Employe Name (continued)_____ 33. X-Ray Identification Number_____

34. By Whom Taken?_____ 35. Date Taken_____

36. X-Ray Findings and Remarks:_____

37. Silicosis?_____

38. Tuberculosis?_____

39. Recommendations:_____

Signed_____ M.D.
Address_____
Date_____

	Date	Date	Date
40. Special Urine Examinations: (When Indicated or Requested)			
a. Lead (Milligrams per liter)			
b Mercury (Milligrams per liter)			
c. Urine Sulfate (Benzol) (%)			
d. Other (Specify)			
41. Wasserman or Kahn (When Indicated or Requested)			
42. Blood Count: (When Indicated or Requested)			
a. Red Cells (No.)			
b. White Cells (No.)			
c. Hemoglobin (%)			
d. Differential Count:			
Neutrophils (%)			
Basophils (%)			
Eosinophils (%)			
Large Lymphocytes (%)			
Small Lymphocytes (%)			
e. Basophilic Aggregation (%)			
f. Stipple Count (%)			
g. Reticulocytes (%)			
h. Other Findings			
43. Sedimentation (When Indicated or Requested)			
44. Blood Analysis: (When Indicated or Requested)			
a. Lead (Milligrams per liter)			
b. Mercury (Milligrams per liter)			
c. Other (Specify)			

VPD-189-0002451

Comments and Recommendations:_____

Signed_____
Address_____
Date_____