PLAINTIFF'S EXHIBIT

UC-3928

GR I. 149 2

UNION CARBIDE

INTERNAL CORRESPONDENCE

CHEMICALS AND PLASTICS • INSTITUTE PLANT P. O. BOX 2831, CHARLESTON, WEST VIRGINIA 25330

To (Name)	C. U. Dernehl, M.D.	*Date*	15 February 1973
Division	270 Park Avenue		
Location	New York, N.Y. 10017	*Originating Dept.*	Medical Department - Plant 512
		Answering letter date	
Copy to	W Roth	*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.

FEB 20 1973

MEDICAL DEPT.

UNION CARBIDE CORPORATION — INSTITUTE PLANT — MEDICAL DEPARTMEN

ASBESTOS WORKERS HEALTH HAZARD SURVEY

Name: _____ (Last / F.I. / M.I.) PR# _____ Date _____ (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
2. If so, how many years have you worked with asbestos-containing materials?---------- _____
3. Has all your exposure to asbestos-containing materials been while working for Union Carbide?- Yes

YOUR PERSONAL HEALTH HISTORY

1. Do you have frequent upper respiratory infections? Yes No
2. If "yes," are they followed by chronic coughing or wheezing?---------- Yes No
3. Have you had pneumonia in the past year?---------- Yes No
4. Have you had bronchitis in the past year?---------- Yes No
5. Do you have a cough at the present time?---------- Yes No

IF ANSWER 5 IS "NO" OMIT QUESTIONS 6, 7 & 8

6. Has your cough been present for more than one month?---------- Yes No
7. Is your cough a dry, irritating cough?---------- Yes No
8. Do you cough up any sputum or phlegm from your chest?---------- Yes No
9. Have you coughed up or spit up blood in the past year?---------- Yes No
10. Do you have shortness of breath on exertion?------ Yes No

IF ANSWER 10 IS "NO" OMIT 11, 12, 13 & 14

11. If you have shortness of breath, has it become progressively worse?---------- Yes No
12. Do you get shortness of breath when you climb a flight of stairs?---------- Yes No
13. Do you get shortness of breath when you have exerted yourself only slightly?---------- Yes No
14. Do you get shortness of breath when you are sleeping in bed?---------- Yes No
15. Do you have wheezing or whistling sounds when you breathe?---------- Yes N

IF ANSWER 15 IS "NO" OMIT 16

16. If whistling or wheezing is present, did it start during the last year?---------- Yes N
17. During the last year, have you had any close contact with anyone with tuberculosis?---------- Yes N
18. During the last year, have you had episodes of pain, discomfort or tightness in your chest?---------- Yes N
19. Do you have a history of allergies?---------- Yes N
20. Do you have chronic fatigue?---------- Yes N
21. Have you had loss of weight in the past year?--- Yes N

IF ANSWER 21 IS "NO" OMIT 22 & 23

22. Was this loss of weight from dieting?---------- Yes N
23. Have you lost more than ten pounds?---------- Yes N
24. Have you developed a dislike for certain foods during the last year?---------- Yes N
25. Do you have loss of appetite now?---------- Yes N
26. Do you have indigestion or discomfort after eating?---------- Yes N
27. Do you have frequent headaches?---------- Yes N
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:

1. How many cigarettes do you now smoke per day?----- _____
2. At what age did you begin smoking regularly?------ _____
3. If you stopped smoking cigarettes regularly, at what age did you stop?---------- _____
4. How many years of your life have you smoked an average of a pack of cigarettes a day or more?---------- _____
5. Do you smoke filtered cigarettes?---------- Yes No
6. 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
7. Do you normally breathe (inhale) smoke into your lungs?---------- Yes No

PIPE:

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

CIGARS: 03892

1. How many years have you smoked cigars?---------- _____
2. How many cigars do you smoke per day?---------- _____
3. Do you inhale cigar tobacco smoke into your lungs?---------- _____
4. Do you smoke cigarillos (miniature cigars)?----- _____
5. How many years have you smoked cigarillos?------ _____

Form UCC-512-MD-4

UCC 014440

PHYSICAL EXAMINATION

Nurse: _____

Temp.	Pulse - Rest	Respirations	Blood Pressure, Sitting	Height	Weight
_____ °F.	_____/Min.	_____/Min.	Rt. _____/_____ Lt. _____/_____	_____ In.	_____ lb.

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.)

PHYSICIAN'S EXAMINATION:

			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 _____

INDUSTRIAL HYGIENE - SAFETY DEPARTMENT

SAMPLING RECORD OF EMPLOYEE EXPOSURE TO ASBESTOS

Date	Work Practice	Environmental Conditions	Sample time in Minutes	Fibers/ml > 5 Microns
		UCC 014441		