Conf. list

Name

Plant: Millington, N.J.

No. 27535

Reading Date 10-9-68

Interpretation of single roentgenogram of chest

taken on 7-17-68

A review of the occupational history makes a diagnosis of "asbestosis" unlikely. I believe the films do show prominent bronchovascular markings and he may at some future date show more than he now does.

Retired 2 Yrs

GEORGE W. WRIGHT, M. D.
Saint Luke's Hospital
11311 Shaker Boulevard
Cleveland, Ohio 44104



PLAINTIFF'S EXHIBIT
NG-74E

KK [illegible]1

Name [redacted] Plant: Millington, New Jersey

No. 27535 Reading Date 7-30-68

Interpretation of single roentgenogram of chest

taken on 7-17-68

Comparison of the film to films of previous dates shows no further change. The comments regarding asbestosis still apply.

rec film 7?
Mr Reilly. 8/22/68

GEORGE W. WRIGHT, M. D.
Saint Luke's Hospital
11311 Shaker Boulevard
Cleveland, Ohio 44104

KK [illegible]

Name | **Plant:** Millington, New Jersey

No. 27535 **Reading Date** 7-27-66

Interpretation of single **roentgenogram of chest**

taken on 6-29-66

A comparison of this film to those of earlier dates shows no further change. Previous comments regarding the possibility of asbestosis still apply.

KFH
Reject if new
7/29

GEORGE W. WRIGHT, M. D.
Saint Luke's Hospital
11311 Shaker Boulevard
Cleveland, Ohio 44104

KK [illegible]

Name

Plant: Millington, N.J.

No. 27535 Reading Date 5/19/64

Interpretation of single roentgenogram of chest

taken on 5/7/64

The film of this date appears the same as that described in 1954 and the same comments regarding asbestosis apply.

GEORGE W. WRIGHT, M. D.
Saint Luke's Hospital
11311 Shaker Boulevard
Cleveland 4, Ohio

KK [illegible]

Name

Plant: Millington, N. J.

No. 41-62

Reading Date: 6/27/62

Interpretation of single roentgenogram of chest

taken on 6/21/62

This film appears to be identical to the description of '54 film. In the presence of a history of adequate exposure to ~~xx~~ asbestos fibre, a diagnosis of asbestosis would be reasonable.

Another one on the way

GEORGE W. WRIGHT, M. D.
Saint Luke's Hospital
11311 Shaker Boulevard
Cleveland 4, Ohio

KK [illegible]

NGC

Name

Plant : Millington, New Jersey

No. 61-60

Reading Date : 4/21/60

Interpretation of single roentgenogram of chest

taken on 4/4/60 compared with taken on

Comparison to films of '54, and '57 shows no further change--
see previous report.

GR

GEORGE W. WRIGHT, M. D.
Saint Luke's Hospital
11311 Shaker Boulevard
Cleveland 4, Ohio

KK

Name: Plant: Millington, N. J. (NGC)

No. 10-57-B Reading Date: 10-1-57

Interpretation of Single roentgenogram of chest

taken on 9-12-57 compared with taken on

Compared to film of 3-24-54, no change.
See previous film report.

GEORGE W. WRIGHT, M. D.
Saint Luke's Hospital
11311 Shaker Boulevard
Cleveland 4, Ohio

KK [illegible]

GEORGE W. WRIGHT, M.D.

DEPARTMENT OF
EXPERIMENTAL MEDICINE

SAINT LUKE'S HOSPITAL
11311 SHAKER BLVD.
CLEVELAND 4, OHIO

No. 54163
Name [redacted]

Natl. Gypsum Co.
Millington, N. J.

Interpretation of single roentgenogram of chest taken on 3-24-54
compared with taken on

The bronchovascular markings are markedly exaggerated in the lower 1/3 of each lung. The changes are particularly prominent in the inner or paramediastinal area. The heart borders are obscured by the heavy bronchovascular markings. The degree of change appe to be abnormal and suggests further study to rule out industrial pulmonary disease (asbestosis in particular) and bronchiectasis.

A detailed occupational history and stereoscopic roentgenograms are needed for further clarification of this problem.

KK

69

NATIONAL GYPSUM COMPANY

Sales District

Office

Plant Millington, N.J.

e [redacted] Address [redacted]

Date 4/8/61 Dept. Check No. 30

Age 57 Color W S M W D* Children

PHYSICAL RECORD

(TO BE COMPLETED BY PERSONNEL DEPARTMENT)

Arthritis Epilepsy Hernia

Operations List on reverse side any hospital admissions in past 5 years.

Venereal Diseases Tuberculosis

Liquor Tobacco Drugs

Other Illnesses

Injuries – description, location, % disability

Compensation Received Do you have a workmen's compensation case pending for either injury or illness?

Have you a history of silicosis or any other dust diseases? Have you ever been in military service?

Have any of your parents or brothers or sisters had Tuberculosis, Cancer, Diabetes, Epilepsy or Insanity?

Last previous employment

I certify that the above answers are true, correctly recorded, and that I am in good health, and that I have never suffered from Silicosis, except (history)

Signature of Applicant Witness

*divorced, give date and place

PHYSICAL EXAMINATION

(TO BE COMPLETED BY DOCTOR)

Over Weight
Normal Weight ✓
Under Weight

Height 5'7" Weight 155

Eyes: Right 20/25 Left 20/25 Corrected: Right Left Binocular Vision

Pupils ✓ Cornea ✓

Lungs ✓ Shortness of Breath Chest X-Ray —

Heart ✓ Blood Pressure 146/104 Pulse 72

Ears ✓ Nose ✓ Teeth ✓

Throat and Tonsils ✓ Hearing: Right W/W Left W/W

Abdomen ✓ Hernia ✓

Spine ✓ Hemorrhoids ✓

Extremities ✓

Scars ✓ (Note % of defects if any exist) Musculature

Skin ✓ Glands (Head and neck only – give location) ✓ Genitals ✓

Reflexes ✓ Mentality ✓

Blood Test ✓ Urinalysis ✓

General Condition: Good ✓ Fair Poor Nutrition: Good ✓ Fair Poor

Do you recommend applicant for work? Y Type of Work?

Remarks KK [redacted]

APPROVED

FOREMAN

SAFETY SUPERVISOR

Date 4-19-61

Examined by [signature] M.

[redacted] YES ☐ NO ☐

70

NATIONAL GYPSUM COMPANY

PLANT, OFFICE, SALES DISTRICT Millington-Hour

PHYSICAL EXAMINATION RECORD

DATE 10-5-65

☐ PRE-EMPLOYMENT ☐ REINSTATEMENT ☒ PERIODIC HEALTH

NAME _____ ADDRESS _____

DATE OF BIRTH 7/24/04 (AGE 61) ☐ SINGLE ☒ MARRIED OTHER _____

LAST EMPLOYMENT _____

HEIGHT	DISFIGUREMENT – FACE, HEAD OR NECK	VISION-DISTANT	VISION-NEAR	WASSERMAN Hb:
5'7"	No gross defects	C.R.E. 20/40	20/	To lab
WEIGHT 160		U.L.E. 20/30	20/	URINALYSIS SUGAR Neg ALBUMIN Neg

HEART	CHEST	HERNIA	ABDOMEN	L.M.P.
Good quality No murmurs	Well developed	Neg	Sl. obese	

CONFIGURATION CHEST EXPANSION	BLOOD PRESSURE	INGUINAL RINGS	NORMAL ENLARGED RELAXED
Equal bilaterally	160/80	R Normal L Weak	

LUNGS	OPERATIVE SCARS
Clear.	None

BACK AND EXTREMITIES – EDEMA, AMPUTATIONS, FUNCTIONAL DEFECTS, DEFORMITIES

Grossly normal

SPECIFIC FINDINGS – NEUROLOGICAL

Neg.

SKIN ERUPTION

Neg

SUMMARY OF PERMANENT DEFECTS, IMPAIRMENTS; EXAMINEE HAS BEEN ADVISED OF SIGNIFICANT FINDINGS ☒ YES ☐ NO

Teeth need repair - Recommend eye exam.

EMOTIONAL STABILITY	INTELLIGENCE
good	good

APPLICANT'S SIGNATURE	Accept	Condit. Accept	Reject	PHYSICIAN'S SIGNATURE
				A.M. Shkane

JOB ASSIGNMENT	PREVIOUS MEDICAL

COMPANY APPROVALS	DATE	PART EXAMINED	FILM NO.
PERSONNEL MANAGER BUFFALO			
DISTRICT SALES MANAGER			
PLANT MANAGER			

X-RAY REPORT – RADIOGRAPHIC FINDINGS

KK [illegible]

ATIONAL GYPSUM COMPANY

PHYSICAL EXAMINATION RECORD

☐ SALARIED PLANT, OFFICE, SALES DISTRICT Millington
☑ HOURLY

DATE 5-14-69

☐ PRE-EMPLOYMENT ☐ REINSTATEMENT ☑ PERIODIC HEALTH

NAME [redacted] ADDRESS

DATE OF BIRTH 7/24/04 (AGE 64) ☐ SINGLE ☑ MARRIED OTHER

LAST EMPLOYMENT

PREVIOUS MEDICAL

HEIGHT 5'7"	DISFIGUREMENT – FACE, HEAD OR NECK: None	VISION-DISTANT with, w/out glasses: R.E. 20/ L.E. 20/ COLOR VISION:	VISION-NEAR with, w/out glasses: R.E. 20/ L.E. 20/	WASSERMAN Hb: To lab.
WEIGHT 158				URINALYSIS Neg SUGAR ALBUMIN

CHEST	CONFIGURATION Normal	EXPANSION	HERNIA None
HEART Occ. R.R.-PVC.	BLOOD PRESSURE No murm. 160/90		INGUINAL RINGS R ✓ L ✓ NORMAL ✓ ENLARGED RELAXED
LUNGS Clear			OPERATIVE SCARS None

FEMALE APPLICANTS – DATE OF LAST MENSTRAL PERIOD MENSES

BACK AND EXTREMITIES – EDEMA, AMPUTATIONS, FUNCTIONAL DEFECTS, DEFORMITIES

Normal

RING —

SPECIFIC FINDINGS – ADDITIONAL

None

NEUROLOGICAL

Normal

SKIN ERUPTION None

GENERAL CONDITION: ☑ GOOD ☐ FAIR ☐ POOR: EXAMINEE HAS BEEN ADVISED OF SIGNIFICANT FINDINGS ☐ YES ☐ NO
SUMMARY OF PERMANENT DEFECTS, IMPAIRMENTS:

APPLICANT'S SIGNATURE (HERE AND ON REVERSE SIDE)		EMOTIONAL STABILITY		INTELLIGENCE
JOB ASSIGNMENT	Accept. ✓	Conditional Acceptance—Reasons	Reject	PHYSICIAN'S SIGNATURE [signature]

COMPANY APPROVALS	DATE	PART EXAMINED	FILM NO.

PERSONNEL MANAGER BUFFALO

RICT ES MANAGER

PLANT MANAGER

X-RAY REPORT – RADIOGRAPHIC FINDINGS

KK 12[illegible]1

NATIONAL GYPSUM COMPANY
PHYSICAL RECORD

Sales District
Office
Plant MILLINGTON N.J.

1 [redacted] Address

Date 3/4/54 Dept. PRODUCTION Check No. 30

Age 49 Color WHITE S (M) W D* Children 1 (Under 18 years)

(TO BE COMPLETED AT PLANT)

Arthritis YES 15 yrs ago LEFT SHOULDER Epilepsy NO Hernia NO

Operations NO List on reverse side any hospital admissions in past 5 years.

Venereal Diseases NO Tuberculosis NO

Liquor MODERATELY Tobacco YES Drugs NO

Other Illnesses NO

Injuries—description, location, % disability CUT RT THUMB AT LAST PLACE OF EMPLOYMENT 1945.

Compensation received NONE

Have any of your parents or brothers or sisters ever had Tuberculosis, Cancer, Diabetes, Epilepsy or Insanity? NO

Last previous employment BUCHMANN S.W. CORPORATION 4-YO 47TH. AVE. L.I.C., N.Y.

I certify that the above answers are true, correctly recorded, and that I am in good health, and that I have never suffered from Silicosis, except (history)

Signature of Applicant [redacted] Witness Otto J. Judge

If divorced, give date and place

(TO BE COMPLETED BY DOCTOR) PHYSICAL EXAMINATION

Over Weight / Normal Weight ✓ / Under Weight

Height 67" Weight 170

Eyes: Right 20/20 Left 20/20 Corrected: Right Left Binocular Vision

Pupils ✓ Cornea ✓

Lungs ✓ Shortness of Breath ✓

Heart ✓ Blood Pressure 150/98 Pulse 72

Ears ✓ Nose ✓ Teeth ✓

Throat and Tonsils ✓ Hearing: Right 20/20 Left 20/20

Abdomen ✓ Hernia ✓

Spine ✓ Hemorrhoids ✓

Extremities ✓

Scars ✓ (Note % of defects if any exist) Musculature ✓

Skin ✓ (Head and neck only—give location) Glands ✓ Genitals ✓

Reflexes ✓ Mentality ✓

General Condition: Good ✓ Fair Poor Nutrition: Good ✓ Fair Poor

Do you recommend applicant for work? H Type of Work?

Blood Test [illegible] Urinalysis ✓ KK

Remarks KCy 54163

APPROVED

FOREMAN [illegible]

SAFETY SUPERVISOR [illegible]

Date 3-24-54

Examined by [illegible] M.D.

NATIONAL GYPSUM COMPANY

Sales District 16

Office

Name | Address | Plant

Date April 17, 1959 Dept. Check No.

Age 54 Color W S M W D* Children

PHYSICAL RECORD
(TO BE COMPLETED BY PERSONNEL DEPARTMENT)

Arthritis Epilepsy Hernia

Operations — List on reverse side any hospital admissions in past 5 years.

Venereal Diseases Tuberculosis

Liquor Tobacco Drugs

Other Illnesses

Injuries – description, location, % disability

Compensation Received — Do you have a workmen's compensation case pending for either injury or illness?

Have you a history of silicosis or any other dust disease? — Have you ever been in military service?

Have any of your parents or brothers or sisters had Tuberculosis, Cancer, Diabetes, Epilepsy or Insanity?

Last previous employment

I certify that the above answers are true, correctly recorded, and that I am in good health, and that I have never suffered from Silicosis, except (history)

Signature of Applicant Witness

* If divorced, give date and place

PHYSICAL EXAMINATION
(TO BE COMPLETED BY DOCTOR)

Over Weight
Normal Weight ✓
Under Weight

Height 5'10" Weight 150

Eyes: Right 20/30 Left 20/30 Corrected: Right Left Binocular Vision

Pupils ✓ Cornea ✓

Lungs ✓ Shortness of Breath ✓ Chest X-Ray —

Heart ✓ Blood Pressure 152/100 Pulse 84

Ears ✓ Nose ✓ Teeth —

Throat and Tonsils ✓ Hearing: Right W/S Left W/S

Abdomen ✓ Hernia negative on cough at inguinal

Spine ✓ Hemorrhoids ✓

Extremities ✓

Scars ✓ (Note % of defects if any exist) Musculature ✓

Skin ✓ Glands (Head and neck only – give location) ✓ Genitals ✓

Reflexes ✓ Mentality ✓

Blood Test ✓ Urinalysis ✓

General Condition: Good ✓ Fair Poor Nutrition: Good ✓ Fair Poor

Do you recommend applicant for work? Type of Work? KK

Remarks

APPROVED

FOREMAN Date 4-17-59

SAFETY SUPERVISOR Examined by [signature] M

PLANT MANAGER THIS EMPLOYEE'S CONDITION IS KNOWN BY HIS SUPERVISOR. YES ☐ NO ☐

NATIONAL GYPSUM COMPANY

Sales District

Office

Name | Address | Plant Millington, N.J.

Date | Dept. | Check No. 30

Age 58 | Color | S M W D* | Children

PHYSICAL RECORD

(TO BE COMPLETED BY PERSONNEL DEPARTMENT)

Arthritis | Epilepsy | Hernia

Operations | List on reverse side any hospital admissions in past 5 years.

Venereal Diseases | Tuberculosis

Liquor | Tobacco | Drugs

Other Illnesses

Injuries – description, location, % disability

Compensation Received | Do you have a workmen's compensation case pending for either injury or illness?

Have you a history of silicosis or any other dust disease? | Have you ever been in military service?

Have any of your parents or brothers or sisters had Tuberculosis, Cancer, Diabetes, Epilepsy or Insanity?

Last previous employment

I certify that the above answers are true, correctly recorded, and that I am in good health, and that I have never suffered from Silicosis, except (history)

Signature of Applicant | Witness

If divorced, give date and place

PHYSICAL EXAMINATION

(TO BE COMPLETED BY DOCTOR)

Over Weight
Normal Weight ✓
Under Weight

ight 5' 7" | Weight 164

Eyes: Right 20/20 Left 20/20 | Corrected: Right | Left | Binocular Vision 20/20

Pupils ✓ | Cornea ✓

Lungs ✓ | Shortness of Breath none | Chest X-Ray —

Heart ✓ | Blood Pressure 136/112 | Pulse 72

Ears ✓ | Nose ✓ | Teeth ✓

Throat and Tonsils ✓ | Hearing: Right 20/20 | Left 20/20

Abdomen ✓ | Hernia ✓

Spine | Hemorrhoids ✓

Extremities ✓

Scars ✓ (Note % of defects if any exist) | Musculature ✓

Skin ✓ | Glands (Head and neck only – give location) ✓ | Genitals ✓

Reflexes ✓ | Mentality ✓

Blood Test ✓ | Urinalysis ✓

General Condition: Good ✓ Fair Poor | Nutrition: Good ✓ Fair Poor

Do you recommend applicant for work? A | Type of Work?

Remarks

APPROVED

FOREMAN [illegible] Date 6/12/63

SAFETY SUPERVISOR

PLANT MANAGER

Examined by [illegible] M.D.

THIS EMPLOYEE'S CONDITION IS KNOWN BY HIS SUPERVISOR. YES ☒ NO ☐

NATIONAL GYPSUM COMPANY

PLANT, OFFICE, SALES DISTRICT Tonawanda

PHYSICAL EXAMINATION RECORD

DATE 9/21/62.

☐ PRE-EMPLOYMENT ☐ REINSTATEMENT ☒ PERIODIC HEALTH

ADDRESS

DATE OF BIRTH 7/24/04 (AGE 63) ☐ SINGLE ☑ MARRIED OTHER

LAST EMPLOYMENT

HEIGHT	DISFIGUREMENT – FACE, HEAD OR NECK	VISION-DISTANT	VISION-NEAR	WASSERMAN	Hb:
5' 7	None Noted.	C.R.E. 20/26	20/20	URINALYSIS	
WEIGHT 162.		U.L.E. 20/30.	20/20	SUGAR Neg ALBUMIN Trace	

HEART	CHEST	HERNIA	ABDOMEN	L.M.P.
N.S.R. Equivocal	Normal.	None.	Pendulous.	

CONFIGURATION CHEST EXPANSION	BLOOD PRESSURE	INGUINAL RINGS	NORMAL / ENLARGED / RELAXED
Good	160/92.	R Relaxed L Normal	

LUNGS	OPERATIVE SCARS
Bilat Exp Rales	Left Thorax. (Nipple)

BACK AND EXTREMITIES – EDEMA, AMPUTATIONS, FUNCTIONAL DEFECTS, DEFORMITIES

None Noted.

SPECIFIC FINDINGS – NEUROLOGICAL

None.

SKIN ERUPTION

None.

SUMMARY OF PERMANENT DEFECTS, IMPAIRMENTS; EXAMINEE HAS BEEN ADVISED OF SIGNIFICANT FINDINGS ☑ YES ☐ NO

Hypertensive.

EMOTIONAL STABILITY		INTELLIGENCE
fair		Average.

APPLICANT'S SIGNATURE	Accept	Condit. Accept	Reject	PHYSICIAN'S SIGNATURE
	✓			J. H. Crohn

JOB ASSIGNMENT	PREVIOUS MEDICAL

COMPANY APPROVALS	DATE	PART EXAMINED	FILM NO.
PERSONNEL MANAGER BUFFALO			
DISTRICT SALES MANAGER			
PLANT MANAGER			
SAFETY SUPER.			

X-RAY REPORT – RADIOGRAPHIC FINDINGS

KK

M.D.

NG 909 Rev. 5-60