requirements of each job for which the applicant would be considered.

Risk criteria alone cannot be used in determining employability, and any diagnostic information developed as part of the overall evaluation should not be supplied to the employer. The medical examination form and the medical history form should be maintained in medical confidence. A notice of employability, including any applicable restrictions, is all that the employer should receive. Probably the best arrangement is to describe any restrictions in generic terms rather than relating to specific job titles.

For grant recipients the Labor Department's final regulations on handicapped discrimination define the proper use of the pre-employment medical examination to be limited to the determination of an individual's current physical or mental ability. The employer may not use the pre-placement medical examination data to speculate on the long-term possibility that the conditions will progress or lead to inability to work or to perform a specific task. An applicant can be disqualified on the basis of such an examination only if his or her handicap "creates a substantial risk of imminent danger to self or others."

The examining physician should not attempt to advise on placement of the applicant for employment with epilepsy before a detailed medical history has been obtained and a thorough medical examination performed. A determination should be made of the reliability and cooperation of the employee and/or applicant, and of the degree of medical control of the medical condition. Available medical data should be obtained from the private physician with the applicant's or the employee's consent. A determination should be made of the frequency, severity and duration of the seizures, as well as the nature and type of the seizures.

The employee with epilepsy should be examined by the physician on a yearly basis. A general rule of thumb would be that the patient with epilepsy should not be permitted to work at heights greater than 5 feet from the ground level unless there is built-in physical protection to prevent the employee from falling a distance greater than his height. The epileptic should not be permitted to operate hazardous or mobile equipment and, in fact, should not work immediately adjacent to hazardous or mobile equipment. Work restrictions such as these should be applied to the epileptic for at least two years following the onset of the seizure disorder. The work restrictions may be removed if the employee is free of seizures for one year once the two-year limit has been reached. Consideration should be given to re-applying work restrictions when the patient is removed from medication, is returning to work from sickness absence, or in those instances where medication is to be changed. The re-application of restrictions must be determined with the physician's knowledge of the employee's medical status and reliability and the past history of control.

In summary, the examining physician should have a knowledge of the occupational safety and health regulations as well as Equal Employment Opportunity Commission (EEOC) requirements. When standards for job placement are established, they should be predicated only upon the ability of the worker or job applicant to perform the specific mining job without excessive risk to self or others.

Reporting Asbestosis to OSHA – Further Comment

Additional inquiries and statements have been received by the Occupational Medical Practice Committee to further clarify the publication in the Occupational Medicine Forum regarding chest roentgenogram changes reportable on the OSHA Log 200. To put this issue in perspective, we provide the following letter received from Victor Alexander, M.D., of the Occupational Safety and Health Administration, Office of Occupational Medicine, Washington, D.C.:

OSHA has received a number of inquiries following the appearance of a question and reply on "Reporting Asbestosis to OSHA" by the Committee on Occupational Medical Practice in the February, 1982, Occupational Medicine Forum section of JOM.

While the Committee's response to the specific question about recording asbestosis may be technically correct, we believe it is incomplete and likely to be misleading. We therefore request that you publish the following explanation of OSHA policy.

On Novemeber 5, 1980, following discussions with the Bureau of Labor Statistics (BLS), clarification of instructions for completing OSHA's Form 200 were issued to all Regional Administrators. These instructions did not represent any change in policy, but were an attempt to reduce possible confusion.

The definition of an occupational illness (Instructions for OSHA No. 200, BLS) is that an "occupational illness of an employee is any abnormal condition or disorder, other than one resulting from an occupational injury, caused by exposure to environmental factors associated with employment."

Asbestos-related abnormalities found on chest x-ray including pleural plaques and/or calcifications are therefore recordable on OSHA's Form 200 in and of themselves, whether or not interstitial fibrosis and/or lung function abnormalities are also present.

In sum, the asbestos-related abnormalities which are to be listed on OSHA's Form 200 include more than cases of frank asbestosis. We believe this policy is in accord with good occupational medical practice.

Physicians need to consider, as usual, the worker and workplace. Proper analysis of the workplace and evaluation of all factors, including those unrelated to occupation are essential parts of any medical judgment. Pleural plaques and/or calcification are then, reportable to OSHA if the work history does indicate asbestos exposure. The Committee appreciates this clarification of the issue.

Use of Carbonless Copy Paper

Could you give me any information regarding irritation of the eyes, mucous membranes and hands in relation to the use of carbonless copy paper?

Committee Reply

The symptoms about which you inquire in relation to carbonless copy paper have been reported in Sweden. Also, Dr. Richard J. Jones, Director of the Division of Scientific Policy, American Medical Association (535 N. Dearborn, Chicago, IL 60610) is conducting an inquiry regarding the presence of symptoms being reported in this country. The International Labour Organization (CH-1211 Geneva 22, Switzerland) and the Occupational Safety and Health Administration (200 Constitution Ave., N.W., Washington, DC 20210) have been conducting inquiries as well. References which might be useful include:

1. Menne T, et al: Skin and mucous membrane problems from "no carbon required" paper. *Contact Dermatitis* 7:72, 1981.

2. Calnan CD: Carbon and carbonless copy paper. *Acta Derm Venereol* 59:27, 1979.

3. Marks JG: Allergic contact dermatitis from carbonless copy paper. *JAMA* 245: 2331, 1981.