

# NAME

## WORK HISTORY

## SMOKING HISTORY

NAME: PERKINS, DEBORAH  
ADDRESS: 6211 GAYLE DR  
LOUISVILLE KY 40219

MOS. IN PVC MAN. 001  
MOS. IN PVC PROC. 079  
MOS. PREV PVC MAN.  
MOS. PREV PVC PROC.

NON-SMOKER

AGE: 33  
SEX: FEMALE  
DATE: 07-15-83  
REPORT TO: PLANT & PERSONAL PHYSICIAN  
INTERVIEWER CODE: 19

CHEMICALS OUTSIDE JOB: NO  
Avg Exp: 7.1  
Mos BFG: 230.0  
Total Exp: 258.0

## PAST MEDICAL HISTORY

## ALCOHOL CONSUMPTION

HOSPITALIZED OVERNIGHT

EVER DRANK: YES  
PAST DRINKER  
PAST WEEKLY DRINKER: NO  
CANS BEER PER WEEK: 0  
4 OZ GLASSES WINE PER WK:  
1 OZ DRINKS LIQUOR PER WK:  
AGE STARTED: 15  
AGE QUIT: 45

## REVIEW OF SYSTEMS

BRUISE EASILY  
HEADACHES  
HOARSENESS  
HEART TROUBLE  
FEET SWELLING  
VOMITED BLOOD  
BLOODY STOOLS  
EXERCISE INDICATED: NO  
EXERCISE PAIN: NONE

PERSONAL

NAME: PERKINS, LORNAE  
ADDRESS: 6211 DAYLE DR  
LOUISVILLE KY 40219  
AGE: 54  
SEX: MALE  
DATE: 07/06/78  
REPORT TO: PLANT PHYSICIAN  
INTERVIEWER CODE: 34

WORK HISTORY

NOS. AT BFO: 257  
NOS. IN PVC MM: 18  
NOS. IN PVC PROC: 0  
NOS. PREV PVC MM: 0  
NOS. PREV PVC PROC: 0  
CHEMICALS OUTSIDE JOB: NO

SMOKING HISTORY

NON-SMOKER  
PAST CIGARETTE SMOKER  
CIGARETTES PER DAY: 6-14  
AGE STARTED CIGARETTES: 34  
AGE QUIT CIGARETTES: 36

PAST MEDICAL HISTORY

HOSPITALIZED OVERNIGHT  
PESTICIDE EXPOSURE  
ALLERGIES

ALCOHOL CONSUMPTION

PAST WEEKLY DRINKER  
12 OZ CANS BEER PER WEEK. 3  
AGE STARTED: 16  
AGE QUIT: 45

REVIEW OF SYSTEMS

ITCHING  
BONE PAIN  
FRACTURES  
SKIN RASHES  
FAINED  
COUGH ON AWAKENING  
THROAT TROUBLE  
FEET SWELLING  
NAUSEA  
VOMITING  
BLOODY STOOLS  
GALL BLADDER DISEASE  
HEMORRHOIDS  
EXERCISE(WALKING): > 5 HRS/WK  
EXERCISE(RUNNING): 1-3 HRS/WK

ENVIRONMENTAL HISTORY

NO UNUSUAL FINDINGS