Employe Name (continued)..... 33. X-Ray Identification Number.....
By Whom Taken?..... 35. Date Taken.....
X-Ray Findings and Remarks:.....

Silicosis?.....
Tuberculosis?.....
Recommendations:.....

Signed..... M.D.
Address.....
Date.....

	Date.....	Date.....	Date.....
). Special Urine Examinations: (When Indicated or Requested)			
a. Lead (Milligrams per liter).....			
b. Mercury (Milligrams per liter).....			
c. Urine Sulfate (Benzol) (%).....			
d. Other (Specify).....			
. Wasserman or Kahn..... (When Indicated or Requested)			
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.....			
. Sedimentation..... (When Indicated or Requested)			
. Blood Analysis: (When Indicated or Requested)			
a. Lead (Milligrams per liter).....			
b. Mercury (Milligrams per liter).....			
c. Other (Specify).....			

VPD-189-0002449

Comments and Recommendations:.....

Signed.....
Address.....
Date.....