Telephones: 767-6600 - 6601 - 6602 - 6603

DIRECTORS
ROBERT E. BOYD, M.D.
RICHARD THORS, M.D.
SENIOR CONSULTANT
PHILIP FALK, M.D.

CLEARING INDUSTRIAL CLINIC

5548 WEST SIXTY-FIFTH STREET
CHICAGO, ILLINOIS 60638

DATE June 30, 1984

ASSOCIATE MEDICAL DIRECTOR

AMERICAN CYANAMID CO.

WAYNE, NJ 07470

6-1-84	CALVIN DAVIS===	Physical Examination			$115.00

RECEIVED
AMERICAN CYANAMID CO.
4500 W. 103rd ST.
CHICAGO, IL 60623
JUL 6 1984

CYWI 3-001217

Request for
Physical Examination

CYANAMID

American Cyanamid Company
Central Medical Department

PART A

TO: DR. [illegible]

DATE 5/31/84

YOU ARE AUTHORIZED TO PERFORM A
☐ PRE-EMPLOYMENT ☐ PERIODIC ☒ SPECIAL (Specify reason) [redacted]

PHYSICAL EXAMINATION ON
DAVIS (Last Name) CALVIN (First) — (Initial)

SOCIAL SECURITY NUMBER
☐☐☐-☐☐-☐☐☐☐

PRESENT, OR APPLIED FOR, POSITION/TYPE OF WORK:
GENERAL FACTORY

AT (COMPANY LOCATION)
4500 W 15TH ST.

DIVISION
PPS

DEPARTMENT
POLYMER CHEMICAL

CHARGE CODE
30-0299-1579

EXAMINATION REQUESTED BY (REQUESTER)
H.C GAFFNEY

REQUESTER'S TITLE
PLANT MANAGER

TELEPHONE
312-522-2200

REQUESTER'S COMPANY LOCATION
4500 W. 15TH ST

SEND INVOICE TO (MAILING ADDRESS)
4500 W 15TH ST
CHICAGO, IL 60623

PART B PHYSICIAN'S REPORT

DATE OF EXAMINATION
6-1-84

CLASSIFICATION (Circle one)
(A) B C D

WORK RESTRICTIONS (IF ANY)
NONE

EXAMINING PHYSICIAN (TYPED)
Robert E Boyd

EXAMINING PHYSICIAN (SIGNATURE)
Robert E Boyd MD

INSTRUCTIONS

COMPANY REQUESTER

1. FULLY COMPLETE *PART A* AND SEND ORIGINAL AND *PARTS 2 & 3* TO THE PHYSICIAN.
2. SEND *PART 4* TO: CORPORATE MEDICAL DIRECTOR
   AMERICAN CYANAMID COMPANY
   ONE CYANAMID PLAZA
   WAYNE, NJ 07470
3. SEND *PART 5* TO THE APPROPRIATE ACCOUNTS PAYABLE DEPARTMENT SHOWN IN *PART A.*

CONFIDENTIAL
INFORMATION
REDACTED

PHYSICIAN

1. UPON COMPLETION OF EXAMINATION, COMPLETE *PART B* AND SEND ORIGINAL FORM TO THE REQUESTER INDICATED IN *PART A.*
2. SEND *PART 2* WITH YOUR INVOICE TO THE ACCOUNTS PAYABLE DEPARTMENT SHOWN IN *PART A.*
3. SEND *PART 3*, COMPLETED PHYSICAL EXAMINATION FORM. X-RAYS AND OTHER MEDICAL DATA AS IN THE PAST TO:

   CORPORATE MEDICAL DIRECTOR
   AMERICAN CYANAMID COMPANY
   ONE CYANAMID PLAZA
   WAYNE, NJ 07470

7/81 ☆ 7/81 ORIGINAL 1

CYWI 3-001218

N14762.01

Summary of
Physical Examination

CYANAMID

American Cyanamid Company

(CHECK ONE)
☐ PRE-PLACEMENT
☒ PERIODIC
☐ SPECIAL

DATE 6/1/84

NAME	AGE
Calvin Davis	36

ADDRESS 637 Lawndale

NATURE OF WORK General Factory

EXAMINATION REQUESTED BY HC Caffney OF Polymer Chemicals DIVISION (AGRICULTURAL, LEDERLE, ETC.)

SIGNIFICANT HISTORY

NO

SIGNIFICANT PHYSICAL FINDINGS

NORMA

CONFIDENTIAL INFORMATION REDACTED

AND DIAGNOSIS

Examined [redacted]

CLASS 1 2 3 4 (ENCIRCLE ONE)

WORK RESTRICTIONS

NONE

SIGNED Robert E Boyd MD M. D. ADDRESS 5548 W. 65th St Chgo

NOTE: This report is for Medical Department use only. It should be mailed as soon as possible after completion of the examination to:

CORPORATE MEDICAL DIRECTOR
AMERICAN CYANAMID COMPANY
WAYNE, N. J. 07470

NA 271 Rev 8-77 PRINTED IN U.S.A. 8-77

CYWI 3-001219

N14762.02