Gillis B. White

Birth Date: 2-21-14

Date of Employment: 11-27-52

Job Classification: Potman

No chest problems noted on I & I card prior to 5-9-66.

NAME White, Gillis BUSTER EMPLOYEE NO. 5-1130

2

INJURY AND ILLNESS RECORD

DATE	TIME	INJURY OR ILLNESS TREATMENT	BY WHOM	Classification 1	2	3
5-22-63	12:15am	Burns cleansed and sprayed with neti-derm.	GFS	C	R	X
9-25-63	1:15pm	States strained left arm. Exam by Dr. Richards. Possible muscle strain. Diathermy and heat at home. To return.	CAS	P	O	X
9-18-64	1:00pm	Placed on redcard 9-16-64 per self to department.	CAS	P	O	X
10-8-64	12:20am	Minor laceration lefthand cleansed, sprayed and dressed.	LH	C	O	X
1-22-65	4:05pm	Placed on red card per self 1-21-65. Back pains.(Hospitalized for this).	CAS	P	O	X
1-29-65	1:pm	Returning from red card - states had back ache, Alleges no injury. Ok for work for 1-30-65 @ 12;01 am. per Dr. Richards. Dept notified	CAS	P	R	X
5-7-65	8:00am	Place on redcard per Mr. Keeble. In hospital for tests as of 5-6-65.	GP	P	O	X
[illegible]		[illegible]	LH	C	O	X
3-4-66	5;30am	States right hand started swelling & becoming sore about 2; am Thanks hand may be sprung or strained since was jacking pots. X-rayed Hot soaks. To return @ 8; am.alleges. No specific injury.	FR	C	O	X
" "	8:15am	Right hand somewhat swollen - To soak. return to medical.	CAS	P	R	X
5-9-66	2:20pm	Placed on red card 5-9-66. Hospitalized in Rosebud hospital with bronchitis, per employment.	CAS	P	O	X
5-24-66	12;05pm	Returning from red card acute bronchitis. Checked by Dr. Richards & Ok'd for work for 5-25-66 12;01 am. Dept notified.	CAS	P	R	X
7-18-66	1:00pm	Placed on redcard 7-14-66. Note sent from within Pland with I.D. Card.	CAS	P	O	X

NAME	BIRTH DATE	SOC. SEC. NO.	SERIAL NO.		EMPLOYEE NO.
WHITE, GILLIS BUSTER	2/21/14	451-22-2535		11/27/52	5-1130

412384 0062

NAME WHITE, GILLIS BUSTER EMPLOYEE NO. 5-1130

#3

INJURY AND ILLNESS RECORD

DATE	TIME	INJURY OR ILLNESS TREATMENT	BY WHOM	Classification 1	2	3
8-29-66	1:00pm	Returning from redcard. Hemorrhoidectomy. OK'd for work for 9-1-66 per Dr. Richards. Department notified.	CAS	P	R	X
6-9-67	7:20pm	States he got a crick in his back while he was knocking bath off with crowbar. Put hot packs on back for 15 min.	BS	P	O	X
8-6-67	4:20pm	Law called & said place White on red card as of 8-5-67. States he was hospitalized Friday.	GP	P	O	X
10-2-67	12:30pm	Returning from redcard. States is on an anti-coagulant for a 2 weeks period. OK'd for work for 10-3-67 at 4:00 PM per Dr. Selden. Dept. notified.	CAS	P	R	X
5-24-68	8:20am	Burns right arm dressed wet. Given medication to use at home.	GP	C	C	X
5-30-68	4:15pm	Sprayed burn.	CB	C	R	X
6-8-68	12:20am	Sprayed burn on right arm.	EM	C	R	X
6-9-68	12:10am	Sprayed burn on right arm.	EM	C	R	X
6-11-68	12:10am	Right arm burn sprayed with meti-derm.	GP	C	R	X
6-12-68	12:15am	Burn on arm sprayed.	GP	C	R	X
6-14-68	12:30pm	Right arm burn checked by Dr. Richards. progress satisfactory. To dress with furacin today. To return daily.	CAS	C	R	X
6-14-68	12:25am	Sprayed right arm.	MG	C	R	X
6-16-68	8:10am	Burn on arm sprayed.	GP	C	R	X
6-17-68	8:15am	Sprayed arm.	CB	C	R	X
6-18-68	8:10am	Sprayed arm.	CB	C	R	X

NAME	BIRTH DATE	SOC. SEC. NO.	SERIAL NO.		EMPLOYEE NO.
WHITE, GILLIS BUSTER					5-1130

412384 0063

NAME WHITE, GILLIS BUSTER EMPLOYEE No. 5-1130

#3

INJURY AND ILLNESS RECORD

DATE	TIME	INJURY OR ILLNESS	TREATMENT	BY WHOM	Classification 1	2	3
6-19-68	8:25am	Sprayed arm		CB	C	R	X
6-21-68	8:20am	Burn sprayed with Meti-Derm. Given dressedg for home use.		CAS	C	R	X
6-26-68	4:15pm	Sprayed arm.		CB	C	R	X
6-27-68	4:10pm	Sprayed burn.		CB	C	R	X
6-28-68	4:15pm	Sprayed;		CB	C	R	X
8-29-68	5:55pm	Placed on red card as of 8-29-68 per M. Law foreman, hospitalized at Rosebud.		CB	P	O	Z
10-8-68	12:45pm	Returning from red card with Diagnosis of asthmatic bronchitit which his private physician attributes to his employment. In as much he feels it is job related, we feel he should be seen by an Allergist before returning to work in the pot rooms. This Per Dr. Richards.		CAS	P	R	Z
10-18-68	1:00pm	Returning from redcard. (Bronchitis) OK'd for work for 10-19-68 per Dr. Richards. Dept. notified.		CAS	P	R	X
1-7-71	8:30am	Phone call per M. LAw. States employee hospitalized in Rosebud hosp. with asthma and bronchitis. Red card per above information.		SAK	P	O	Z
3-1-71	12:30pm	Returning from red card -Exam per Dr. R. ok. for work reg. 3-2-71 at 8; am. Dept notified.		SAK	P	R	X
7-20-71	10:am	Red card per Holleman as of 7-19-71. Hospitalized in Rosebud.		SAK	P	O	Z
8-23-71	12:30pm	Returning from red card (Bronchitis) Release from Dr. Richards. ok for regular work 8-24-71 at 8:am. Dept. not.		SAK	P	R	X

NAME	BIRTH DATE	SOC. SEC. NO.	SERIAL NO.		EMPLOYEE NO.
WHITE, GILLIS BUSTER					5-1130

412384 0064

J. L. Walker, M. D.
M. H. Bartlett, M. D.

Benson Clinic
Cameron, Texas

5/21/53.

To Whom It May Concern:-

Mr. Gillis B. White is in the hospital c̄ bronchopneumonia & will probably be in the hosp. until Sunday 5/24/53 = If he is as well as we expect he will be able to return to work on Monday 5/25/53. If he isn't doing as expected we will keep him longer in hospital.

Respectfully,

[signature] M.D.

Did not return to work Friday. please Rec Card

[signature]

412384 0065

DEPARTMENT OF MEDICINE
H. B. ANDERSON, M. D.
A. FORD WOLF, M. D.
O. B. GOBER, M. D.
J. G. RODARTE, M. D.
J. H. GREENWOOD, M. D.
F. M. HAMMOND, JR., M. D.
R. D. HAINES, M. D.
A. C. BRODERS, JR., M. D.
J. D. IBARRA, JR., M. D.
G. P. SAIN, M. D.
J. J. CHRISTIAN, M. D.
J. Q. THOMPSON, M. D.
DON J. LYNCH, M. D.
HENRY LAURENS, M. D.

Scott and White Clinic

AN ASSOCIATION
AFFILIATED WITH
SCOTT AND WHITE MEMORIAL HOSPITAL AND
SCOTT, SHERWOOD AND BRINDLEY FOUNDATION
TEMPLE, TEXAS

S. S. LINDSEY, M. D.
R. J. CARABASI, M. D.
J. D. BONNET, M. D.
S. A. SANCHEZ, M. D.
PER H. LANGEJOEN, M. D.
V. D. HOLLEMAN, M. D.
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ROBERT L. PALMER, M. D.
W. CONE JOHNSON, M. D.
THOMAS W. INMON, M. D.
J. S. CHANDLER, JR., M. D.
T. F. HARTLEY, M. D.
R. W. HUGHES, JR., M. D.
R. L. EDDY, M. D.
L. M. BREWER, M. D.

October 17, 1968

Doctor J. T. Richards
Aluminum Company of America
P. O. Box 472
Rockdale, Texas 76567

Re: Gillis B. White
Rt. 3
Rosebud, Texas

Dear Doctor Richards:

Mr. White reported for examination, indicating he had been having some cough, at times associated with shortness of breath and hoarseness. Apparently, so far as I can get from the history, he developed an episode of acute bronchitis the latter part of August and was hospitalized for treatment and studies. His symptoms subsided, he was dismissed. He continued to have some cough. The history regarding his shortness of breath is a little unclear. He apparently did wheeze some times. According to Dr. H. C. Halbert, Jr., he did have some asthmatic symptoms during his August episode.

At the time we saw him, his lungs were clear and there were no asthmatic signs or symptoms. We ran an allergy survey on him that was essentially negative. There were a few small questionable reactions to several inhalants, but we attached no significance to them. His electrocardiogram was normal; pulmonary function tests were close to normal, but were interpreted as probably indicating a mild obstructive ventilatory defect. There was no response to bronchodilaters.

His serum cholesterol, sedimentation rate, urinalysis, and blood count were all normal. Chest x-ray was negative except for left mid lung Ghon complex, and a small metallic foreign body in the anterior thoracic wall on the right. His fasting blood sugar was 104, and we have asked Dr. Halbert to check on that with a 2 hr. p.c. blood sugar or a sugar tolerance test. We were unable to get any sputum for examination.

It would be my impression that Mr. White would be able to resume his work. Should he have recurrent difficulty, we would very much like to see him again and get any additional information we can.

O

1 196

412384 0066

10-17-68
Re: Gillis B. White

We gave Mr. White Rx for a Medihaler Iso to use, 2 inhalations, up to every four hours if he is having any hoarseness, cough, or asthmatic symptoms.

Sincerely yours,

A. Ford Wolf, M. D.

AFW:mg
cc: Dr. H. B. Halbert, Jr.
Box 495
Rosebud, Texas 76570

ROSEBUD MEDICAL SERVICES, INC.

H. B. HALBERT, M. D.

P. O. DRAWER 616
ROSEBUD, TEXAS 76570

JOHN S. VARDIMAN, M. D.

February 11, 1971

Personnel Department
Aluminum Company of America
Rockdale, Texas

Re: Mr. Gillis White
Progress Report

Gentlemen:

This patient was seen 2-9-71 still complaining of tightness in his chest, cough, and dyspnea on exertion. As you know he was hospitalized for acute asthmatic bronchitis approximately 1 month ago.

His progress has been much slower than expected. He is to come in again Monday or Tuesday to see when it will be possible for him to return to work.

Respectfully yours,

H. B. Halbert M.D.

H. B. Halbert, M. D.

HBH/mam

HALBERT CLINIC & HOSPITAL
ROSEBUD, TEXAS

Clinic 583-7985 Hosp. 583-7986

Patient's Name Gillis White

Address

℞

Mr White has had some trouble c asthmatic bronchitis and some circulatory problems in left leg.

I want him to try regulon work starting 8-23-71

J S Vardiman, M.D. 8/21/71

H. B. Halbert, M. D. Reg. No. AHO882414
John S. Vardiman, M. D. Reg. No. AVO897631

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412384 0069

X-RAY AND LABORATORY REPORT

EMPLOYEE NO.
EMPLOYEE NO.
EMPLOYEE NO.
SERIAL NO.
SOC. SEC. NO.

NAME WHITE, GILLIS BUSTER

X-RAY NO.

Chest X-Ray, November 19, 1952--negative.
Lumbo-Sacral X-Ray, November 19, 1952--negative.

6-21-54 Dr. Anspach's report ---- Chest - Ess. neg.

2695
11-21-56
Dr. Anspach's report of chest x-ray--Negative.

10-19-57
3844
Dr. Anspach's report of ~~x-rays~~ x-ray--
Chest x-ray--Moderate sclerotic aortitis.
Lat. lumbar spine--Moderate hypertrophic lipping L-4 & 5.

10-21-58
4808
Dr. Anspach's report of chest x-ray--Prominent aortic knob.

10-17-59
5729
Dr. Anspach's report of chest x-ray-Negative.

10-15-60
Dr. Anspach'sreport of chest x-rays-- Negative.

10-19-61
7514
Dr. Anspach's report of chest X-ray: Small opacity of right lower chest probably M.F.B. M.F.B. present also in 1954 without change.

10-16-62
8351
Dr. Anspach's report of chest x-ray: Negative. There is a small metal F.B. in or superimposed on right 9th rib posteriorly.

10-15-63
9345
Dr. Anspach's report of chest X-ray: Chest essentially negative. The small M.F.B. is again seen.

10-13-64
10,248
Dr. Anspach's report of chest x-ray: Heavy markings both bases. Small M.F.B. right lower chest.

10-11-65
11,753
Dr. Anspach's report of chest x-ray: M.F.B. below right hilum. There is no change.

10-10-66
12,904
Dr. Anspach's report of chest x-ray. M.F B. below right hilum. No change.

412384 0070

X-RAY AND LABORATORY REPORT

EMPLOYEE No.
EMPLOYEE No.
EMPLOYEE No.
SERIAL No.
SOC. SEC. No.

NAME Willis White

X-RAY No.

10-3-67
14,225
Dr. Anspach's report of chest x-ray: Small M.F.B. below right hilum. No change.

11-4-68
15,706
Dr. Anspach's report of chest x-ray MFB right mid chest. No change.

11-3-69
17295
Dr. Anspach's report of chest x-ray: Unfolding of the aortic arch. Small MFB below right hilum. No change.

11-3-70
19,167
Dr. Anspach's report of chest x-ray: Unfolding fo the aortic arch, small mfb below the right hilum. No change.

(CONTINUE ON REVERSE SIDE)

412384 0071

Orange Holloway

Birth Date: 5-11-28

Date of Employment: 10-1-53

Job Classification: Bag changer (since 10-5-70; prior to this worked primarily in Ingot Department)

Prior to 5-3-71, one visit regarding a chest problem is recorded on I & I card. This was on 11-30-54 when he stated that he had had pneumonia and did not feel too well. However, he has had numerous other visits to Medical, totaling 14 full I & I cards.

NAME H olloway. Orange. EMPLOYEE NO. ~~6-855~~ 22-232

INJURY AND ILLNESS RECORD

DATE	TIME	INJURY OR ILLNESS TREATMENT	BY WHOM	Classification 1	2	3
6-13-69	1;17am	States his back hurt gave him 2 empirin for pain advised him to go by First aid at 8; am in he still hurts at that time.	TM	P	O	X
" "	8;20am	States back some better Darvon for rest.	CB	P	R	X
10-23-69	10:am	Minor burn left hand, sprayed and dressed.	CAS	C	O	X
11-11-69	4:30am	Red card as of 11-5-69 per Kunkle. Sick.	GP	P	O	Z
12-12-69	12:46pm	Checked by Dr. Richards. Employee patient alleges pain in left rib cage. Various joints with numerous aches and pains. OK'd to work 12-15-69 at 12:01am. States his doctor told him he has neuritis.	CAS	P	R	X
7-15-70	7:10pm	Pain in left leg. started stinging & burning back of knee after lifting a piece metal - states dont think injured him self. darvon 1. for pain.	GP	P	O	X
9-18-70	3;am	Placed on red card as of 9-9-70 per Charlie Kunkel. cause unknown wife stated sick.	LH	P	O	Z
10-9-70	12;10pm	Returning from red card checked by Dr. Young and ok for work 10-12-70 8;am Dept notified.	CB	P	R	X
10-20-70	8:30am	States has rahh over body and forehead. There is a slight rash on foredhead for which Kerdex cream was given for use before going into plant.	CAS	P	O	X
5-3-71	8;20am	States breathed in some dust one day last week and has been hoarse since (Bag changer) T. 98.6 ret. 12;30 to see Dr.	SAK	P	O	X
5-3-71	1;pm	Returned to see drr. Exam per Dr. R. T/ 98.2 Dx. pharyyngitis cause undetermined. Ref. to p/p	SAK	P	R	X

NAME | BIRTH DATE | SOC. SEC. NO. | SERIAL NO. | EMPLOYEE NO.

412384 0073

NAME O. L. Holloway EMPLOYEE NO.

INJURY AND ILLNESS RECORD

DATE	TIME	INJURY OR ILLNESS TREATMENT	BY WHOM	Classifications 1	2	3
5-25-71	10;30am	T. C per wife states under care of Dr, Burns for chest problems, on vac. request statement from dr. as to dateof first rx ;dx etc.	SAK	P	O	
5-27-71	2;20pm	Red card as of 5-25-71 per statement from dr. Burns dept notified.	SAK	P	O	Z
6-28-71	12;30pm	Returned to clear from red card with release from Dr. Burns. Exam by Dr. Richards. Not cleared due to appointment in Temple with Dr. Christian, pending report.	LH	P	R	Z
7-23-71	12;50pm	Reports to see dr. Exam per Dr. Richards. Dr. Richards did not ok Holloway for return to work as bag-changer but may return to smme other job in yard Service. No other job available. Continue on red card per A. Menke.	SAK	P	R	Z
8-23-71	12;30pm	Reports wihh release from Dr. Burns for regular work. Dr. Richards requests complete narrative report from Dr. Burns. Employee advised. Employee states dust at work endangering his health; in view of this do not release for work at this time (per Dr. Richards).	SAK	P	R	Z

NAME	BIRTH DATE	SOC. SEC. NO.	SERIAL NO.		EMPLOYEE NO.

412384 0074

C. M. Burns, M. D.
164 E. RICHMOND
GIDDINGS, TEXAS 78942
TELEPHONE 542-3164

5-17-71

To Whom it may concern:

It is necessary for Orange Holloway to stay out of a dusty environment. He is developing chronic bronchitis.

C. M. Burns, M. D.

Letter reviewed by Dr. R. 5-20-71. (This becomes a management problem.)
SAK

412384 0075

C. M. Burns, M. D.
164 E. RICHMOND
GIDDINGS, TEXAS 78942
TELEPHONE 542-3184

May 25, 1971

Dear Sirs:

Orange Holloway has sub-acute bronchitis caused by bacterial infection. He has been advised to stay out of dusty environment permanently.

He should be off work for three or four weeks.

C M Burns MD

C. M. Burns, M. D.

412384 0076

Scott and White Clinic,
AN ASSOCIATION
AFFILIATED WITH
SCOTT AND WHITE MEMORIAL HOSPITAL AND
SCOTT, SHERWOOD AND BRINDLEY FOUNDATION
TEMPLE, TEXAS 76501

DEPARTMENT OF MEDICINE
SECTION OF PULMONARY DISEASE
ROBERT J. CARABASI, M.D.
JOHN J. CHRISTIAN, M.D.
LUTHER H. BREWER, M.D.
GYMAN C. OKESON, M.D.

July 19, 1971

Dr. J. T. Richards
P.O. Box # 472
Rockdale, Texas

RE: Holloway, Orange Lee Jr.
Reg. No. 322194

Dear Dr. Richards:

Mr. Orange Lee HOlloway Jr. of Giddings, Texas, an employee of Alcoa, reported to us for examination on July 7. This patient complained primarily of trouble and coughing a lot. He gave the history that for a period of over 2 months, he has been having difficulty of breathing. He associates this with the fact that he has been working in what he termed "the relay room", which according to him is a quite dusty environment. He stated while working in this environment "I could not get my breath", he further stated that he coughed a great deal, often having paroxyms of coughing that would cause him to vomit. He gave the further history that several years ago he had some fractured ribs on the left and had apparently recently reinjured this in some fashion. He had the feeling that his left chest was "stopped up". He stated that in June he was hospitalized for a period of 7 days for treatment of his pulmonary problem and that after leaving the hospital he was on some form of treatment at home but he did not know the details of this or know the medication that he was taking. He states that although he has been off work for some weeks he has continued to cough but bringing up only small amounts of white sputum. He also complained of some shortness of breath on exertion.

Physical examination revealed a generally well developed and nourished somewhat obese negro male. Skin was negative, Eye, ears, nose and throat negative. Neck: there was no adenopathy and the thyroid was not enlarged. Cardiac exam revealed a regular rate and thythm with no murmurs, blood pressure is 130/80. Chest examination revealed nor dullness or percussion. The breath sounds were clear with no rales, bronchi or wheezing heard even with forced inspiration. Abdominal examination was negative and there was no hernia. Femoral pulsations were normal. Rectal and prostate were negative. Joints and extremities were normal.

412384 0077

Orange Halloway

A complete blood count, urinalysis and VDRL were all negativ or normal. The initial chest x-ray revealed an inadequate inspiratory film but on the repeat chest films were reported as negative. Pulmonary function tests were within normal limits despite an extremely erratic breathing pattern. The initial electrocardiogram Masters 2 step was equivocal and therefore a Treadmill study was done which reported borderline junctional type S-T changes that were not typicla for coronary insufficiency but suspicious. The conclusion after treadmill study was "borderline response;significance unknown." The SMA 12 chemistry profile reported all normal values.

This patient was advised that I felt he should make every effort to reduce his weight and I suggested that he report back to you at regular intervals for observation. I think he probably has a chronic bronchitis that is being aggravated by the work situation and that dusty environment and if moving him to a different area of work is possible or feasible that I think this should be done. It might be well to place this man on some type of coronary vaso-dilator of your choice and to observe him periodically.

Thank you very kindly for the reference of this patient and I hope that this report will prove helpful to you.

Sincerely yours,

J. J. Christian

J. J. Christian, M.D.

JJC:hf

AF 2728 SM-4-61

X-RAY AND LABORATORY REPORT

EMPLOYEE NO.
EMPLOYEE NO.
EMPLOYEE NO.
SERIAL NO.
SOC. SEC. NO.

NAME HOLLOWARY, ORANGE LEE JR.

X-RAY No. 9-29-53
Chest X-ray--Ghon complex left. Increased markings both bases and both hilar regions.
Lumbo-sacral X-ray--Mild scoliosis lumbar spine with convexity to left.

8-24-55
Dr. Wybourn's report of x-ray:
Chest x-ray--Ghon complex left. Increased markings both bases and both hilar regions.

5-26-57
3449
Dr. Anspach's report of x-ray:
Chest x-ray--Calcifications left base. Otherwise negative.
Lat. lumbar spine--Negative.

6-19-58
4636
Dr. Anspach's report of chest x-ray--Heavy markings right base.

6-9-59
5478
Dr. Anspach's report of chest x-ray--Calcifications left base.

6-13-60
6422
Dr. Anspach's report of chest xray--Negative.

8-4-61
7307
Dr. Harris's report of chest X-ray: Negative.

10-5-62
8331
Dr. Anspach report of chest xray. Heavy marking both bases & calcification left base

10-3-63
9320
Dr. Anspach's report of chest X-ray: Heavy markings both bases.

10-1-64
10522
Dr. Anspach's report of chest x-ray: Negative.

10-1-65
11,738
Dr. Anspach's report of chest x-ray: Negative.

11-22-66
13080
Dr. Anspach's report of chest x-ray. Negative.

(CONTINUE ON REVERSE SIDE)

412384 0079

X-RAY AND LABORATORY REPORT

EMPLOYEE No.
EMPLOYEE No.
EMPLOYEE No.
SERIAL No.
SOC. SEC. No.

NAME Orange Holloway

X-RAY No.
11-14-67
14,356
Dr. Anspach's report of chest x-ray: Negative.

11-20-68
15,812
Dr. Anspach's report of chest x-ray: Essentially negative.
2-6-70
17,785
Dr. Anspach's report of chest x-ray: Quite prominent hilar shadows with rather marked density in each one and seems to be vascular, They have not changed to indicate tumor growth.

2-8-71
19485
Dr. Zigler report of chest x-ray. Unchanged.

412384 0080

REF:mak

O. L. Halloway

ATTENDING PHYSICIAN'S STATEMENT

I have attended the above from 5-17-71, 19____ to 8-24-71, 19____.

DIAGNOSIS: Bronchitis

MEDICATION:

He may safely resume his REGULAR work on 8-24-71, 19____.

DATE: 8-23-71 SIGNED: [signature], M.D.

Doctor Please Note: If you feel there are any work restrictions, please note them below so we can determine if suitable work is available.

8-23-71 Not released by Dr. P.

412384 0081

Charles Shuffield

Birth Date: 7-12-34

Date of Employment: 9-4-53

Job Classification: Craneman (Potroom)

No chest complaints recorded on I & I card prior to 10-19-69

NAME Shuffield, Charles C. EMPLOYEE No. 5-1264

INJURY AND ILLNESS RECORD

DATE	TIME	INJURY OR ILLNESS — TREATMENT	BY WHOM	Class 1	Class 2	Class 3
10-19-69	9:05am	States has a pain in left lower chest upon breathing, and believes this is caused from the gas that is coming off the pots in room 18 Darvon 1 for pain. Employee does not want to go home. States has had a cough for a week.	CB	P	O	X
10-20-69	12:45pm	States has had bothered for three weeks. Checked by Dr. Richards reveals coarse rales chest especially on the right. Referred to private physician.	CAS	P	R	X
11-3-69	5-1264	States has stomach cramps Temp. 98. Given al-caroid states wants to comtinue working.	LH	P	O	X
12-31-69	8:40pm	Placed on red card as of 12-31-69 per Wife.(hospitalized).	LH	P	O	Z
1-15-70	12:40pm	Returning from red card. Diag. asthama breathing, and now has pleuiresy right chest. T.99. Dr. Richards consulted. Not ok'd for work until chest clear. Referred ~~to~~ back to private phys.	CAS	P	R	Z
2-2-70	1:pm	T. 98.6 returning from red card Pleurisy. Ok'd to work 2-3-70 8:am.	CAS	P	R	X
4-26-70	7:30am	Co-Pyronil for allergy. Rash feet and hands.	GP	P	O	X
6-8-70	12:15am	Rash under neck sprayed with Meti-Derm.	GP	P	O	X
7-16-70	8;45am	States caught left foot on crane steps has slight soreness happened approximately 2; am. Hot packs at home & return if nec.	CB	C	O	X
8-11-70	3:15pm	Bufferin for headache.	GP	P	O	X

NAME	BIRTH DATE	SOC. SEC. NO.	SERIAL NO.		EMPLOYEE NO.

412384 0083

NAME Charles Duffield EMPLOYEE NO.

INJURY AND ILLNESS RECORD

DATE	TIME	NATURE OF INJURY OR ILLNESS	TREATMENT	BY WHOM	Classification 1	2	3
9-8-70	8:10am	Smoke from room 18 bothering him, short of breath. Spts of amonia in water.		GP	P	O	X
9-22-70	8:20am	Placed on red card as of 9-21-70 per wife. Hospitalized. Dept. not.		LH	P	O	Z
10-12-70	12:30pm	Returning from red card (Bronchitis) Temp. 98.6 Exam by Dr. Richards ok for work for 10-13-70 at 8:am. Dept. notified.		LH	P	R	X
12-4-70	12:10am	States has an infection buttocks from ore rash, has this for the past week. Doesn't think he can work. To go home and return 12:30pm to See Dr. Richards.		CB	P	O	Z
" " "	12:40pm	Rash examined by Dr. Richards. Diagnosis (Fungus possible). Rx. Sapronal.		CAS	P	R	X
XXXXXX 3-14-71	8:20pm	States he hurt back while pulling carbon block around with a sledge hammer. Gave 2 bufferin and used hot water bottle.		TM	C	O	Y
3-16-71	9:50am	T.C. from employee. States back still hurts. Has been going to a chiropractor. States does not think he can work today(4-12). Instructed to come to medical at 12:30 pm to see dr.		SAK			
" " "	12:30pm	Exam per Dr. Richards. P.E. reveals no tenderness in L-S area. Rx; L-S x-rays, off work 2-3 days, moist heat to back, darvon compound for pain. A. Menke talked with employee. To return Friday at 12:30pm to see dr. No red card. D.N.		SAK	C	R	Z

NAME	BIRTH DATE	SOC. SEC. NO.	SERIAL NO.		EMPLOYEE NO.

412384 0084

NAME XXXXXXXXXX SHUFFIELD, CHARLES C. EMPLOYEE NO. 5-1264

INJURY AND ILLNESS RECORD

DATE	TIME	INJURY OR ILLNESS — TREATMENT	BY WHOM	Classification		
3-19-71	12:30pm	Exam per Dr. Richards. Referred to Dr. Murray. Continue heat, Darvon for pain. Discussed with A. Menke. Appointment with Dr. Murray for 3-31-71 at 1:pm. Off work till1 then unless feels better. To return after appointment with Dr. Murray.	SAK	C	R	Z
" " "	2:30pm	Red card as of 3-15-71. D.N.	SAK	C	R	Z
4-2-71	8:50am	Telephone call per employee. States saw Dr. Murray 3-31-81 and 4-1-71 and was told he has a ruptured lumbar disc. Is taking P.T. daily and is to see Dr. Murray again 4-14. May possible have to have surgery.	SAK	C	R	Z
4-21-71	8:45am	T. C. from Mr. Shuffield, states he saw Dr. Murray 4-14-71 and he told him if he progressed ok he could return to work in 2 weeks. Is not to see him again unless he has more trouble with back. Instructed to report to medical 4-27-71 at 12:30pm.	SAK			
4-27-71	12:30pm	Reports to see dr. Exam per Dr. Richards. Rx: Stay off one more week. If not well enough to return to workthen, refer to Dr. Murray again. Return 5-4-71 to see dr.	SAK	C	R	Z
5-4-71	12;30pm	Exam per Dr. R. ok. for reg. work 5-6-71 at 4;pm Dept notified.	SAK	C	R	X
7-13-71	1:50am	Darvon for pains in legs.	GP	P	O	K
8-22-71	1:35pm	States had a pot burn out and got too much gas from pot while operating a crane. Chest is hurting in left shoulder area. Oxygen given for 10 min. To return at 12:30pm 8-23-71 to see Dr. R.	CB	C	O	X

NAME	BIRTH DATE	SOC. SEC. NO.	SERIAL NO.		EMPLOYEE NO.

412384-0085

NAME Charles Stuffield EMPLOYEE NO.

INJURY AND ILLNESS RECORD

DATE	TIME	INJURY OR ILLNESS — TREATMENT	BY WHOM	Classification 1	2	3
8-23-71	12:30pm	Retuen to see doctor. Exam per Dr. Richards. Has coarse rales throughout lungs. Is scheduled off next 2 days. Return before shift Thursday p.m.	SAK	C	R	X

NAME	BIRTH DATE	SOC. SEC. NO.	SERIAL NO.		EMPLOYEE NO.

412384 0086

CERTIFICATE

FOR RETURN TO ~~SCHOOL OR~~ WORK

Charles Stuffield has been under

my care from 9/18/70 to present

and is able to return to ~~school~~ work on 10/13/70

Remarks: Bon chute

Dr. J. H. Richardson MD

Address

Phone Date 10/12/70

S. H. RICHARDSON, M. D.
114 N. FANNIN
CAMERON, TEXAS

412384 0087

X-RAY AND LABORATORY REPORT

EMPLOYEE No.
EMPLOYEE No.
EMPLOYEE No.
SERIAL No.
SOC. SEC. No.

NAME SHUFFIELD, CHARLES

X-RAY No.

9-3-53 Chest x-ray- Calcified glands both hilar regions.
Lumbo sacral x-ray - Neg.

9-7-53 Dr. Anspach's report - Partial sacralization of the last segment on the left with evidence of arthritis.

3-13-55 Dr. Wyboum's report of chest x-ray--Calcified glands both hilar regions.

2-3-57
3142
Dr. Anspahh's report of x-rays:
Chest x-ray--Negative.
Lat. lumbar x-ray--Wedging D-12 & L-1, anteriorly with Schmorl's nodes L-1 & 2 apparently old injury. Partial lumbarization S-1.

2-4-58
4258
Dr. Anspach's report of chest x-ray--Negative.

2-3-59
5109
Dr. Anspach's report of chest x-ray--Negative.

1-30-60
6018
Dr. Anspach's report of chest x-ray--Negative.

1-2-61
6856
Dr. Anspach's report of chest x-ray--Negative.

1-19-62
7742
Dr. Anspach's report of chest X-ray: Negative.

1-7-63
8637
Dr. Anspach's report of chest X-ray: Heavy markings both bases.

1-15-64
9627
Dr. Anspach's report of chest x-ray: Negative.

1-13-65
10301
Dr. Anspach's report of chest x-ray: Negative.

1-10-66
12018
Dr. Anspach's report of chest x-ray: Negative.

412384 0088

AF 2725 SM-4-61

X-RAY AND LABORATORY REPORT

EMPLOYEE No.
EMPLOYEE No.
EMPLOYEE No.
SERIAL No.
SOC. SEC. No.

NAME Shuffield, Charles

X-RAY No.

2-9-67
13,340
Dr. Anspach's report of chest x-ray: Negative.

2-6-68
14,640
Dr. Anspach's report of chest x-ray: Negative.

2-24-69
16.164
Dr. Anspach's report of chest x-ray, Negative.

2-24-69
16.164
Dr. Anspach's report of chest x-ray Negative.

2-15-71
19,519
Dr. Ziegler's report of chest x-ray: Negative.

(CONTINUE ON REVERSE SIDE)

Stewart Colton

Birth Date: 8-27-42

Date of Employment: July, 1969

Job Classification: Process Engineer

ALCOA PRE-EMPLOYMENT MEDICAL RECORD

Location: Stewart Colton

NOTE: THE FOLLOWING INFORMATION WILL HELP US IN YOUR PROPER JOB PLACEMENT. PLEASE PRINT ALL ENTRIES.

1. NAME (LAST, FIRST, INITIAL): COLTEN STEWART L	2. MALE ☒ FEMALE ☐	3. DATE: JULY 14, 1969
4. ADDRESS (NO., STREET, CITY, STATE, ZONE): 409 CALHOUN DR., ROCKDALE, TEX. 76567	5. HOME PHONE: HI 65164	6. PLANT OR DIVISION: ROCKDALE
7. SOC. SEC. NO.: 364-44-7385	8. EMPLOYEE'S NO.	9. DATE OF BIRTH: 8-27-42

10a. PERSONAL PHYSICIAN'S NAME: MERYL M. FENTON
ADDRESS: DETROIT
PHONE:

10b. IN CASE OF EMERGENCY NOTIFY: NAME: JOS. B. COLTEN
ADDRESS: 5067 VAN NESS DR BLOOMFIELD HILLS MICH
PHONE: NA 68473 or UL 12664 or UL 10364

11. CIRCLE THE HIGHEST GRADE YOU COMPLETED IN SCHOOL: ELEMENTARY 1 2 3 4 5 6 7 8 — HIGH 1 2 3 4 — COLLEGE 1 2 3 4 (8) — YOUR AGE ON LEAVING SCHOOL: 26

12. HAVE YOU EVER WORKED IN DUSTY TRADE, SUCH AS MINING, A FOUNDRY, SAND BLASTING, CHIPPING, GRINDING, CHEMICAL OR OTHER? YES ✓ NO ___

13. HAVE YOU EVER WORKED WITH X-RAY OR RADIOACTIVE SUBSTANCES? YES ___ NO ✓

14. HAVE YOU SHOWN SENSITIVITY TO SUNLIGHT, CHEMICALS, DUSTS OR OTHER MATERIALS? YES ✓ NO ___

15. HAVE YOU EVER WORKED WITH POISONOUS MATERIALS? YES ✓ NO ___

16. HAVE YOU EVER WORKED IN A NOISY ENVIRONMENT? YES ✓ NO ___

17. HAVE YOU EVER REQUIRED A SPECIAL JOB ASSIGNMENT BECAUSE OF THE EFFECTS OF ILLNESS, INJURY, OR PHYSICAL IMPAIRMENT? YES ___ NO ✓

18. HAVE YOU EVER BEEN REJECTED FOR A JOB OR HAVE YOU LOST A JOB OR QUIT BECAUSE OF YOUR HEALTH? YES ___ NO ✓

19. HAVE YOU EVER RECEIVED COMPENSATION OR A CASH SETTLEMENT FOR INJURIES, DISEASE OR OTHER MEDICAL PROBLEMS FROM AN EMPLOYER OR INSURANCE COMPANY? YES ✓ NO ___

20. HAVE YOU EVER FILED A CLAIM OR HAVE YOU ANY CLAIM PENDING FOR INJURIES OR ILLNESSES RELATED TO YOUR WORK? YES ___ NO ✓

21. HAVE YOU LOST TIME FROM WORK DUE TO ILLNESS OR INJURY IN THE PAST 5 YEARS? YES ✓ NO ___

22. HAVE YOU BEEN REFUSED INSURANCE BECAUSE OF YOUR HEALTH? YES ___ NO ✓

LIST NUMBER AND EXPLAIN BRIEFLY ANY YES ANSWERS:
12. Coal etc. handling 14. Some allergies to dusts + cleans 15. MeBr, Freons 19. Minor accidents off job. 21. Flu

23. HAVE YOU EVER SERVED IN THE ARMED FORCES? YES ___ NO ✓ 24. DID YOU RECEIVE A MEDICAL DISCHARGE? YES ___ NO ___ IF YES, GIVE REASONS: ___

25. HAVE YOU EVER FILED A CLAIM OR RECEIVED PAYMENT FOR A DISABILITY FROM THE GOVERNMENT? YES ___ NO ✓

26. HOW MANY JOBS HAVE YOU HAD IN THE PAST 3 YEARS? 2 WHAT IS THE LONGEST PERIOD YOU HAVE HELD ANY JOB? 24 MONTHS
WHAT IS YOUR USUAL OCCUPATION? Chem. Engr.

27. ARE YOU SINGLE ☒ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ WIDOWED ☐

28a.

PARENT	AGE	STATE OF HEALTH	IF DEAD, GIVE CAUSE AND AGE AT DEATH
FATHER	54	Very good	
MOTHER	52	Satisfactory	

28b. HAVE YOUR PARENTS, GRANDPARENTS, UNCLES, AUNTS, BROTHERS, SISTERS, WIFE OR CHILDREN EVER HAD:

	YES	NO	RELATION		YES	NO	RELATION
TUBERCULOSIS		✓		HIGH BLOOD PRESSURE		✓	
DIABETES		✓		HEART TROUBLE	✓		Pat. Gf.
CANCER	✓		Mat. Gf. (I think)	ASTHMA, HAY FEVER, OR OTHER TYPE ALLERGIC REACTION	✓		Most
MENTAL ILLNESS	✓		Mother				

28c. IS YOUR WIFE (HUSBAND) IN GOOD HEALTH? YES ___ NO ___ IF NOT, EXPLAIN: ___

HOW MANY CHILDREN DO YOU HAVE? none OLDEST ___ YOUNGEST ___

ARE YOUR CHILDREN IN GOOD HEALTH? YES ___ NO ___ IF NOT, EXPLAIN: ___

412384 0091

28d. IF YOU EVER HAD OR HAVE YOU NOW: *(Check every item or write "Don't Know")*

	YES	NO		YES	NO		YES	NO
HEADACHES (FREQUENT OR SEVERE)		✓	BLINDNESS		✓	CONTACT LENSES	✓	
INJURY OR CONCUSSION		✓	BLURRED VISION	✓		INJURIES, DEFECTS, OPERATION ON EYES		✓
BLACKOUT, DIZZINESS, FAINTING SPELLS	✓		GLASSES	✓				
DOUBLE VISION		✓	GLAUCOMA		✓	PUNCTURED EAR DRUM	✓	
			CATARACT		✓	INFECTION OF EARS	✓	

 Stewart Colton

30. HAVE YOU EVER HAD OR HAVE YOU NOW: *(Check every item or write "Don't Know") (Cont'd.)*

	YES	NO		YES	NO		YES	NO
RINGING OF EARS	✓		LOSS OF APPETITE		✓	FOOT TROUBLE		✓
DISCHARGE OR DRAINAGE OF EARS		✓	WEIGHT CHANGE		✓	FRACTURED OR BROKEN BONES	✓	
LOSS OF HEARING	✓		NAUSEA OR VOMITING	✓	not/	DEFORMITIES OF LEGS, FEET, ARMS,		
FREQUENT COLDS	✓		VOMITING OF BLOOD		✓	HANDS, BACK	✓	
SINUS TROUBLE	✓		INDIGESTION OR HEARTBURN		✓	AMPUTATIONS		✓
HOARSENESS		✓	ULCER		✓	BACK PAIN OR INJURY		✓
GOITER		✓	FREQUENT OR SEVERE PAIN IN ABDOMEN		✓	RUPTURED OR SLIPPED DISC		✓
ENLARGED GLANDS OF NECK		✓	DIARRHEA	✓		NEURITIS OR RHEUMATISM		✓
STIFFNESS OR NEURITIS OF NECK		✓	CONSTIPATION	✓		NUMBNESS OR WEAKNESS		✓
PAIN OR PRESSURE OF CHEST		✓	COLITIS		✓	INDUSTRIAL DERMATITIS		✓
SHORTNESS OF BREATH		✓	BLOOD IN BOWEL MOVEMENT	✓		ECZEMA, HIVES, FUNGUS, RASHES	✓	
HAVE YOU COUGHED BLOOD		✓	GALL BLADDER TROUBLE		✓	PILONIDAL OR OTHER CYSTS	✓	
HAVE YOU HAD FREQUENT BRONCHITIS		✓	YELLOW JAUNDICE		✓	GROWTH OR TUMORS	✓	
OTHER CHRONIC COUGH		✓	PILES OR HEMORRHOIDS		✓	ULCERS OF SKIN	✓	
WHEEZING		✓	INFECTION OF KIDNEY OR BLADDER		✓	DISCOLORATIONS, TATTOOS,		
PNEUMONIA	✓		INFECTION OF PROSTATE OR TESTICLES		✓	BIRTHMARKS, SCARS	✓	
TUBERCULOSIS		✓	KIDNEY STONES		✓	*Following for women only:*		
PALPITATION OR POUNDING HEART		✓	BLOODY URINE		✓	BEEN PREGNANT		
HEART ATTACK		✓	URINATION DURING NIGHT	✓	~~✓~~	HAD VAGINAL DISCHARGE		
HIGH BLOOD PRESSURE		✓	LOSS OF BLADDER CONTROL		✓	TREATED FOR FEMALE DISORDERS		
SWELLING OF FEET AND ANKLES		✓	TROUBLE PASSING URINE		✓	HAD PAINFUL PERIODS		
DO YOU USE MORE THAN 1 PILLOW		✓	VENEREAL DISEASE		✓	NUMBER OF PREGNANCIES		
ENLARGED OR VARICOSE VEINS		✓	SWOLLEN, STIFF OR PAINFUL JOINTS		✓	NUMBER OF MISCARRIAGES		
INFLAMMATION OR CLOTS OF VEINS (PHLEBITIS)		✓	PAINFUL ELBOW		✓	INTERVAL BETWEEN PERIODS		
			PAINFUL OR TRICK SHOULDER		✓	DURATION OF PERIODS		
LEG CRAMPS AT REST OR EXERCISE	✓		LOCK OR TRICK KNEE		✓	DATE OF LAST PERIOD		

31. HAVE YOU EVER HAD OR HAVE YOU NOW: *(Check every item "Yes" or "No")*

	YES	NO		YES	NO		YES	NO
A. DIABETES		✓	F. SCARLET FEVER		✓	J. HERNIA OR RUPTURE		✓
B. GOUT		✓	G. MALARIA		✓	K. ALLERGIES (MEDICATION, HAY		
C. STROKE		✓	H. NERVOUS BREAKDOWN		✓	FEVER, ASTHMA, FOOD, CONTACT, OTHER)	✓	
D. EPILEPSY		✓	I. FEAR OF HEIGHTS OR			L. ILLNESS OR INJURIES		
E. RHEUMATIC FEVER		✓	CONFINED AREAS		✓	NOT LISTED ABOVE	✓	

IF YES, LIST LETTER AND GIVE DETAILS.

K. Hay fever. Intense may bring asthma

L. Trench mouth, caries

M. Acne

	YES	NO
32. HAVE YOU EVER BEEN A PATIENT IN A HOSPITAL OR SANITORIUM?	✓	
33. HAVE YOU EVER HAD OR BEEN ADVISED TO HAVE AN OPERATION?	✓	
34. HAVE YOU ANY PHYSICAL COMPLAINTS OR DISABILITIES AT THE PRESENT?		✓
35. ARE YOU TAKING ANY MEDICINE NOW?	✓	
36. HAVE YOU ANY CONDITION REQUIRING A SPECIAL WORK ASSIGNMENT IF YOU ARE HIRED?		✓
37. HAVE YOU EVER CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS OTHER THAN AS NOTED ABOVE?		✓

	YES	NO
38. DO YOU OR HAVE YOU EVER SMOKED? IF YES, INDICATE THE TYPE OF SMOKING: ☑ CIGARETTES 0 NO. PER DAY 1 NO. YEARS SMOKED; ☐ CIGARS ____ NO. PER DAY ____ NO. YEARS SMOKED; ☐ PIPE ____ NO. PER DAY ____ NO. YEARS SMOKED. DO YOU SMOKE NOW? occasionally, socially	✓	
39. DO YOU DRINK ALCOHOLIC BEVERAGES? IF YES, HOW MUCH IN A DAY: 0 GLASSES OF BEER 0 OUNCES OF LIQUOR 0 OUNCES OF WINE	✓	
40. DO YOU HAVE ANY ADDITIONS TO MAKE TO HEALTH HISTORY, OR ANY PROBLEMS YOU WOULD LIKE TO DISCUSS WITH THE DOCTOR?	✓	

41. WOULD YOU SAY YOUR PRESENT HEALTH IS: EXCELLENT ☐ GOOD ☑ FAIR ☐ OTHER ☐

IF YES, LIST NUMBER AND GIVE DETAILS.

32. Tonsillectomy

33. Removal of "Heel Spurs", correction of nose injuries

35. Antihistamines as needed

38. See above

39. Same comment as with cigarettes

40. Would like Rx for antihistamines

412384 0092

16741 A + Stewart Colton 3

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS MEDICAL HISTORY AND DO HEREBY RELEASE ALUMINUM COMPANY OF AMERICA AND/OR ITS SUBSIDIARY COMPANIES AND MY PRESENT AND FORMER EMPLOYERS, PERSONAL REFERENCES NAMED, OR ANY OTHER PERSONS OR ORGANIZATIONS TO WHOM ALUMINUM COMPANY OF AMERICA AND/OR ITS SUBSIDIARY COMPANIES MAY REFER, FROM ANY CLAIMS OR LIABILITY OF WHATSOEVER KIND AS A RESULT OF PROVIDING OR ACTING UPON INFORMATION REGARDING ME. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR ON THIS FORM IS CAUSE FOR SUBSEQUENT DISMISSAL.

July 14, 1969 — DATE

Stewart L. Colton — (SIGNATURE OF EXAMINEE)

42. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL POSITIVE AND PERTINENT DATA: COMMENTS ON PERSONAL AND OCCUPATIONAL HISTORY: USE BACK OF SHEET (LAST PAGE) IF NECESSARY.

Allergic To Dust & Chem (Some) - Severe Hay fever To asthma
Blackouts & Dizzy "under stress"
Contact lens OU
P.E. ok.
[illegible] M.D.
Report of Allergies given To D. Nystrom on 7-14-69
7-14-69 Colton States he was [illegible] "[illegible]" - before Physical
(Employees Feet & Body are Very Dirty) - M.D.

PHYSICAL EXAMINATION

HEIGHT 5'6" WEIGHT 142 TEMPERATURE PULSE RESPIRATION BLOOD PRESSURE (LEFT) 110/[illegible] (RIGHT)

CHEST EXPANSION ABDOMINAL GIRTH APPEARANCE

DISTANT VISION WITHOUT GLASSES: R L WITH GLASSES: R L NEAR VISION WITHOUT GLASSES: R L WITH GLASSES: R L

DEPTH PERCEPTION: NORMAL ☐ SEE REPORT ☐ NOT TESTED ☐ MUSCLE BALANCE: NORMAL ☐ SEE REPORT ☐ NOT TESTED ☐

COLOR VISION: NORMAL ☐ SEE REPORT ☐ NOT TESTED ☐

HEARING VOICE: WHISPERED: R L SPOKEN: R L AUDIOMETRY: NORMAL ☐ SEE REPORT ☐ WEARS HEARING AID ☐

IF NO ABNORMALITY, MARK "–". IF ABNORMAL, MARK "YES" AND AMPLIFY BELOW. IF NOT EXAMINED, MARK "NE".

SKIN		NOSE		PERIPHERAL ARTERIES		HANDS	
HAIR		MOUTH		PERIPHERAL VEINS		LEGS	
LYMPH NODES		DENTAL HYGIENE		LUNGS		FEET	
HEAD		THROAT		ABDOMEN		SPINE	
EYES		NECK		HERNIA		CRANIAL NERVES	
REACTION		THYROID		GENITALIA		PERIPHERAL NERVES	
MOVEMENTS		TRACHEA		RECTAL		REFLEXES	
FUNDI		THORAX		PELVIC		INTELLIGENCE	
TENSION		BREASTS		ARMS		EMOTIONAL STATUS	
EARS		HEART					

BLOOD COUNT, RBC OR HEMATOCRIT: HB 94 WBC ~ POLY LYM MON EOS BAS

URINALYSIS: ALB - SUG - MICRO -

SEROLOGY:

CHEST X-RAY: NORMAL ☐ SEE REPORT ☐ BACK X-RAY: NORMAL ☐ SEE REPORT ☐

ELECTROCARDIOGRAM: NORMAL ☐ SEE REPORT ☐ PULMONARY FUNCTION TEST: NORMAL ☐ SEE REPORT ☐

OTHER X-RAY OR LABORATORY FINDINGS:

412384 0093

IMMUNIZATIONS (RECORD YEAR): SMALLPOX TETANUS TYPHOID PARATYPHOID POLIOMYELITIS DIPHTHERIA YELLOW FEVER OTHER

BOARD NUMBER 1-0-0 [illegible]

NOTICE OF INJURY FROM OCCUPATIONAL DISEASE AND CLAIM FOR COMPENSATION FOR INJURY FROM OCCUPATIONAL DISEASE

Industrial Accident Board
Austin, Texas

IMPORTANT: The law requires that you notify your employer or your employer's insurance company within 30 days following first distinct manifestation of said disease, and file claim within six months with the Board.

My full name is Stewart Lawrence Cotten (First, Middle, Last) Social Security No. 364-44-7381 Age 25

Date of first distinct manifestation of disease occurred on Aug 7 1970 (Month, Day, Year) in Rockdale Milam Texas (City, County, State)

My employer on this date was Alcoa (Name) Box 472 Rockdale (Address)

Date last injuriously exposed to hazards of disease Aug 11 1970 (Month, Day, Year) in Rockdale Milam Texas (City, County, State)

My employer on this date was Same as above (Name) (Address)

Were you hired in Texas? Yes If last injuriously exposed outside Texas, on what date were you transferred? ____ (Month, Day, Year)

Did you work in Texas for this employer? Yes Length of time regularly employed in same employment for this employer previous to date incapacity began ____ Years 8 Months 27 Days

Have you worked for said employer or for any other person, firm or corporation since your incapacity began? Yes If yes, state how long and for whom you worked.

(1) Worked for Alcoa thru Aug 11, 1970

(2) From Oct 10 1970 - present worked for R. L. McElroy Co. [illegible]

Work time and average wages: Hours worked ____ Day 40-45 Week Wages earned ____ Hourly ____ Daily c. [illegible] Weekly

I started losing time on Aug 17 1970 (Month, Day, Year) Have you returned to work? Yes If so, on what date? [illegible] (Month, Day, Year)

Have you been paid any compensation? [illegible] Are you now receiving compensation? ____ If so, how much per week? ____

Describe nature of occupational disease and cause of disease Bronchitis and asthma caused by severely irritating and unsterile dust

"Bronchitis and asthma caused by severely irritating and unsterile dust"

Were you sent to a doctor or hospital by your employer or his insurance company? No

PLEASE GIVE AS MUCH OF THE FOLLOWING INFORMATION AS YOU HAVE

Name and address of doctor John Richards, Rockdale - Robert Cummings, Taylor

John Richards, Rockdale, Robert Cummings, Taylor

Name and address of hospital ____

I was hospitalized from ____ to ____

Name of employer's insurance company not known

Name and address of nearest relatives [illegible]

I hereby give notice of injury and file claim for compensation due me under Workmen's Compensation Law of Texas.

I REQUEST THAT THE INDUSTRIAL ACCIDENT BOARD (Check One)

☐ Not take further action until requested by me.

☐ Act on my claim as soon as possible.

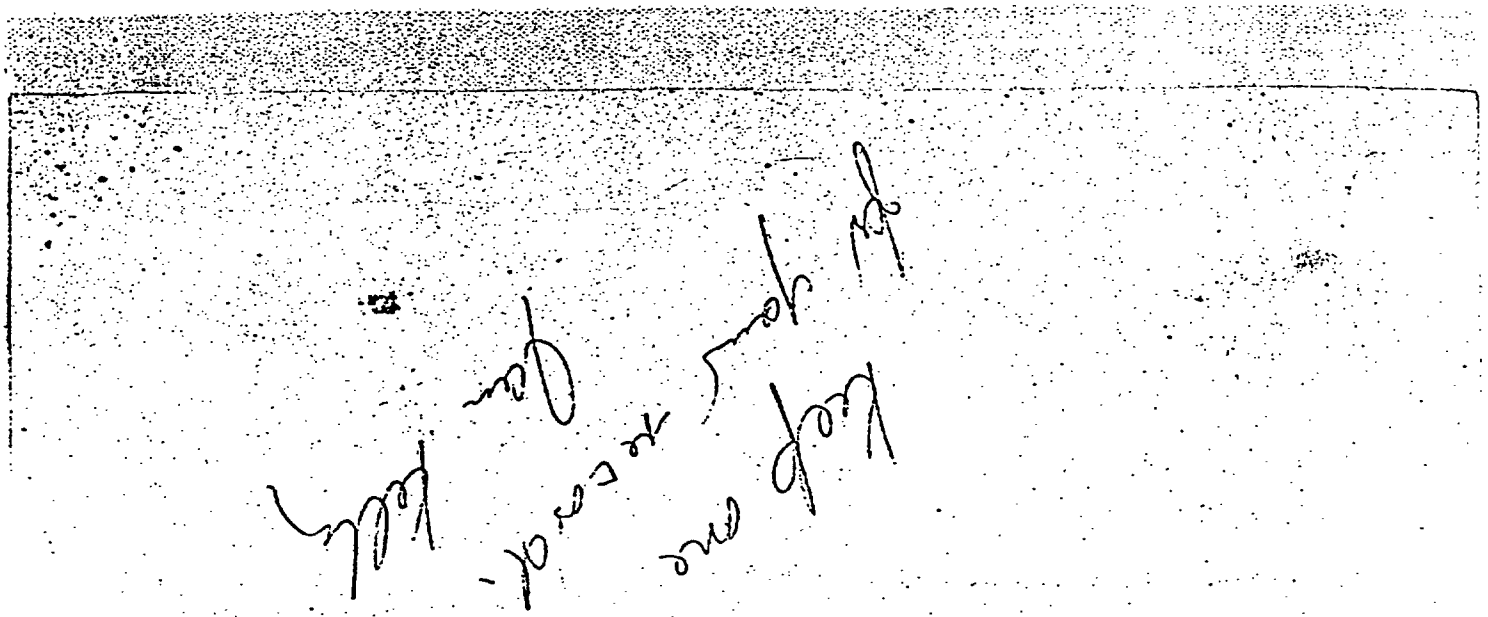
412384 0094

Date signed ____ Signature of injured employee ____

____ Witness to Signature

1143 [illegible] (Street)

[illegible]



Note: Lateness of filing was due to failure of the two doctors named on review to identify the disease as occupational. I allege that this conduct was wilful and malicious, and stems from conflicts of interest, which I can prove.

However, I notified the employer + the Company physician immediately.

412384 0095

7-12-71

Stewart L. Colton

Pre-trial hearing - Austin Texas

Present: Sec. C. D. Dr. Barnes
S. Colton
Mr. H. B. Harvey, new Board member present.
Mr Jerry Belcher - hearing officer

Colton described his physical condition & stated Alcon knew of all these when the was hired - he is used hearing aid, trouble since - his trouble, which he alleged, was specifically caused by dust in Bldg Records, cleaned up during the first week of Nov, 1970.
Stated he had been to several doctors - presented bill & report from Dr. Cameron Baylor Texas - no others. Will give the Board & TEA bills & reports from other doctors later.

L. Peck - as I understand the law as it is now written, Dr. Colton, you do not have a compensable claim and therefore it is denied.

412384 0096

Mr Belcher - I will set this claim for a formal hearing July 30, 1971

Mr. Celton - Does this have to be the date.

Mr. Belcher - Not necessarily so - why do you ask.

Mr. Celton - I have already consulted an attorney and he can't get all my evidence documented by then.

Mr. Belcher - We will send you the necessary forms and you advise the Board when you are ready for a hearing

412384 0097

Larry Pelzel

Birth Date: 9-14-44

Date of Employment: 6-23-64

Job Classification: Worked in Potroom until 2-12-68 at which time he was transferred to Atomizer under limitation agreement with Union.

Has been on Red Card for asthma since 3-21-68; is now on personal leave.

Mr. Pelzel has not filed any claims under Workman's Compensation or with the Industrial Accident Board regarding his asthma.

L

NAME PELZEL, LARRY ROY EMPLOYEE NO. ~~2-1469~~ 7-436

INJURY AND ILLNESS RECORD

DATE	TIME	INJURY OR ILLNESS	TREATMENT	BY WHOM	Classification 1	2	3
10-24-64	11:15pm	States he got left wrist against hot pot.	Treated with burn solution and dressed.	MG	C	O	X
10-27-64	8:45pm	Burn left forearm cleansed, sprayed with meti-derm and dressed.		FR	C	R	X
12-22-64	10:30pm	Cleansed, sprayed and dressed wet bath burn right hand.		LH	C	O	X
12-23-64	12:20am	Burn right hand sprayed with meta-derm.		GP	C	R	X
" " "	3:30pm	Redress burns left hand.		CAS	C	R	X
2-17-65	11:35pm	Bath burns right arm dressed, wet.		GP	C	O	X
2-18-65	12:30pm	Burns right arm redressed wet.		FR	C	R	X
11-5-65	5:45am	Abrasion right thumb cleansed and dressed.		GP	C	O	X
12-22-65	9:00pm	Burn sole of right foot cleansed and dressed wet.		FR	C	O	X
12-23-65	12:15am	Cleansed, sprayed burn on right foot with meta-derm.		HBB	C	R	X
12-24-65	2:20pm	Reported to medical, states foot got to hurting, swollen & streak up foot. Went to doctor & he opened blister & removed burned skin from foot & started him on penicillin & T. T.. Walter Martin consulted about this, He said let him go on to this doctor. & place him on red card. Employee instructed what to do. Red card as of 12-25-65		GP	C	R	X
2-18-66	1:pm	Returning from red card. Burned to right foot. Examined by Dr. Richards and ok'd for work for 2-19-66. Dept. notified.		CAS	C	R	X
2-19-66	2:00am	Burn on right foot. States getting sore. Cleansed and put pad on foot. Report to First Aid 2-19-66 at 8:00 AM.		EM	C	O	X
2-19-66	8:20am	Burn right foot sprayed and dressed.		FR	C	R	X

NAME	BIRTH DATE	SOC. SEC. NO.	SERIAL NO.		EMPLOYEE NO.
PELZEL, LARRY ROY	9/14/44	455-74-2894		6/23/64	~~2-1469~~

412384 0099

NAME PELZEL, LARRY ROY EMPLOYEE NO. 7-238 ~~5-21469~~

INJURY AND ILLNESS RECORD

DATE	TIME	INJURY OR ILLNESS — TREATMENT	BY WHOM	Classification 1	2	3
4-13-66	10:05pm	Burn left arm dressed wet.	GP	O	O	X
6-24-66	12:50pm	Place on red card as of 6-25-66 per Rosebud hospital. Cause undetermined.	CAS	P	O	Z
6-29-66	1:50pm	Arrived at Medical Department too late to see Doctor. To return Thursday 12:30 PM. Off shift today.	CAS	P	R	Z
6-30-66	12:45pm	States has been off with Respiratory Infection. Examined by Dr. Richards and told OK for work for July 4, 1966. Still has few chest rales. Department notified.	CAS	P	R	X
12-26-66	10:am	Placed on red card 12-26-66 per Halbert Hospital.	CAS	P	O	Z
2-27-67	1:pm	~~Reported to medical Dept~~ with release from Private Physician to e work in a place with no heat or fumes. Checked by Dr. Richards reveals Rales in chest. Employee on medication. referred back to Private Physician until chest clears.	CAS	P	R	Z
4-3-67	1;pm	Checked by Dr. Richards & not ok'd for work because of rales in chest. Referred back to private phy. We suggested to Pelzel to see chest specialist.	CAS	P	R	Z
5-19-67	1;pm	States has been to Scott & White in reguard to asthmatic condition Allergy to molds dogs, house ~~Dust~~ etc. Still under care Dr. Wolf at Scott & White. Not ok'd for work today. Employee still wheezing.	CAS	P	R	Z
6-30-67	1;pm	Chest exam by Dr. Richards reveals numerous rales Not ok'd for work at this time. States working in Waco. Ref. back to P. P.	CAS	P	R	Z

NAME	BIRTH DATE	SOC. SEC. NO.	SERIAL NO.		EMPLOYEE NO.
PELZEL, LARRY ROY	9/14/44	455-74-2894		6/23/64	~~5-21469~~

412384 0100

NAME PELZEL, IARRY ROY EMPLOYEE NO. ~~5-1169~~ 7-738

#2

INJURY AND ILLNESS RECORD

DATE	TIME	INJURY OR ILLNESS	TREATMENT	BY WHOM	Classification 1	2	3
8-25-67	1:00pm	Chest examination by Dr. Richards reveals rales- asthmatic. This employee can not be cleared for work as long as he is asthmatic. Employee states taking "powerful shots" from Dr. Halbert.		CAS	P	R	2
1-12-68	1:pm	States has been to another Doctor (Sweptson) who cured his asthma in three shots, while waiting in his office. Checked by Dr. Richards not ok'd for work today due to Rales in chest. To return when chest clears up. To bring statement from Doctor as to medication, Type of work, ect.		CAS	P	R	2
1-30-68	1:pm	Returned to medical with statement from Dr. Swepkon. Exam By. Dr. Richards today reveals no rales, which is improvement. To have complete physicial, including 14 x 17 chest x-ray and wait until after Radialogist reads x-ray. Ask for report as to limitation on job.		CAS	P	R	2
2-12-68	2;50pm	Per a greatment between company & union Pelzel will be returned to work under the handicapped section to atomizer 2-15-68.		CAS			
2-20-68	10:10am	Given oil of cloves for tooth ache.		CAS	P	O	X
3-21-68	8:35am	Mr. Valatine brought employee to medical with Asthma, Employee short of breath and wheezing. States had a light attack this morning about 4:am. To go home and see private physician. Red card as of 3021-68 per medical/		XXX CB	XP P	O O	X 2
3-22-68	8:00am	Reported to Medical. Wants to go to work but states had shot for asthma. Has been placed on redcard by Medical. To return 12:30pm today. Very nervous. States had shot of adrenalin.		CAS	P	R	2

NAME	BIRTH DATE	SOC. SEC. NO.	SERIAL NO.		EMPLOYEE NO.
PELZEL, IARRY ROY					~~5-1169~~

412384 0101

NAME PELZEL, LARRY ROY EMPLOYEE NO. ~~5-1469~~ 7.238

#2

INJURY AND ILLNESS RECORD

DATE	TIME	INJURY OR ILLNESS	TREATMENT	BY WHOM	Classification 1	2	3
3-22-68	1:00pm		Examined by Dr. Richards. Reveals rales and wheezing. Not to return to work at this time. Referred back to private physician. Employee had shot of adrenalin early this AM.	CAS	P	R	Z
10-14-68	1:00pm		Reported to Medical. Patient coughing. States is allergic to all molds, house dust of any kind and dogs. Is taking following medications: Maalox- Serolone- Predisone ?- verequid. Not OK'd for work today. To bring statement from Scott & White as to allergens. Has an appointment with Dr. Brewer Nov. 8th ?	CAS			

NAME	BIRTH DATE	SOC. SEC. NO.	SERIAL NO.		EMPLOYEE NO.
PELZEL, LARRY ROY					5-1469

412384 0102

ALCOA PRE-EMPLOYMENT MEDICAL RECORD

Location

NOTE: THE FOLLOWING INFORMATION WILL HELP US IN YOUR PROPER JOB PLACEMENT. PLEASE PRINT ALL ENTRIES.

1. NAME (LAST, FIRST, INITIAL) Pelzel Larry Roy	2. MALE ☑ FEMALE ☐	3. DATE 6-19-'64
4. ADDRESS (NO., STREET, CITY, STATE, ZONE) Route 1 Lott, Texas	5. HOME PHONE	6. PLANT OR DIVISION
7. SOC. SEC. NO. 455-74-2894	8. EMPLOYEE'S NO.	9. DATE OF BIRTH. Sept. 14, 1944
10a. PERSONAL PHYSICIAN'S NAME / ADDRESS / PHONE	10b. IN CASE OF EMERGENCY NOTIFY: NAME Mr. and Mrs. J.R. Pelzel / ADDRESS Route 1 Lott, Tex. / PHONE	

11. CIRCLE THE HIGHEST GRADE YOU COMPLETED IN SCHOOL — ELEMENTARY 1 2 3 4 5 6 7 (8) — HIGH 1 2 3 (4) — COLLEGE 1 2 3 4 — YOUR AGE ON LEAVING SCHOOL

12. HAVE YOU EVER WORKED IN DUSTY TRADE, SUCH AS MINING, A FOUNDRY, SAND BLASTING, CHIPPING, GRINDING, CHEMICAL OR OTHER? YES ✓ NO ___

13. HAVE YOU EVER WORKED WITH X-RAY OR RADIO-ACTIVE SUBSTANCES? YES ___ NO ✓

14. HAVE YOU SHOWN SENSITIVITY TO SUNLIGHT, CHEMICALS, DUSTS OR OTHER MATERIALS? YES ___ NO ✓

15. HAVE YOU EVER WORKED WITH POISONOUS MATERIALS? YES ___ NO ✓

16. HAVE YOU EVER WORKED IN A NOISY ENVIRONMENT? YES ✓ NO ___

17. HAVE YOU EVER REQUIRED A SPECIAL JOB ASSIGNMENT BECAUSE OF THE EFFECTS OF ILLNESS, INJURY, OR PHYSICAL IMPAIRMENT? YES ___ NO ✓

18. HAVE YOU EVER BEEN REJECTED FOR A JOB OR HAVE YOU LOST A JOB OR QUIT BECAUSE OF YOUR HEALTH? YES ___ NO ✓

19. HAVE YOU EVER RECEIVED COMPENSATION OR A CASH SETTLEMENT FOR INJURIES, DISEASE OR OTHER MEDICAL PROBLEMS FROM AN EMPLOYER OR INSURANCE COMPANY? YES ___ NO ✓

20. HAVE YOU EVER FILED A CLAIM OR HAVE YOU ANY CLAIM PENDING FOR INJURIES OR ILLNESSES RELATED TO YOUR WORK? YES ___ NO ✓

21. HAVE YOU LOST TIME FROM WORK DUE TO ILLNESS OR INJURY IN THE PAST 5 YEARS? YES ___ NO ✓

22. HAVE YOU BEEN REFUSED INSURANCE BECAUSE OF YOUR HEALTH? YES ___ NO ✓

LIST NUMBER AND EXPLAIN BRIEFLY ANY YES ANSWERS:

23. HAVE YOU EVER SERVED IN THE ARMED FORCES? YES ___ NO ✓ 24. DID YOU RECEIVE A MEDICAL DISCHARGE? YES ___ NO ___ IF YES, GIVE REASONS: ___

25. HAVE YOU EVER FILED A CLAIM OR RECEIVED PAYMENT FOR A DISABILITY FROM THE GOVERNMENT? YES ___ NO ✓

26. HOW MANY JOBS HAVE YOU HAD IN THE PAST 3 YEARS? 11 WHAT IS THE LONGEST PERIOD YOU HAVE HELD ANY JOB? 3 1/2 MONTHS

WHAT IS YOUR USUAL OCCUPATION? Welder

27. ARE YOU SINGLE ☑ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ WIDOWED ☐

28a. PARENT	AGE	STATE OF HEALTH	IF DEAD, GIVE CAUSE AND AGE AT DEATH
FATHER	-	-	
MOTHER	-	-	

28b. HAVE YOUR PARENTS, GRANDPARENTS, UNCLES, AUNTS, BROTHERS, SISTERS, WIFE OR CHILDREN EVER HAD:

	YES	NO	RELATION		YES	NO	RELATION
TUBERCULOSIS				HIGH BLOOD PRESSURE	-		Mother
DIABETES				HEART TROUBLE		-	
CANCER			Uncle	ASTHMA, HAY FEVER, OR OTHER TYPE ALLERGIC REACTION		-	
MENTAL ILLNESS							

29. IS YOUR WIFE (HUSBAND) IN GOOD HEALTH? YES ___ NO ___ IF NOT, EXPLAIN: ___

HOW MANY CHILDREN DO YOU HAVE? ___ OLDEST ___ YOUNGEST ___

ARE YOUR CHILDREN IN GOOD HEALTH? YES ___ NO ___ IF NOT, EXPLAIN: ___

412384 0103

30. HAVE YOU EVER HAD OR HAVE YOU NOW: *(Check every item or write "Don't Know")*

	YES	NO		YES	NO		YES	NO
HEADACHES (FREQUENT OR SEVERE)		-	BLINDNESS		-	CONTACT LENSES		
INJURY OR CONCUSSION		-	BLURRED VISION		-	INJURIES, DEFECTS, OPERATION ON EYES		
BLACKOUT, DIZZINESS, FAINTING SPELLS		-	GLASSES		-			
DOUBLE VISION		-	GLAUCOMA		-	PUNCTURED EAR DRUM		
			CATARACT		-	INFECTION OF EARS		

Larry Pelzel

30. HAVE YOU EVER HAD OR HAVE YOU NOW: *(Check every item or write "Don't Know") (Cont'd.)*

	YES	NO		YES	NO		YES	NO
RINGING OF EARS		✓	LOSS OF APPETITE		✓	FOOT TROUBLE		✓
DISCHARGE OR DRAINAGE OF EARS			WEIGHT CHANGE			FRACTURED OR BROKEN BONES	✓	
LOSS OF HEARING			NAUSEA OR VOMITING			DEFORMITIES OF LEGS, FEET, ARMS,		
FREQUENT COLDS			VOMITING OF BLOOD			HANDS, BACK		✓
SINUS TROUBLE	✓		INDIGESTION OR HEARTBURN			AMPUTATIONS		
HOARSENESS			ULCER			BACK PAIN OR INJURY		
GOITER			FREQUENT OR SEVERE PAIN IN ABDOMEN			RUPTURED OR SLIPPED DISC		
ENLARGED GLANDS OF NECK			DIARRHEA			NEURITIS OR RHEUMATISM		
STIFFNESS OR NEURITIS OF NECK			CONSTIPATION			NUMBNESS OR WEAKNESS		
PAIN OR PRESSURE OF CHEST			COLITIS			INDUSTRIAL DERMATITIS		
SHORTNESS OF BREATH			BLOOD IN BOWEL MOVEMENT			ECZEMA, HIVES, FUNGUS, RASHES		
HAVE YOU COUGHED BLOOD			GALL BLADDER TROUBLE			PILONIDAL OR OTHER CYSTS		
HAVE YOU HAD FREQUENT BRONCHITIS			YELLOW JAUNDICE			GROWTH OR TUMORS		
OTHER CHRONIC COUGH			PILES OR HEMORRHOIDS			ULCERS OF SKIN		
WHEEZING			INFECTION OF KIDNEY OR BLADDER			DISCOLORATIONS, TATTOOS,		
PNEUMONIA			INFECTION OF PROSTATE OR TESTICLES			BIRTHMARKS, SCARS		✓
TUBERCULOSIS			KIDNEY STONES			*Following for women only:*		
PALPITATION OR POUNDING HEART			BLOODY URINE			BEEN PREGNANT		
HEART ATTACK			URINATION DURING NIGHT			HAD VAGINAL DISCHARGE		
HIGH BLOOD PRESSURE			LOSS OF BLADDER CONTROL			TREATED FOR FEMALE DISORDERS		
SWELLING OF FEET AND ANKLES			TROUBLE PASSING URINE			HAD PAINFUL PERIODS		
DO YOU USE MORE THAN 1 PILLOW			VENEREAL DISEASE			NUMBER OF PREGNANCIES		
ENLARGED OR VARICOSE VEINS			SWOLLEN, STIFF OR PAINFUL JOINTS			NUMBER OF MISCARRIAGES		
INFLAMMATION OR CLOTS OF VEINS (PHLEBITIS)			PAINFUL ELBOW			INTERVAL BETWEEN PERIODS		
			PAINFUL OR TRICK SHOULDER			DURATION OF PERIODS		
LEG CRAMPS AT REST OR EXERCISE			LOCK OR TRICK KNEE			DATE OF LAST PERIOD		

31. HAVE YOU EVER HAD OR HAVE YOU NOW: *(Check every item "Yes" or "No")*

	YES	NO		YES	NO		YES	NO
A. DIABETES		✓	F. SCARLET FEVER		✓	J. HERNIA OR RUPTURE		✓
B. GOUT			G. MALARIA			K. ALLERGIES (MEDICATION, HAY		
C. STROKE			H. NERVOUS BREAKDOWN			FEVER, ASTHMA, FOOD, CONTACT, OTHER)	✓	
D. EPILEPSY			I. FEAR OF HEIGHTS OR			L. ILLNESS OR INJURIES		
E. RHEUMATIC FEVER			CONFINED AREAS		✓	NOT LISTED ABOVE		✓

IF YES, LIST LETTER AND GIVE DETAILS.

K. ASTHMA

	YES	NO		YES	NO
32. HAVE YOU EVER BEEN A PATIENT IN A HOSPITAL OR SANITORIUM?	✓		38. DO YOU OR HAVE YOU EVER SMOKED?	✓	
33. HAVE YOU EVER HAD OR BEEN ADVISED TO HAVE AN OPERATION?		✓	IF YES, INDICATE THE TYPE OF SMOKING: ☑ CIGARETTES 20 NO. PER DAY 4 NO. YEARS SMOKED		
34. HAVE YOU ANY PHYSICAL COMPLAINTS OR DISABILITIES AT THE PRESENT?			☐ CIGARS ____ NO. PER DAY ____ NO. YEARS SMOKED		
35. ARE YOU TAKING ANY MEDICINE NOW?			☐ PIPE ____ NO. PER DAY ____ NO. YEARS SMOKED		
36. HAVE YOU ANY CONDITION REQUIRING A SPECIAL WORK ASSIGNMENT IF YOU ARE HIRED?			DO YOU SMOKE NOW?		
37. HAVE YOU EVER CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS OTHER THAN AS NOTED ABOVE?			39. DO YOU DRINK ALCOHOLIC BEVERAGES?	✓	
			IF YES, HOW MUCH IN A DAY: ____ GLASSES OF BEER ____ OUNCES OF LIQUOR ____ OUNCES OF WINE		
			40. DO YOU HAVE ANY ADDITIONS TO MAKE TO HEALTH HISTORY, OR ANY PROBLEMS YOU WOULD LIKE TO DISCUSS WITH THE DOCTOR?		✓

41. WOULD YOU SAY YOUR PRESENT HEALTH IS: EXCELLENT ☐ GOOD ☑ FAIR ☐ OTHER ☐

IF YES, LIST NUMBER AND GIVE DETAILS.

32. Pneumonia

35. Sinus

38. Cigarettes

39. Alcoholic Beverages — 1 or 2 a month

412384 0104

10/1/98 OT Larry Pelzel 3

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS MEDICAL HISTORY AND DO HEREBY RELEASE ALUMINUM COMPANY OF AMERICA AND/OR ITS SUBSIDIARY COMPANIES AND MY PRESENT AND FORMER EMPLOYERS, PERSONAL REFERENCES NAMED, OR ANY OTHER PERSONS OR ORGANIZATIONS TO WHOM ALUMINUM COMPANY OF AMERICA AND/OR ITS SUBSIDIARY COMPANIES MAY REFER, FROM ANY CLAIMS OR LIABILITY OF WHATSOEVER KIND AS A RESULT OF PROVIDING OR ACTING UPON INFORMATION REGARDING ME. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR ON THIS FORM IS CAUSED FOR SUBSEQUENT DISMISSAL.

June 19 1964 — DATE

Larry Roy Pelzel — (SIGNATURE OF EXAMINEE)

42. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL POSITIVE AND PERTINENT DATA: COMMENTS ON PERSONAL AND OCCUPATIONAL HISTORY: USE BACK OF SHEET (LAST PAGE) IF NECESSARY.

[illegible] 1955.

(2) [illegible] (very [illegible]) (Lt)

(3) History of [illegible] E/D.

(4) Has [illegible] [illegible] trouble.

P.E. occasional sonorous rale –

Dr Richards says best not to hire any one with history of asthma CJS

M.D.

PHYSICAL EXAMINATION

136/76

HEIGHT	WEIGHT 169	TEMPERATURE 98	PULSE 70	RESPIRATION 15	BLOOD PRESSURE (LEFT)	(RIGHT)					
CHEST EXPANSION		ABDOMINAL GIRTH		APPEARANCE							
DISTANT VISION WITHOUT GLASSES: R L		WITH GLASSES: R L		NEAR VISION WITHOUT GLASSES: R L		WITH GLASSES: R L					
DEPTH PERCEPTION:	NORMAL ☐	SEE REPORT ☐	NOT TESTED ☐	MUSCLE BALANCE:	NORMAL ☐	SEE REPORT ☐	NOT TESTED ☐				
COLOR VISION:	NORMAL ☐	SEE REPORT ☐	NOT TESTED ☐								
HEARING VOICE:	WHISPERED: R L / SPOKEN: R L			AUDIOMETRY:	NORMAL ☐	SEE REPORT ☐	WEARS HEARING AID ☐				

IF NO ABNORMALITY, MARK " – ". IF ABNORMAL, MARK "YES" AND AMPLIFY BELOW. IF NOT EXAMINED, MARK "NE".

SKIN		NOSE		PERIPHERAL ARTERIES		HANDS	
HAIR		MOUTH		PERIPHERAL VEINS		LEGS	
LYMPH NODES		DENTAL HYGIENE		LUNGS		FEET	
HEAD		THROAT		ABDOMEN		SPINE	
EYES		NECK		HERNIA		CRANIAL NERVES	
REACTION		THYROID		GENITALIA		PERIPHERAL NERVES	
MOVEMENTS		TRACHEA		RECTAL		REFLEXES	
FUNDI		THORAX		PELVIC		INTELLIGENCE	
TENSION		BREASTS		ARMS		EMOTIONAL STATUS	
EARS		HEART					

BLOOD COUNT, RBC OR HEMATOCRIT:	HB [illegible]	WBC	POLY	LYM MON EOS BAS	
URINALYSIS:	ALB	SUG	MICRO [illegible]		
SEROLOGY:					
CHEST X-RAY:	NORMAL ☐	SEE REPORT ☐	BACK X-RAY:	NORMAL ☐	SEE REPORT ☐
ELECTROCARDIOGRAM:	NORMAL ☐	SEE REPORT ☐	PULMONARY FUNCTION TEST:	NORMAL ☐	SEE REPORT ☐
OTHER X-RAY OR LABORATORY FINDINGS:					

412384 0105

IMMUNIZATIONS (RECORD YEAR):	SMALLPOX	TETANUS	TYPHOID	PARATYPHOID
	POLIOMYELITIS	DIPHTHERIA	YELLOW FEVER	OTHER

HALBERT CLINIC & HOSPITAL
ROSEBUD, TEXAS

Clinic JU 3-7987 Home JU 3-4121

Patient's Name Larry Pelzel

Address

℞

Dx – Acute Asthmatic Bronchitis

Released to return to work preferably out of heat & fumes – 2-27-67 Checked by Dr R – still has rales in chest

H. B. Halbert, M. D. 2-27-, 1967

H. B. Halbert, M. D. Reg. No. 1910

REPETATUR 0 0 1 0 2 0 3 0 4 0 AD LIB. 0

HALBERT CLINIC & HOSPITAL
ROSEBUD, TEXAS

Clinic JU 3-7987 Home JU 3-4121

Patient's Name Larry Pelzel

Address

℞

Pt is able to resume work now – preferably in dust free area

RECEIVED
MAR 1 1967
ROCKDALE MEDICAL

H. B. Halbert, M. D. 3-1-, 1967

H. B. Halbert, M. D. Reg. No. 1910

REPETATUR 0 0 1 0 2 0 3 0 4 0 AD LIB. 0

412384 0106

STATEMENT TAKEN FROM LARRY ROY PELZEL
5-19-67 - 1:00 p.m.

States has been to Scott & White in regard to asthmatic condition. Was seen by Allergist, Dr. Ford Wolf who made tests and found him to be allergic to all molds, dog dender, house dust and some other minor things.

Still under care of Dr. Wolf. Taking allergy shots. Not ok'd for work today. Employee still wheezing.

Cynthia A. Saage

C. A. SAAGE, R.N.

412384 0107

Scott and White Clinic

AN ASSOCIATION
AFFILIATED WITH
SCOTT AND WHITE MEMORIAL HOSPITAL AND
SCOTT, SHERWOOD AND BRINDLEY FOUNDATION
TEMPLE, TEXAS 76501

DEPARTMENT OF MEDICINE
SECTION OF PULMONARY DISEASE
ROBERT J. CARABASI, M.D.
JOHN J. CHRISTIAN, M.D.
LUTHER M. BREWER, M.D.

CONE JOHNSON, M.D.
PULMONARY PHYSIOLOGY

8 October, 1968

J. Henry Johnston
Personnel Administrator
Alcoa Aluminum
Rockdale, Texas

RE: PELZEL, Larry
Registration #0475324

Dear Mr. Johnston:

I am presently caring for Larry Pelzel who has rather severe bronchial asthma. However, at the present time this is well controlled and I believe he is capable of returning to work. I would consider the long term prognosis to be good although it is possible that he will miss a few days of work each year with asthma.

It would be desirable to place him in a job where the air is relatively free of dust.

It you require further information I shall be glad to furnish you with this.

Yours truly,

L Brewer (JCV)
Luther M. Brewer, M.D.

LMB:jcv

[illegible] request info from Scott & White [illegible] T.O. [illegible]. To report Back To S + W in Nov- [illegible]

Medication being Taken

10-14-68

maalox
aerolone
Prednisone 1/2
Vereguad

OCT 9 1968
RO[illegible]DALE EMPLT.

412384 0108

H. B. HALBERT, M. D.
P. O. BOX 495
ROSEBUD, TEXAS 76570

October 14, 1968

Aluminum Company of America
Personel Division
Rockdale, Texas

Attention: Mr. Al Menke

Dear Sir:

Larry Pelzel, 24 year old white male seen for the first time 12-25-66 with acute asthmatic bronchitis, running a temperature and admitted to the hospital for treatment. Responded fairly well to routine inhalation therapy and antibiotics. Patient has been seen at numerous intervals since that time with acute asthmatic attacks percipitated by dust, bad colds, and various other factors.

The patient was last seen on 10-9-68 for routine follow-up checkup of which time his blood pressure was 140/90, temperature 98.6, respiration 16, and pulse 72. Examination of the lungs at this time reveals generalized rales and wheezes, of a much moderate nature than had previously been noted. The patient states he feels much better and is ready to go back to work.

I believe this patient had asthma prior to his employment at Alcoa. The dust, heat, etc. on the job affected his lungs adversely. I feel that with proper treatment and followup the patient should be able to work if the air is relatively clean and the temperature charges in the work are not too hot or too cold.

Presently the patient is undergoing regular treatment and examinations at Scott & White and is on regimen of bronchial dialators, expectorants, and steroids. Permanent disability at this time is very difficult to evaluate.

Respectfully yours,

H. B. Halbert M. D.
H. B. Halbert, M. D.

412384 0109

Scott and White Clinic,
AN ASSOCIATION
AFFILIATED WITH
SCOTT AND WHITE MEMORIAL HOSPITAL AND
SCOTT, SHERWOOD AND BRINDLEY FOUNDATION
TEMPLE, TEXAS 76501

DEPARTMENT OF MEDICINE
SECTION OF PULMONARY DISEASE
ROBERT J. CARABASI, M.D.
JOHN J. CHRISTIAN, M.D.
LUTHER M. BREWER, M.D.

CONE JOHNSON, M.D.
PULMONARY PHYSIOLOGY

7 November, 1968

Dr. Richardson
P.O. Box 472
Alcoa Aluminum
Rockdale, Texas

RE: PELZEL, Larry Roy
Registration #0475324

Dear Dr. Richardson:

I have been seeing Larry Pelzel since September when he was admitted to this hospital with status asthmaticus. He responded beautifully to corticosteroids and in the last two months has done very well with little wheezing and with an excellent exercise tolerance. At the present time he is on Verequad 1½ tablets three times daily, Prednisone 5mgs. three times daily, Maalox one tablespoon after each meal and at bedtime - and he uses a hand nebulizer with ten drops of Aerolone at least four times daily and p.r.n. for wheezing. Obviously asthma is an intermittent problem and I can offer no guarantee that he is not going to have flare ups in the future which will cause him to miss some work. However, at this time he is well controlled and I think capable of doing a full day's work five days a week. I would surely like to see him return to work since I feel that we will be able to control his asthma fairly well in the future.

I would appreciate you doing anything you can for this boy.

Yours truly,

Luther M. Brewer

Luther M. Brewer, M.D.

LMB:jcv

412384 0110

METROPOLITAN LIFE INSURANCE COMPANY
ONE MADISON AVENUE, NEW YORK, N.Y. 10010

GROUP DIVISION

Mr. J. Henry Johnston
Personnel Administrator
Aluminum Company of America
P. O. Box 472
Rockdale, Texas 76567

Re Larry R. Pelzel - Certificate 147-2089 - SS 455-74-2894

Dear Mr. Johnston

At the time that it was decided to have Mr. Pelzel examined by Dr. Carabasi of Scott and White Clinic, you indicated some interest as to the results of the examination. Benefits have already been resumed in this particular case; however, I am enclosing for your records a slight summarization of the report furnished by Dr. Carabasi.

The enclosed pulmonary function studies and blood gas studies speak for themselves. The patient's history of recurrent asthmatic attacks with feeling relatively well in between is typical of bronchial asthma. However, on this examination he shows evidence of diminished oxygen saturation and concentration in the blood as well as ventilatory defect. I would think that from all that has gone before that this patient is disabled, but I am unable to accurately determine to what degree at this time since he does continue to smoke and has not been on allergy injections which are felt indicated. I would recommend retesting his pulmonary function studies and blood gases in about three to six months; this would be particularly fruitful if he were able to refrain from smoking and to get back on allergy therapy. The current studies of pulmonary ventilation and mechanics and blood gases would not preclude him from working at all, but I think the type of work would be very limited and be of such a nature as not to require any exertion, or exposure to noxious fumes.

A copy of the doctor's complete report was sent to Dr. Halbert, the attending physician.

The tests performed at the clinic were as follows:

Re Larry R. Pelzel - Certificate 147-2089 - SS 455-74-2894

Chest, Stereo X-ray	Le Cells
Immunoelectrophoresis	Bacterial Sensitivity
C. B. C.	Culture-Fungus
Le Cells	Smear Fungus
Sedimentation Rate	Sputum Culture, Other
Pulmonary Brief Dilator	Sputum Gram Stain
Blood Gases	Electrocardiogram

Yours truly

John Kay

John Kay
Group Claim Consultant
Group Health Claims

May 23, 1969

JK:va

GF 2725 4M 2-63

X-RAY AND LABORATORY REPORT

EMPLOYEE NO.
EMPLOYEE NO.
EMPLOYEE NO.
SERIAL NO.
SOC. SEC. NO.

NAME PEIZEL, LARRY R.

X-RAY NO.

6-19-64
10,198
Dr. Anspach's report of chest and lumbar x-rays:

Chest: Negative.

A.P. & Lateral Lumbar Spine: Lumbar interspace, sacro-illiac and hip joints normal. Otherwise negative.

6-8-66
12,691
Dr. Anspach's report of chest x-ray. Negative.

1-30-68
14,587
Dr. Anspach's report of x-rays: Chest: Chest shows moderate peribronchial fibrosis, hila and bases. otherwise negative.

Lumbar spine: Negative. Interspaces, sacro-illiac and hip joints normal. No signafince change since 1964.

(CONTINUE ON REVERSE SIDE)

412384 0113

Barney LaRue

Birth Date: 6-26-44

Date of Employment: 9-22-69

Job Classification: Carbon Setter

No chest complaints noted on I & I card prior to 1-4-71.

NAME Barney Lakey EMPLOYEE NO.

INJURY AND ILLNESS RECORD

DATE	TIME	INJURY OR ILLNESS / TREATMENT	BY WHOM	Classification 1	2	3
Con't		clinic treated by Dr. Richards. Mrs. Bauldin nurse on duty and returned to plant. Gave two aspirin.	MG	C	B	X
10-5-70	12:20am	Sprated laceration top of head. Left open, going on vacation was instructed by Dr. Richards to report to clinic Friday for removal of sutures.	LH	C	R	X
1-4-71	10:25am	Phoned to ask about getting on red card. States in under Dr. Richards care for bronchial asthma. Last shift worked was 4-12 12-28-70. Is to see Dr. Richards ar clinic this a.m. Discussed with Dr. Richards. Employee should be off work. Red card.	SAK	P	O	Z
1-11-71	12:30pm	Reported with release to come off red card, ok for work Dx. Bronchitis released per Dr. Richards ok'd 1-12-71 at 8:am Dept. notified.	SAK	P	R	X
1-26-71	6:40pm	States has asthma and doesn't feel like working. States Dr. Richards says it is caused from infection. To go to Scott and White 2-15-71 for problem. Temp. 98. Home via own transportation.	CB	P	O	Z
2-2-71	3:45pm	Phone call per self. States saw Dr. Richards today and was advised to stay off work. Bronchial asthma. Red card. Dept. notified.	SAK	P	R	Z
2-18-71	12:50pm	Returning from red card. Release per call from Dr. Seldon per P. Brown. Is to wear protector mask if practical. Ok for regular work 2-18-71 at 4:pm. Dept. notified.	SAK	P	R	X
6-2-71	8:50am	States asthma bothering him too much to work. Home per own request and own transportation.	SAK	P	O	Z
6-10-71	10:30pm	Gelusil for upset stomach	LH	P	O	X

NAME	BIRTH DATE	SOC. SEC. NO.	SERIAL NO.		EMPLOYEE NO.

412384 0115

January 4, 1970

ALUMINUM COMPANY OF AMERICA

ROCKDALE, TEXAS
Barney Earl LaRue
P. O. Box 343
Rockdale, Texas. 76567

ALCOA

This is to advise that you have been placed on Red Card. Our regulations require that any time an employee is placed on Red Card he should turn in his identification card and promptly file the enclosed "Statement of Claim" form. In order to start your benefits, please complete and return the pink form immediately.

If you did not give us your identification card, we request that you promptly mail it in the enclosed envelope. It will be returned to you when you clear back to work.

It is your responsibility to keep the Company informed of your need to continue on sick leave as well as your condition and progress at regular intervals. For extended absences, a report of your condition must be sent to the Company every thirty (30) days.

When your disability has ceased and you are able to resume your regular work, you should:

1. Have your doctor fill out the short form below.
2. Report to the plant Medical Office. The Company physician is available to determine your fitness to return to work, Monday through Friday at 12:30 p.m., excluding holidays. Bring your completed Attending Physician's Statement (below) with you. It is best that you report for your physical on the day before you plan to return. Failure to do so may result in unnecessary delay in returning you to work.

Yours very truly,

Thomas E. Doggett

THOMAS E. DOGGETT
Employment Supervisor

TED:sar

ATTENDING PHYSICIAN'S STATEMENT

I have attended the above from 12-26, 1970 to 1-11-71
19___.

DIAGNOSIS: Bronchitis & Asthmatic Bronchitis

MEDICATION: —

He may safely resume his REGULAR work on 1-12, 19 71.

DATE: 1-11-71 SIGNED: [signature], M.D.

Doctor Please Note: If you feel there are any work restrictions, please note them below so we can determine if suitable work is available.

412384 0116

George Hosch

Birth Date: 5-12-23

Date of Employment: 3-3-54

Job Classification: 2nd Class Operator, Bath Crusher (since 9-70; prior to this, worked as potman and carbon setter)

No chest problems noted on I & I card prior to 6-3-69.

NAME HOSCH, GEORGE EMPLOYEE NO. 5-1196

#6

INJURY AND ILLNESS RECORD

DATE	TIME	INJURY OR ILLNESS	TREATMENT	BY WHOM	Classification 1	2	3
7-11-66	12:20am	F.B. right eye removed with wet swab. Eye washed with saline.		GP	C	O	
2-20-67	10;30pm	F. B.removed from right eye with wet swab.		GP	C	O	
3-1-67	4:50am	Diathermy to back 40 min States strained back sitting carbon.		GP	P	O	
7-13-68	3:10am	States got something in right eye, washed with NSS referred to medical department.		MG	C	O	X
"	8:15am	States eye scratchey but no F.B. felt. To return if necessary.		CB	C	R	X
8-15-68	11:20am	F.B. removed from right eye and medicated with neo-cortef.		FR	C	C	Y
12-12-68	12:05pm	States"pulled something in right shoulder."Hot wet packs 30min. (Strain)		CAS	C	O	X
2-8-69	12:30pm	F.B. removed from right eye and medicated with neo-cortef.		FR	C	O	X
4-10-69	7;30pm	States butt pan come down on left foot while he was knocking off piece cast iron. x-rayed foot & ice pack applied. Great toe discolored Picked up in ambulance in line 5 room 22. Injury not serious. Returned to regular duty.		GP	C	O	X
5-19-69	12:10am	Place on redcard as of 5-17-69 per Marvin Lax. (Stomach trouble)		FR	P	C	X
6-3-69	1:00pm	Returning from redcard. Checked with Dr. Richards. No dust free job available. May wear a mask to prevent dust while working. OK'd for work for 6-5-69. Dept. notified. See release and note per Menke for further information.		GP	P	R	Y

NAME	BIRTH DATE	SOC. SEC. NO.	SERIAL NO.		EMPLOYEE NO.
HOSCH, GEORGE					5-1196

412384 0118

NAME Hosch, George. EMPLOYEE NO. 5-1196

7

INJURY AND ILLNESS RECORD

DATE	TIME	INJURY OR ILLNESS — TREATMENT	BY WHOM	Classification 1	2	3
9-25-69	1;pm	~~Xxxxxxx~~ Left foot burn checked by Dr. Richards Progress satisfactory To return Fri. Oct 3. 12;30pm	CAS	C	R	Y
9-29-69	9:am	Phoned ~~XXXXXXX~~ A. Menke to say injured right knee at home. Under care physician at Scott and White To report monday 10-6-69.	CAS	P	O	Z
10-6-69	10am	Burns left foot completely red card cleared for10-6-69 for burned foot. Injuried right knee at home. Red card for this as of 9-25-69.	CAS	C	R	X
3-30-70	1;pm	Brought statment from Dr. Murray is not released for work.	CAS	P	R	Z
6-11-70	12:30pm	Reported to medical as instructed. No report from private physician Referred to McManus or T. Daggett.	CAS	P	R	Y
8-18-70	12:30pm	Returning from red card. Released to some what ~~xxxx~~ limited work by Drs. Richards and Murray. Referred to Mr. Doggett.	CAS	P	R	Y
8-1-70	3:30pm	Returned to work under handicaped clause as second class equipment operator.	CAS	P	R	X
1-15-71	12:30pm	Reports with medical evaluation and recommended activity ~~xxx~~ limitations. Exam per Dr. Richards. OK'd for work within limitations outlined in letter from Dr. Murray (1-12-71) Referred to A. Menke. Will discuss continuing on crusher with Dr. Richards Monday.	SAK			
5-13-71	8:45am	Red card per wife as of 5-11-71. Hospitalized at Santa Fe. Hosp. Temple, with chest problem. Dept. not.	SAK	P	O	Z
6-14-71	12:30pm	Reports with dr.s statement stating should avoid all dusty environment Exam per dr. R. Referred to A. Menke. for possible appointment with chest specialist. re alleged industrially caused chest cond. next page.				

NAME	BIRTH DATE	SOC. SEC. NO.	SERIAL NO.		EMPLOYEE NO.

412384 0119

NAME George Hosch EMPLOYEE NO. _____

INJURY AND ILLNESS RECORD

DATE	TIME	INJURY OR ILLNESS — TREATMENT	BY WHOM	Classification 1	2	3
6-14-71	12;30pm	Is to bring in complete report from Dr. Lirette. check with medical in week.	SAK	P	R	Z
6-21-71	12:30pm	Return with medical report from Dr. Lirette. Not released by Dr. Richards. Make appointment with Dr. Christian at Scott and White for eval.	SAK		P	R
8-18-71	10;am	Telephone call to employee instructed to report to med. today to clear from red card - staies will come at 12;30.	SAK			
;;;;;	2;10pm	Returned from red card - released for work by dr. Morrison. Letter from dr. Morrison reviewed by dr. R. & employee ok.d for work 8-19-71 at 12;01 am. Dept notified. Advised by A. Menke to bring in report of re-evaluation of knee by dr. Murray within 30 days. also instructed to dust, wear mask while working on crusher.	SAK		P	R

NAME	BIRTH DATE	SOC. SEC. NO.	SERIAL NO.		EMPLOYEE NO.

412384 0120

ALUMINUM COMPANY OF AMERICA

ROCKDALE, TEXAS

ALCOA

Mr. George E. Hosch (Red Carded as of 5/17/69)
Route 1
Buckholts, Texas 76518

May 19, 1969

This is to advise that you have been placed on Red Card. Our regulations require that any time an employee is placed on Red Card he should promptly turn in his identification card, complete the enclosed Statement of Claim form and turn it over to your Doctor who should complete his portion in order that you may collect Sickness and Accident Benefits if and when eligible.

If you did not give us your identification card at the time you went on sick leave, we request that you mail it to us immediately in the enclosed envelope. Your identification card will be returned to you when you clear back to work.

It will be your responsibility to keep the Company informed of your condition, progress and reasons for continuing your Sick Leave. For extended absences, a report of your condition must be sent to the Company every thirty (30) days.

When you and your Doctor feel that you have recovered sufficiently to resume your regular work you should:

1. Have your Doctor fill out the short form below.

2. The Company physician is available to determine your fitness to return to work every day, Monday thru Friday at 12:30 P.M. Bring your completed Attending Physician's Statement (below) with you. You should report for your physical on the day before you plan to return. Failure to do so may result in unnecessary delay in returning you to work.

Very truly yours,

J. Henry Johnston

J. HENRY JOHNSTON
Employment Office

ATTENDING PHYSICIAN'S STATEMENT

I have attended the above from 16 May 1969 to 29 May 1969.

DIAGNOSIS: Chronic Bronchitis, probably due to, at least in part, to dusty environment at work in.

DATE DISABILITY CEASED: 2 June 69 (Presumed)

SIGNED: W. L. Tyler M.D. Temple

DATE: 29 May 69

Doctor Please Note: If you feel there should be work restrictions, please outline the types of activity or exposure you feel should be avoided so that we may determine if there is suitable work available.

(over)

412384 0121

Geo. Hosch

This man should avoid breathing air contaminated with dust. If adequate air filtration can be offered, fine — If not, pt should be assigned other work.

W L Lucite MD

412384 0122

Dr. Richards said we cannot put Hosch into a dust free environment. If he wants to wear a respirator. This should help. He also could bid down from ATCC to P Man job or transfer elsewhere. We have no dust free jobs in the plant, however.

CEH
6-3-69

412384 0123

W. L. LIRETTE, M.D. / 21 Heritage Place 817 778-5225 / Temple, Texas 76501

June 11,1971

Mr. G.E. Hosch:
Temple, Texas

To Whom It May Concern:

Mr. Hosch may return to work if he will avoid all dusty environment. He mast avoid breathing air with moderate large amounts of particulate matter.

Sincerely

W.L. Lirette, M.D.

WLL:sr

6-14-71 Instructed to get full med. report from Dr. Lirette.

EAK

412384 0124

Geo. Hosch

Signed

Form 8-1

	Comes in reporting that [illegible] ago he ate a moderate amount of pizza, devel[oped] [illegible] has [illegible] with some epigastric discomfort and [illegible]ion anteriorly through to his back. The next morning he woke up with a rash occu[rring] on the right side of his chest, and since then has had exquisite pain, altho[ugh] the rash itself doesn't seem to hurt. The pain is more central. He reports his pulse is fast, and on checking it [illegible] it is running around 100/minute now. (Over)
7/31/70	(continued----) He is in rather a mild cold, clammy sweat on his arms and hands. Chest x-ray, electrocardiogram are done, both of which are normal. His B/P is fine. Chest is clear. His color is good. Impression is shingles with severe pain. He is begun on Phenaphen #3, plus, he is given 1½ cc. Depo-Medrol. WLL/p
5/11/71	Comes in reporting that for about the last couple of months he has been having increasing difficulty with his inhalation and shortness of breath. His reserve capacity seems to completely be gone. He has no pedal edema. Reports his cough has been productive of a white sputum, and he is just generally getting weaker. General examination reveals that he has a rather cyanotic deep dark color. HE is breathing with some difficulty, and SOB is apparent with the slightest amount of exertional effort, although it is not distressful. He talks with a somewhat hoarse sound in his voice. HEENT show no significant abnormalities. Neck veins are not enlarged. His breathing movements are uniform, primarily using the intercostal muscles. L & S are not palpable. On auscultation of the heart there is RSR and about 72/minute. There are no rales or expiratory wheezes noted. His B/P in the left arm initially is 140/120. Later it drops to about 140/100. Pressure in the right arm is 134/100. Genitalia and rectal exams are normal. Lower extremities show no sign of edema. Impression: emphysema, chronic pulmonary fibrosis and possible pulmonary hypertension. His ECG shows some right-sided strain. No significant change since last July. Chest x-ray is technically poor, but note the report. I feel the problems are somewhat due to the tremendous size of his chest. He is hospitalized at Santa Fe for conservative management with Cortisone, inhalation therapy, and bedrest. WLL/pel
5/19/71	Dismissal Note: This man has done well in the hospital, improving in his breathing. He is dismissed from Santa Fe on Organadin Drops with instructions and strong recommendation that he terminate his employment at Rockdale Alcoa Plant because of the extremely dusty conditions. His diagnosis will be 1) pulmonary fibrosis; 2) subacute and chronic bronchitis, probably secondary to dusty environmental hazards. I'll see him in about a week. WLL/pel
5/28/71	Recheck. Chest is clear. B/P 140/80. He is again counselled about a job change. WLL/pel
6/11/71	Recheck. He is doing fine. His blood pressure is down to 120/95. He is released to return to work in a nondusty environment. WLL/pel

412384 0125

Dr. Hosch

HERITAGE PLACE MEDICAL LABORATORY

142

ADDRESS: NO.

URINE: [illegible] S.G. [illegible] PH [illegible] GROSS

ALB. [illegible] SUG. [illegible] ACET. BILE

MICRO: [illegible]

BLOOD: HGB 15.2 g HEMAT. 46 WBC 6400 RBC

DIFF: POLYS 61 LYMPHS [illegible] MONO 3 BAS EO 5 SED R.

GLUCOSE (FAST) [illegible] (2 H.R.) (P.P.) *CEPH FLOC *AMYLASE

NAME Mr. N. E. [illegible] DATE [illegible]

ADDRESS NO.

URINE: yellow S.G. 1.015 PH 5 GROSS clear

ALB. neg SUG. neg ACET. BILE

MICRO: Rare epith. cell, some amorphous rare WBC, some bact.

BLOOD: HGB 15.0 g HEMAT. 44 WBC 8450 RBC

DIFF: POLYS 64 LYMPHS [illegible] MONO BAS EO SED R.

HERITAGE PLACE [illegible]
TEMPLE, TEXAS

NAME Mr. [illegible] DATE [illegible]

ADDRESS NO.

URINE: [illegible] S.G. [illegible] PH [illegible] GROSS [illegible]

ALB. SUG. ACET. BILE

MICRO: [illegible]

BLOOD: HGB 13.2 [illegible] 42% WBC 6,050 RBC

DIFF: POLYS 58 LYMPHS [illegible] MONO 1 BAS EO 2 [illegible]

TYPE RH COAG. BL. CLOT.

MISC. Morph: much ovalocytosis; macrocytosis [illegible]

GLUCOSE (FAST) (2 H.R.) (P.P.) *CEPH FLOC *AMYLASE

ABNML. PLATELET HETEROPHILE MALARIA SMEAR SPECIAL INSTRUCTIONS *TESTS BEST DONE WITH 12 HR FASTING

412384 0126

ROBERT B. MORRISON, M. D.
DISEASES OF THE CHEST
606 MEDICAL PARK TOWER
AUSTIN, TEXAS 78705

8-12-71

Called in Dr. R. Hosch not available to see 8-17-71 Could not reach M.D. by phone. SAK

J. T. Richards, M. D.
Alcoa
c/o Medical Dept.
P.O. Box 472
Rockdale, Texas 76567

Re: George Hosch

Dear Dr. Richards:

I saw Mr. George Hosch on 8-6-71 with his complaint of dyspnea. He informed me that he wanted to return to work but that his doctor in Temple would not release him. Mr. Hosch was encouraged to talk and in describing his dyspnea he stated that whenever he felt short of breath he could go outside or fan himself and then he would do better. He voiced definite fears that involved people and in talking to him I have been impressed by the amount of emotional overlay present in this man's present complaint. In going deeper into his background, it was revealed that his older brother always would seize every possible opportunity to frighten him when he was a little boy. He revealed that recently at a graduation exercise, while in a thick crowd of people, he had to fan himself constantly because of his breathlessness. He did not complain of wheeze or cough.

My physical examination was limited primarily to the chest and no unusual findings were noted in the lung fields. A chest x-ray revealed the heart to be normal as to size and shape and no pathological changes could be noted in the lungs. Also, fluoroscopy revealed good motion in both diaphragms. Marked dermographism was present and practically no gag reflex could be elicited. A CBC revealed his red count to be 4.9 million, his hemoglobin 14.5 and his hematocrit 43. His white could was 8,000 with a normal differential.

George Hosch

ROBERT B. MORRISON, M. D.
DISEASES OF THE CHEST
606 MEDICAL PARK TOWER
AUSTIN, TEXAS 78705

Ventilatory studies revealed very good function and his timed vital capacity exceeded the predicted normal. The values were as follows:

VC	4600cc	(predicted 4850cc)
FEV ½ sec.	2800cc	(predicted 2700cc)
1 sec.	3800cc	(predicted 3750cc)
3 sec.	4400cc	(97% of total, predicted 97%)

From the information at hand, I see no reason why Mr. Hosch should not work and I am unable to find any evidence of lung disease caused by inhalants at this time.

I feel inclined to recommend that Mr. Hosch be allowed to return to work on a trial basis. If he is unable to stand up to this, then I would suggest that he have blood gas studies done.

I trust the above has been helpful.

Sincerely,

Robt B Morrison

Robert B. Morrison, M. D.

RBM/dh

412384 0128

SF 2728 SM-3-52

X-RAY AND LABORATORY REPORT

EMPLOYEE NO.
EMPLOYEE NO.
EMPLOYEE NO.
SERIAL NO.
SOC. SEC. NO.

NAME HOSCH, GEORGE

X-RAY NO.

3-2-54 Chest x-ray - Calcified glands both hilar regions.
Lumbo sacral x-ray - Neg.

2562 Dr. Anspach's report of chest x-ray: Negative.

3774
9-22-57
Dr. Anspach's report of x-rays:
Chest x-ray--Negative.
Lat. lumbar spine--Narrowing of L-4 with ruffing adjacent bone margins and hypertrophic lipping on these margins. Probably old injury with secondary arthritis.

9-14-58
4728
Dr. Anspach's report of chest x-ray--Negative.

9-22-59
5689
Dr. Anspach's report of chest x-ray--Negative.

9-18-60
6597
Dr. Anspach's report of chest x-ray--Negative.

9-19-61
7418
Dr. Anspach's report of chest X-ray: Heavy markings both bases and hilar regions.

9-21-62
8300
Dr. Anspach's report of chest x-ray: Heavy markings in bases. Few small nodulations both bases. No significant change.

9-23-63
9239
Dr. Anspach's report of chest x-ray: Heavy markings both bases. There is a nodular density below right hilum which I think is vascular and does not change much from year to year.

9-14-64
10,[illegible]
Dr. Smiths report of chest x-ray. No change

9-14-65
11,671
Dr. Anspach's report of chest x-ray: Nodular density below right hilum without change.

9-12-66
12766
Dr. Anspach's report of chest x-ray: Nodular density below right hilum. No change. Right diaphram slightly elevated.

412384 0129

George Hosch

9-12-67
14,133
)r.Smith's report of chest x-ray. No change

9-3-68
15,413
Dr. anspac 's report of chest x-ray: Nodular density below right hilum. No change. Right diaphram slightly elevated.

9-14-70
18851
Dr. Zigler Report of chest x-ray. Negative.

Curtis Miller

Birth Date: 11-14-28

Date of Employment: 11-26-52

Job Classification: Yard Services (since 1967; prior to this worked in Potroom)

NAME MILLER, CURTIS EDD EMPLOYEE NO. 22-217

#4 RR 3 Cameron INJURY AND ILLNESS RECORD

DATE	TIME	INJURY OR ILLNESS / TREATMENT	BY WHOM	Classification 1	2	3
12-18-68	7:55am	Placed on redcard per wife. In Newton Hospital as of 12-16-68. (Lung problem)	CB	P	O	Z
1-6-69	12:45pm	Returning from redcard. Bronchitis. T. 98.6. OK'd for work for 1-7-69 per Dr. Richards.	CAS	P	R	X
2-18-69	8:20am	F.B. left eye. Unable to remove. Patient unable to cooperate. Opthaine and eyepatch. Return at 12:00 O'clock.	CAS	C	O	Y
2-18-69	12:45pm	Foreign material removed from left eye by Dr. Richards. Neo-cortef and eyepatch this PM. Return daily.	CAS	C	R	Y
2-18-69	4:45pm	Left eye washed with NSS and medicated with neo-cortef. Very irritated. Eyepatch applied. To return.	FR	C	R	Y
2-19-69		Did not report to Medical as instructed. Dr. Alexander phoned Mr. Menke that Miller had reported to her for treatment at 6:30PM 2-18-69.	CAS			
2-26-69	2:20pm	Homer Smith states Miller returned to work Monday the 24th.	CAS			
3-17-69	12:45pm	Red card as Of 3-17-69 per Vera Miller who states Dr. Alexander Hospitalized Miller because of accident that happened to eye at plant some time ago. Mr. Menke notified.	CAS			
5-13-69	12:20pm	T. 99.6. Under care of private physician and is being referred to Dr. Carabasie at Scott & White. To report back to Medical May 28th at 12:30PM. Was seen today by Dr. Richards.	CAS	P	R	Z

NAME	BIRTH DATE	SOC. SEC. NO.	SERIAL NO.		EMPLOYEE NO.
MILLER, CURTIS EDD					22-217

412384 0132

NAME MILLER, CURTIS EDD EMPLOYEE NO. 22-217

#4

INJURY AND ILLNESS RECORD

DATE	TIME	INJURY OR ILLNESS	TREATMENT	BY WHOM	Classification 1	2	3
5-23-69		Reported to A Menke that test at Scott # White have not been completed -will report to us at later date Wed # Thursday next week.		CAS			
5-30-69		Did not report as schedules Wed. 28th.		CAS			
6-2-69	1:00pm	Brought report from S.& W. Hospital. To return to Hospital 6-8-69.		GP			
7-28-69	12:45pm	Returning from red card URI with allergy to cigarettes. Ok'd to work for 7-29-69 per Dr. Richards. (On vacation until 8-4-69)		CAS	P	R	
2-9-70	1:pm	States thinks has flu. T.100. Home via own transportation. To call if needs red card.		CAS	P	O	Z
7-30-70	12:45pm	H. Smith phoned requesting red card for Miller since Miller phoned stating is under care of physician because of inhaling too much dust at work. Was wearing respirator. Red card 7-27-70.		CAS	P	O	Z
8-20-70	2:10pm	Brought statement to employment from Dr. S. R. Richardson stating fractured ribs. Not released. Not seen by company physician.		CAS			
9-4-70	1:pm	Returning from red card Fx 6th right rib per insurance form. Ok by Dr. Richardson. Checked by Dr. Richards ok for work 9-5-70. D. N.		CR	P	R	Y
10-19-70	120pm	States has broken foot right since 10-12-70 request red card as of		10-12-70			
11-6-70	1:30pm	Returning from red card as of 11-7-70 per written release from Dr. Swift. Dept. notified. Contusion right foot.		CAS	P	O	Z
3-31-71	8:20am	States on 3-25-71 was using jackhammer and right hand was thrown up and hit a pipe. Has been sore and swollen since. X-ray, Lt Duty today until x-ray read br Dr. Ziegler. hot soaks at home.		LH	P	R	X
				SAK	C	O	X

NAME	BIRTH DATE	SOC. SEC. NO.	SERIAL NO.		EMPLOYEE NO.
MILLER, CURTIS EDD					22-217

412384 0133

NAME Miller, Curtis E. EMPLOYEE NO. 22-217

INJURY AND ILLNESS RECORD

DATE	TIME	INJURY OR ILLNESS / TREATMENT	BY WHOM	Classification		
8-2-71	8:15am	States been off since July 28th under care of Dr. Swift. (Breathing problem). Still under care of Dr. Swift and has not been released. Is going back to doctor this a.m. To phone medical if needs red card.	LH	P	O	Z
8-4-71	12:pm	Red card per wife as of 7-28-71. Under care Dr. Swift. Is to stay off work. Ddept. Notified.	SAK	P	R	Z
8-20-71	12;40pm	Returning from red card. fluid on lungs. Checked by dr. R. ok for reg. work 8-23--71 at 8; am. D. N. To bring release from dr Swift.	CB	P	R	X

NAME	BIRTH DATE	SOC. SEC. NO.	SERIAL NO.		EMPLOYEE NO.

412384 0134

Scott and White Clinic,
AN ASSOCIATION,
AFFILIATED WITH
SCOTT AND WHITE MEMORIAL HOSPITAL AND
SCOTT, SHERWOOD AND BRINDLEY FOUNDATION
TEMPLE, TEXAS

COPY

June 10, 1966

Dr. L. L. Migliazzo
Newton Clinic
Cameron, Texas

RE: Curtis Ed Miller
Registration No. 384380

Dear Dr. Migliazzo:

The above patient came to our clinic on 6-4-66 for evaluation of his pulmonary situation.

Attached is a copy of his pulmonary function study. (not in record) Electrocardiogram was normal. Complete blood count with differential blood smear was entirely within normal limits as was a sedimentation rate and a routine urinalysis.

Our chest x-ray showed a Ghon complex on the left and we reviewed outside films from Cameron dating back to 12-16-65 and we felt that there was no change compared with our current films.

The patient was advised to completely refrain from smoking and was given Choledyl 200m.g. a.c. and h.s. and he was further advised to avoid dust and fumes as much as possible. We felt that he should return in a couple of months for a brief pulmonary function test with dilators to compare with the current values. On these current test, there was some question about the patient's effort and there was some question that there might be some possibly muscular weakness. However, this was not felt likely. Because of this possibility we did feel that he should certainly have repeat pulmonary function tests, and if there was still any question, then perhaps, neurological evaluation would be necessary. I did not go into these muscular aspects with the patient because I felt that he certainly had other ample reasons to try and cut out his smoking and to follow our advice and also to return for follow up evaluation after he had been on a bronchial hygienic program, at least, to a certain degree. Of course, practice often helps these tests turn out better and it may very well be that some of the "poor effort" we were seeing is due to lack of familiarity in doing the test.

The patient will see how he gets along. I told him that I thought there would be no contraindication to any particular kind of work that he wanted to do as long as the recommendations made above were carried out, and particularly if they were carried out in regard to excessive exposure to dust and fumes. I personally thought that the patient could return to work at anytime.

412384 0135

Thank you for referring this patient to us. If we can be of any further service, please do not hesitate to call on us. Best wishes.

Sincerely yours,

Robert J. Carabasi, M.D.
Section on Medical Diseases
of the Chest

RJC:jv

Enclosure: cc

Scott and White Clinic,
AN ASSOCIATION,
AFFILIATED WITH
SCOTT AND WHITE MEMORIAL HOSPITAL AND
SCOTT, SHERWOOD AND BRINDLEY FOUNDATION
TEMPLE, TEXAS

File

July 2, 1969

COPY

Dr. Albert B. Spires, Jr.
720 W. 6th Street
Taylor, Texas 76574

Re: Curtis Ed Miller
Box 2
Milano, Texas 76556
Registration No. 0384380

Dear Dr. Spires:

Mr. Millar was hospitalized here from June 8, 1969 through June 14, 1969 after an extensive outpatient evaluation. Several problems were evaluated. He had several elevated blood pressure readings. A 24-hour urine sample for 5-Hydroxy-Indole Acetic Acid was negative. A 24-hour urine sample for VMA was 8 mg. in 24 hours, which is upper limits of normal for our laboratory. This was repeated after the patient's medications were all discontinued and was normal at 6 mg. for 24 hours. Blood pressures in the hospital were generally normal, and at the time of a follow-up Clinic visit on June 21, 1969 blood pressure was only 120/90, so the patient is on no medications for this save for Phenobarbital, 1/4 grain, 3 times daily. I think the possibility of pheochromocytoma is very, very slight. An oral cholecystogram done as an outpatient showed no visualization of the gallbladder, but a repeat study with a double dose of telepaque showed a normally functioning gallbladder. Initial pulmonary function tests on this gentleman showed a mild to moderate obstructive defect with considerable reduction in the vital capacity. Repeat studies after treatment revealed a marked improvement, but the patient still has mild obstruction on the spirogram. He has been placed on Choledyl, 200 mg., 4 times daily and is to use an Isuprel Histometer, 2 whiffs 4 times daily, for his bronchitis. He was strongly urged to stop smoking. He should be immunized for influenza each winter, and any chest cold should be treated promptly with a broad spectrum antibiotic, such as Tetracycline.

Other tests that were done while he was here included a normal electrocardiogram, immunoelectrophoresis, histamine test, regitine test, serum calcium, sodium, potassium and chloride. Arterial pH and PCO_2 were normal. Sweat test was within normal limits. The patient's chest x-ray shows a slight increase in markings in both lungs. Two-hour postprandial blood sugar was normal. Cinefluorography of the esophagus revealed a 3 to 4 cm. sliding hernia with some reflux. PBI and T-3 uptake were normal. Blood count,

Dr. Albert B. Spires, Jr.
720 W. 6th Street
Taylor, Texas 76574

July 2, 1969

Page II.

Re: Curtis Ed Miller
Box 2
Milano, Texas 76556
Registration No. 0384380

sedimentation rate and urinalysis were within normal limits. An audiogram showed mild, bilateral, sensori-neural hearing loss. Indirect laryngoscopy revealed diffuse reddening and edema of the larynx and hypopharynx.

In summary, I think Mr. Miller does have a mild, chronic bronchitis, probably related to cigarette smoking and perhaps aggravated by fumes at work. (There is no way of knowing this for sure). He seems to have a labile blood pressure with no evidences of damage from hypertension. He does have a hiatal hernia, which is probably asymptomatic. The slight increase in markings throughout the lung fields and a mildly reduced diffusing capacity of the lungs are a little worrisome and should be followed with sequential pulmonary function tests and chest x-rays. I think this gentleman can return to work. His drug program has been outlined above. Dr. Carabasi or I would like to see him again in 2 months for follow-up.

Thank you for this referral.

Sincerely yours,

Luther M. Brewer, M. D.

LMB:mj

Copy: Mr. Curtis Ed Miller
Box 2
Milano, Texas 76556

412384 0138

SF 2725 8M-4-61

X-RAY AND LABORATORY REPORT

EMPLOYEE NO.
EMPLOYEE NO.
EMPLOYEE NO.
SERIAL NO.
SOC. SEC. NO. 453-40-2220

NAME MILLER, CURTIS EDD

X-RAY NO. Chest x-ray--November 12, 1952--Negative.
Lumbo sacral x-ray--November 12, 1952--Negative.

6-29-54 Dr. Anspach's r eport --- Heavy markings both bases. Old fractures of the right 3rd, 4th and 5th ribs, healed.

12-1-56 Dr. Anspach's report of chest x-ray--Small fibrotic nodule left base not definitly seen in 1954. This should be rechecked in 2 mos. with 14 X 17 film.

11-5-57
3907
Dr. Anspach's report of x-rays:
Chest x-ray--Calcified Ghon tubercle left base.
Lat. lumbar spine--Negative.

11-2-58
4843
Dr. Anspach's report of chest x-ray--Calcification left base, laterally.

11-1-59
5780
Dr. Anspach's report of chest x-ray--Calcification left base.

11-1-60
6712
Dr. Anspach's report of chest x-ray-Calcifications left base.

11-2-61
7565
Dr. Anspach's report of chest X-ray: Calcifications left base.

12-4-62
8522
Dr. Anspach's report of chest X-ray: Negative.

3-23-64
9934
Dr. Anspach's report of chest x-ray, Negative.

3-24-65
11057
Dr. Anspach's report of chest x-ray: Negative.

9-12-66
12,774
Dr. Anspach's report of chet x-ray: Essentially negative.

9-12-67
14,137
Dr. Anspach's report of chest x-ray: No change.

412384 0139

(CONTINUE ON REVERSE SIDE)

X-RAY AND LABORATORY REPORT

EMPLOYEE No.
EMPLOYEE No.
EMPLOYEE No.
SERIAL No.
SOC. SEC. No.

NAME Miller, Curtis

X-RAY No.

9-6-68
15446
Dr. Anspach's report of chest x-ray Calcifications left base no change.

12-19-69
17,542
Dr. Anspach's report of chest x-ray: Calcifications left base. No change.
12-1-70
19299
Dr. Anspach.s report of chest x-ray Calcification left base. without change.

412384 0140

Edward H. Krueger

Birth Date: 10-4-13

Date of Employment: 6-19-53

Job Classification: Craneman (Potroom)

Inhaled chlorine gas 2-13-67. Treated with oxygen.
No other chest complaints noted on I&I card prior to 6-16-71 when he was picked up by Alcoa ambulance in Potroom with symptoms of difficult breathing. Treated with oxygen and bed rest and referred to private physician.
On Red Card for chest problem since 6-17-71.

JOHN P. VINEYARD, JR., M. D., A.A.C.P.
SUITE 313, MEDICAL PARK TOWER
AUSTIN, TEXAS 78705

INTERNAL MEDICINE
PULMONARY AND INFECTIOUS DISEASES

TELEPHONE (512) 465-6507

July 26, 1971

TO WHOM IT MAY CONCERN:

Mr. Edward Krueger was seen for pulmonary evaluation on July 14, 1971. This gentleman has experienced an episode of pulmonary edema, acute, after exposure to chemicals where he works. He was, in fact, hospitalized by Dr. Leshikar at Johns Hospital in Taylor with the acute episode.

At the present time his lungs are clear with no sputum produced and no cough. His pulmonary function studies are compatible with a mild obstructive defect.

In my opinion, Mr. Krueger should avoid any further chemical vapor exposure and should be reassigned to a different work area because of this occupational hazard for him.

Respectfully,

John P. Vineyard, Jr., M.D.

JPV:kc

HISTORY AND PHYSICAL

Edward Krueger
Birth Date 10/4/13
6/17/71

CHIEF COMPLAINT: Severe shortness of breath last night, apparently works in the pot room at Alcoa and became intoxicated or exposed to a lot of fumes last night. After this happened became very dyspneic. Did check at the Emergency Room at the Plant and they did put oxygen on him for a while. He then drove home, became very short of breath again. He did take 2 Bronkotabs and these did, after a while, give him some relief, however, he did start driving into the Emergency Room here at the hospital, states he got as far as the city limits of Taylor and began feeling better and turned around and went back home and rested. Comes in this morning for a check.

PRESENT ILLNESS: Mr. Krueger was seen here on 5/11/71, he was having a lot of shortness of breath at that time, started bothering him in the latter part of April. He had a chest x-ray made which showed some peribronchial infiltrate and some cardiac enlargement. He was told to decrease his sodium intake, was placed on Hydrodiuril and also given some Erythrocin tabs orally and he did improve temporarily. On 5/21/71 was seen, still having some trouble but mostly at night and did give him some Bronkotabs to take at night. He was then seen on 6/8/71, still getting a lot of wheezing and tightness in his chest at times and was given Bronkotabs to take 1 four times daily if needed. Was then seen on 6/16/71, weight was 178. BP 130/80. Did seem to have a few moist rales and some irregularity of cardiac rhythm, did tell him to resume Hydrodiuril 1 each day and started on Lanoxin .25 mgm. tabs yesterday and to take the Bronkotabs if needed. He then went to work last night and had this present episode of exposure to fumes which aggravated all of his symptoms.

FAMILY HISTORY: Mother died of old age. Father died with questionable cause, had a lot of swelling of his feet and probably was in heart failure. One brother living and well, two sisters living and well. Three brothers died, one with heart attack, the other one had tuberculosis. Wife is living and well, five sons living and well.

PAST HISTORY: Has no definite drug allergy. He did have an appendectomy in 1953. He had a left bunionectomy in August of 1968.

PHYSICAL EXAMINATION:

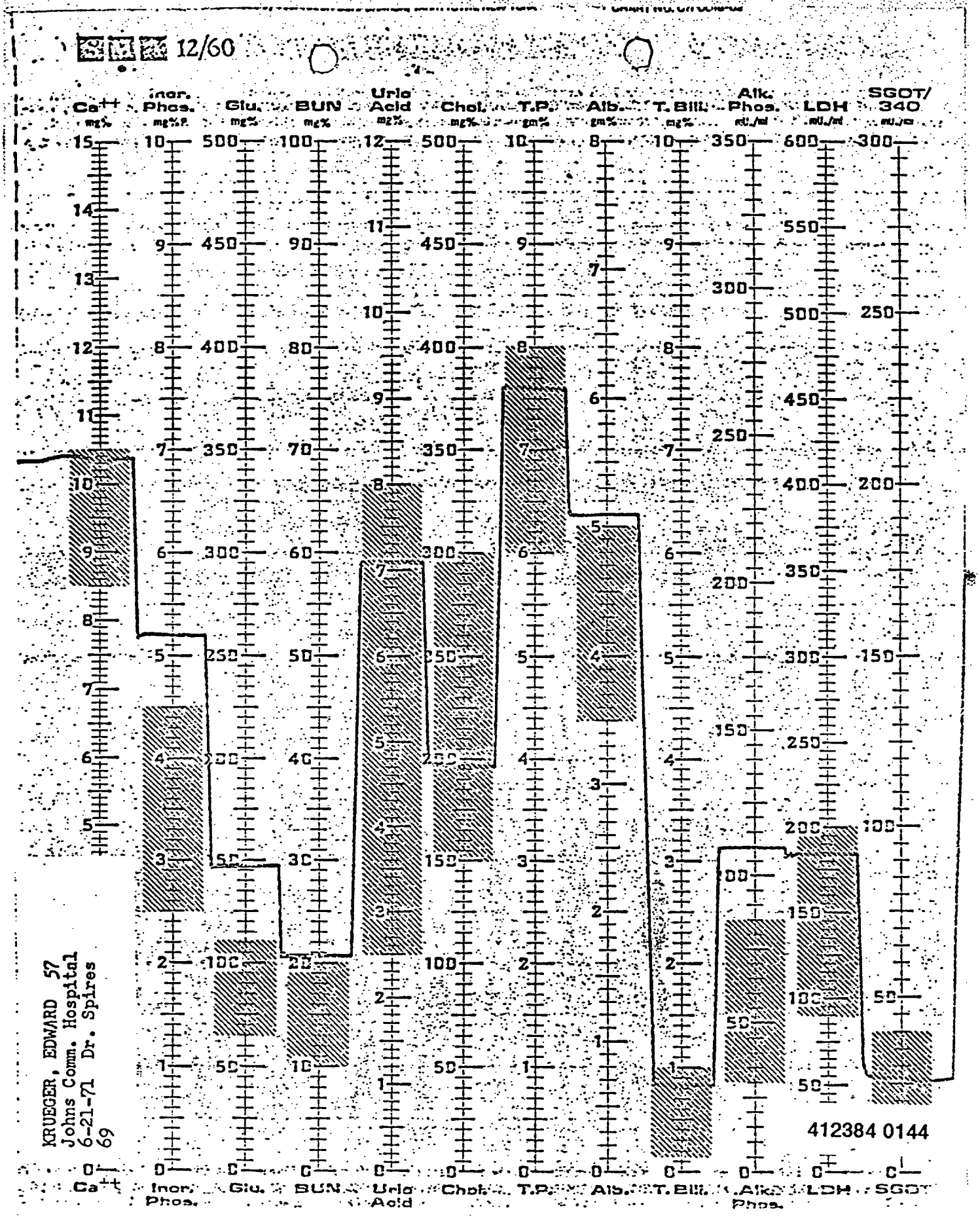
Weight----------178
BP----------136/70
EENT----------Ears are clear, throat is clear, has no enlargement of thyroid or neck glands.
Lungs----------Have a few wheezes and moist rales in the hilar areas and bases.
Heart----------Has occasional extrasystoles.
Abdomen----------No palpable masses or tenderness. Does have appendectomy scar.
Genitalia----------Normal.
Rectal & prostatic---Negative.
Extremities----------Has no pedal edema.

IMPRESSION: Possibly mild congestive heart failure.
Apparently developing some chronic lung disease with probable emphysema. This may be secondary to fume exposure at work.
Aggravation of all of his symptoms by acute exposure to fumes at work last night.

MJL:nb
DD: 6/17/71
TD: 6/17/71

412384 0143

M. J. Leshikar, M. D.


12/60
Ca++ mg%
Inor. Phos. mg%P
Glu. mg%
BUN mg%
Uric Acid mg%
Chol. mg%
T.P. gm%
Alb. gm%
T. Bili. mg%
Alk. Phos. mU./ml
LDH mU./ml
SGOT/ 340 mU./ml
KRUEGER, EDWARD 57
Johns Comm. Hospital
6-21-71 Dr. Spires
69
412384 0144
Ca++
Inor. Phos.
Glu.
BUN
Uric Acid
Chol.
T.P.
Alb.
T. Bili.
Alk. Phos.
LDH
SGOT

6/18/71
Consultation Note
Edward Krueger
Asked to see patient in consultation by Dr. Leshikar relative to evaluation of his shortness of breath. History and physical were reviewed, patient interviewed and examined.

In reviewing his clinic record the following things may be of significance -
(1) there is a family history of tuberculosis.
(2) he has history of wheezing, shortness of breath dating back to 1954.
During the years following him in the clinic he was frequently treated for respiratory infections with cough productive of yellow sputum.

Of significance also is that the type of work in which he is involved results in frequent inhalation of noxious gasses.

Physical examination is as described, there is a definite prolonged expiratory phase of respiration; at the present time there are no definite wheezes or rales.

Diagnosis: Chronic lung disease, bronchitis, emphysema.

Recommendation: I feel that after the patient has gotten over this acute episode that we should definitely refer him for pulmonary function studies.

In addition we should do a tuberculin Tine test and do sputum studies for AFB, although I do not believe this to be his problem.

I would recommend that you continue his digitalis for a period of three weeks and then if he is doing well to empirically discontinue it. Continue the bronchodilators, IPPB treatments and antibiotic therapy at the present time and will follow patient at your request. ABS:nb

Edward Krueger--#3011
CHEST X RAY PA--6-17-71--Fume intoxication.
CT 15/33. Some perivascular infiltrates throughout, consistent with fibrotic change and/or CPC. Bilateral hilar calcifications. CJD:nb

Edward Krueger--ECG 6/17/71--There is bigeminal rhythm at times, other times a regular sinus rhythm; ventricular rate 80 per min. PR interval 0.14; QRS 0.06; QT 0.36. The ectopic focus is apparently in the low right septum. There is no ECG evidence of myocardial damage. ABS:eg

Edward Krueger--ECG 6/18/71--There are fewed PVC's now; there is a persistent regular sinus rhythm with a ventricular rate of 90 per min. PR interval 0.14; QRS 0.06; QT 0.40. No ECG evidence of myocardial damage.. If clinically indicated suggest follow-up record. ABS:eg

DISCHARGE SUMMARY

Edward Krueger
6/24/71

This 57-year-old male was admitted to the hospital on 6/17/71, was having rather severe shortness of breath, bothered him more after exposure to fumes in pot room at Alcoa, and apparently had to have oxygen for a while at their Emergency Room, and finally came into the Clinic with some improvement but still inrespiratory distress. Felt that he was having chronic lung disease with probbble emphysema and bronchitis, possibly some associated mild congestive heart failure, all symptoms greatly worse after acute fume exposure.

His lab studies showed a normal urinalysis, normal hemoglobin, hematocrit, and white count. VDRL was non-reactive. He did have an SMA-12 which showed slight elevation of glucose, other readings essentially normal. Some serum electrolytes done here which were about normal. He did have a fasting blood glucose on 6/22/71 which was 111 mg.%.

Did have Dr. Spires see the patient in consultation and he agreed that he did have chronic lung disease, bronchitis and emphysema, and felt that after he was over his acute studies that he should have pulmonary function studies performed.

Chest X-ray on 6/17/71 showed some peri-vascular infiltrates throughout consistent with fibrotic change and/or CPC. Had an ECG on 6/17/71 showed some bigeminal rhythm at times, some premature ventricular contractions. On 6/18/71 had a regular sinus rhythm with fewer PVC's.

In the h ospital he received Bronkotabs one q 4 h; Thiomerin 2 cc. IM initially; was continued on Lanoxin 0.25 mg. tablet daily. On 6/17/71 also received Celestone Soluspan 1 cc. IM. He was started on IPPB treatments twice daily and this did help him greatly.

On 6/21/71 Spires started him on Dilor-G tablets one q.i.d. Also, on 6/22/71 was started on Vibramycin 100 mg. capsules one twice daily the first day, then 1 daily. Attempted to get sputums but none were produced and none was done. A tuberculin Tine test was essentially negative.

He did improve and was finally dismissed for home care on 6/24/71. Told to continue rest at home, to continue Lanoxin 0.25 mg. tablet daily, to continue Dilor-G one q.i.d., and had instructions to recheck in the Clinic in 4 days. He will have an appointment made in Austin for pulmonary function studies.

FINAL DIAGNOSIS: Chronic lung disease with bronchitis and emphysema.
MJL:cg

Edward Krueger---6-28-71--Comes in for a check today, apparently has been doing quite well since dismissal from the hospital. BP 122/80. WT. 179½. Ears are clear. Throat is clear. Lungs sound clear. Heart sounds fine. Also had Dr. Spires listen to his chest and feel he is progressing well. We both feel that he needs to remain off work for the time being. In about two weeks he should have a consult with Dr. Vineyard regards pulmonary function studies. In the meantime to continue restricted activities. Remain out of dust or any irritating chemicals. He is to continue Lanoxin .25 mgm. tablet daily. He is to continue Dilor-D 1 qid. He is to be rechecked in the clinic in eight or nine days. MJL:cv

Edward Krueger

7-1-71: Wt 181 B/p 122/76

Comes in for a recheck today. Ears are clear. Throat isclear. Lungs sound clear. Heart has regular sinus rhythm. States he has been feeling well. He gets a slight wheez when he first gets up in the morning, but hasn't had any real shortness of breath since his last visit.

Treatment: 1. Continue Lanoxin 0.25 mgm. tablet daily.
2. Continue Dilor-G tablets 1 qid.
3. I did call Dr. Vineyard's office and have made an appointment for him to see him regards pulmonary funtion studies on 7/14/71, at 11:45 a.m. We will send a copy of his clinic and hospital records and also his x-rays along with the patient.

MJL:cv

7-23-71: Wt. 182½ B/p 120/70

Comes in for a recheck. Wt. 182½. BP is 120/70. He did see Dr. Vineyard, did pulmonary function studies but as yet we haven't received our report regards these. He hasn't been taking any medication for about two weeks now. Told him he is to check back about Monday or else call me. If we haven't received the report from Dr. Vineyard by then we will call his office for a report. He does need one of these in preparation for return to work at Alcoa. Was told by Dr. Vineyard that he must remain out of pot rooms and need the report for this purpose to see if he can get a ✗ job transfer. MJL:nb

X-RAY AND LABORATORY REPORT

EMPLOYEE NO.
EMPLOYEE NO.
EMPLOYEE NO.
SERIAL NO.
SOC. SEC. NO.

NAME KRUEGER, EDWARD H.

X-RAY No.

6-18-53 Chest x-ray - Neg.
Lumbo sacral x-ray - Neg.

2-9-55 Chest x-ray--Negative.

1-29-57 3077 Dr. Anspach's report of X-rays: Chest: Negative. Lateral: Essentially negative.

1-30-58
4220
Dr. Anspach's report of chest x-ray--Pulmonary emphysema bilateral, moderate.

1-11-59
5020
Dr. Anspach's report of chest x-ray--Pulmonary emphysema bilateral, moderate.

1-9-60
5931
Dr. Wybourn's report of chest x-ray--Hilar calcifications. Increased markings right base.

1-9-61
6868
Dr. Anspach's report of chest x-ray--14 X 17 chest x-ray shows an unusual amount of chronic and some softer peribronchial reaction mid and lower lungs but with no definite pneumonia and no TBC or tumor growth. Otherwise negative.

4-5-62
7950
Dr. Anspach's report of chest x-ray: Negative.

9-30-63
9303
Dr. Anspach's report of chest x-ray: Heavy markings in both bases, and some evidence of pulmomary emphysema. No significant change since prev. films.

9-3-64
10,423
Dr. Smith report of chest x-rays. No change

9-2-65
11,635
Dr. Wybourn's report of chest x-ray: No change.

9-29-66
12,845
Dr. Anspach's report of chest x-ray: Bilateral pulmonary emyphysema. No change.

9-7-67
14,115
Dr. Smith's report of chest x-ray: No change.

412384 0148

(CONTINUE ON REVERSE SIDE)

X-RAY AND LABORATORY REPORT

EMPLOYEE No. _____
EMPLOYEE No. _____
EMPLOYEE No. _____
SERIAL No. _____
SOC. SEC. No. _____

NAME Edward H. Krueger.

X-RAY No.
9-17-68
15,502
Dr. Smith's report of chest x-ray: Negative.

9-18-69
17018
Dr. Anspach's report of chest x-ray : Negative.

10-12-70
19,069
Dr. Anspach's report of chest x-ray: Changes of moderate bilateral pulmonary emphysema and small symmetrically located nodular ~~XXXXXXXXX~~ densities at the anterior portion of each 6th rib which should be the nipple shadows. No significant change .

412384 0149