

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

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

To (Name) ~~C. U. Dernehl, M.D.~~
 Division 270 Park Avenue
 Location 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,

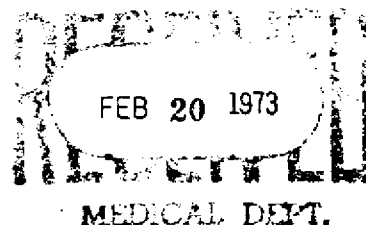


R. J. Sexton, M.D.
 Plant Medical Director

RJS:gh

Enc.

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UNION CARBIDE CORPORATION — INSTITUTE PLANT — MEDICAL DEPARTMENT

ASBESTOS WORKERS HEALTH HAZARD SURVEY

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

- | | |
|---|--------|
| 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:

- | | |
|--|--|
| 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?----- | |

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Nurse:

°F.	Pulse - Rest ____/Min.	Respirations ____/Min.	Blood Pressure, Sitting Rt. ____/____ Lt. ____/____		Height ____ In.	Weight ____ lb.
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LABORATORY: Hemoglobin _____g% Hematocrit _____% Medical Technologist: _____

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

[illegible]