6, 7 & 8 | 19. Do you have a history of allergies?----- Yes N |
| 6. Has your cough been present for more than one month?----- Yes No | 20. Do you have chronic fatigue?----- Yes N |
| 7. Is your cough a dry, irritating cough?----- Yes No | 21. Have you had loss of weight in the past year?--- Yes N |
| 8. Do you cough up any sputum or phlegm from your chest?----- Yes No | IF ANSWER 21 IS "NO" OMIT 22 & 23 |
| 9. Have you coughed up or spit up blood in the past year?----- Yes No | 22. Was this loss of weight from dieting?----- Yes N |
| 10. Do you have shortness of breath on exertion?----- Yes No | 23. Have you lost more than ten pounds?----- Yes N |
| IF ANSWER 10 IS "NO" OMIT 11, 12, 13 & 14 | 24. Have you developed a dislike for certain foods during the last year?----- Yes N |
| 11. If you have shortness of breath, has it become progressively worse?----- Yes No | 25. Do you have loss of appetite now?----- Yes N |
| 12. Do you get shortness of breath when you climb a flight of stairs?----- Yes No | 26. Do you have indigestion or discomfort after eating?----- Yes N |
| 13. Do you get shortness of breath when you have exerted yourself only slightly?----- Yes No | 27. Do you have frequent headaches?----- Yes N |
| 14. Do you get shortness of breath when you are sleeping in bed?----- Yes No | 28. Have you noticed a tremor (trembling) of your hands or your feet?----- Yes N |

YOUR SMOKING HISTORY

(Complete if you have ever smoked regularly)

CIGARETTES:

- How many cigarettes do you now smoke per day?-----
- At what age did you begin smoking regularly?-----
- If you stopped smoking cigarettes regularly, at what age did you stop?-----
- How many years of your life have you smoked an average of a pack of cigarettes a day or more?-----
- Do you smoke filtered cigarettes?----- Yes No
- When you smoke (or did smoke), do you normally hold smoke in your mouth then blow it out through your nose and mouth?----- Yes No
- Do you normally breathe (inhale) smoke into your lungs?----- Yes No

PIPE:

- How many years have you smoked a pipe?-----
- How many pipefuls of tobacco do you smoke per day?-----
- Do you inhale pipe tobacco smoke into your lungs?----- Yes N

CIGARS:

- How many years have you smoked cigars?-----
- How many cigars do you smoke per day?-----
- Do you inhale cigar tobacco smoke into your lungs?-----
- Do you smoke cigarillos (miniature cigars)?-----
- How many years have you smoked cigarillos?-----

Nurse:

Vital Capacity: Total FEVC _____ cc, _____ % of Predicted FEV_{1.0} _____ cc, _____ % of Total Recorded

LABORATORY: Hemoglobin _____g% Hematocrit _____% Medical Technologist: _____

X-RAY REPORT: Date M - D - Y X-ray Film No. _____

Comments

- | | | | |
|---------------------------------|-----|----|--|
| 1. Alteration in chest contour? | Yes | No | |
| 2. Chest wall movements normal? | Yes | No | |
| 3. Chest expansion normal? | Yes | No | |
| 4. Percussion note normal? | Yes | No | |
| 5. Heart sounds normal? | Yes | No | |
| 6. Breath sounds physiological? | Yes | No | |
| 7. Rales or ronchi present? | Yes | No | |
| 8. Cyanosis of skin? | Yes | No | |
| 9. Clubbing of fingers? | Yes | No | |
| 10. Edema, lower extremities? | Yes | No | |

SUMMARY:

EXAMINER _____

DATE _____

SAMPLING RECORD OF EMPLOYEE EXPOSURE TO ASBESTOS

[illegible]

