CLEARING MEDICAL CLINIC
5548 W. 65TH STREET, CHICAGO, ILLINOIS 60638
SEROLOGICAL REPORT—SYPHILIS
STATE REG. No. 328

PATIENT'S NAME Louis Calvin DATE COLLECTED 1-6-77

ADDRESS 111 E. Marquette Rd CITY Chgo, Ill.

AGE 26 SEX M MARITAL STATUS (M) S D W CW

REFERRED BY COMPANY American Cyanamid

LABORATORY FINDINGS:

[redacted]

CONFIDENTIAL
INFORMATION
REDACTED

CYWI 4-001359
N14554

CLEARING MEDICAL CLINIC

5548 W. 65TH STREET, CHICAGO, ILLINOIS 60638

SEROLOGICAL REPORT—SYPHILIS

STATE REG. NO. 328

PATIENT'S NAME Louis Calvin DATE COLLECTED 11/17/26

ADDRESS 111 E. Marquette CITY Chgo. Ill.

AGE 26 SEX M MARITAL STATUS (M) S D W (CW)

REFERRED BY COMPANY American Cyanamid

LABORATORY FINDINGS:

[redacted]

CONFIDENTIAL
INFORMATION
REDACTED

CYWI 4-001360
N14554.01

CLEARING MEDICAL CLINIC

5548 W. 65TH STREET, CHICAGO, ILLINOIS 60638

SEROLOGICAL REPORT — SYPHILIS

STATE REG. No. 328

PATIENT'S NAME Louis Calvin

ADDRESS 111 E. Marquette Chgo Ill

AGE 26 SEX M CW

MARITAL STATUS (M) S W D

DATE COLLECTED 11-4-76

COMPANY American Cyanamid

REMARKS:

DIAGNOSTIC ..... ☒

TREATMENT CONTROL . ☐

MARRIAGE LICENSE .. ☐

PREGNANCY ..... ☐

REPEAT TEST ..... ☐

LABORATORY FINDINGS:

[redacted]

Dr. Philip Falk, Director

CONFIDENTIAL INFORMATION REDACTED

[redacted]

CYWI 4-001361

N14554.02

CLEARING MEDICAL CLINIC

5548 W. 65TH STREET, CHICAGO, ILLINOIS 60638

SEROLOGICAL REPORT — SYPHILIS

STATE REG. No. 328

PATIENT'S NAME Louis Calvin

ADDRESS 111 E. Marquette Rd

AGE 26 SEX M CW

MARITAL STATUS (M) S W D

DATE COLLECTED 8-19-76

COMPANY American Cyanamid

REMARKS:

DIAGNOSTIC ..... ☐

TREATMENT CONTROL . ☐

MARRIAGE LICENSE .. ☐

PREGNANCY ..... ☐

REPEAT TEST ..... ☐

LABORATORY FINDINGS:

[redacted] RPR - NON REACTIVE

Dr. Philip Falk, Director

CONFIDENTIAL INFORMATION REDACTED

[redacted]

CXWI 4-001362
N14554.03

[redacted]

CERTIFIED BY A[redacted]
PREVENTIVE MEDICINE [redacted]
TIONAL AND AVIATION MEDICINE

[redacted]
PHONES 767-4600 AREA CODE 312

SURGEON'S REPORT

CASE [redacted]

EMPLOYER [redacted]

INJURED EMPLOYEE [redacted] PHONE [redacted]

ADDRESS [redacted] CITY [redacted]

DATE OF INJURY [redacted] DATE OF 1st TREATMENT [redacted] TIME: [redacted]

AGE [redacted] M-S-W-D [redacted] MF [redacted] CHILDREN UNDER 18 [redacted]

ESTIMATED TEMPORARY DISABILITY [redacted] ACTUAL RETURN TO WORK DATE [redacted]

NATURE OF INJURY [redacted]

X-RAY [redacted]

TREATMENT [redacted]

PROBABLE PERMANENT DISABILITY [redacted]

SUPERVISOR OF [redacted]

CYWI 4-001363
N14554.04

CONFIDENTIAL
INFORMATION
REDACTED