

"PRE-HIRE" — Physical Examination Report

1-4-73
RICHARD A. ANDRADE
5-11-1953
SAN LUCAS, CA.
Lloyd G. Pickering

Date 1-4-73 Time 11:00 Services Requested Lab Work (CBC, Urinalysis)
11:00 X-ray (PA Chest Only)
11:00 Physical Exam & History
11:00 Audiometric
11:00 Forced Vital Capacity
11:00 Forced Expiratory Volume at 1 sec.
11:00 Electrocardiogram

2 1973
 JCC - CALIFORNIA
 COUNTY, CA

R. Andrade
 EXAMINEE'S IDENTIFYING SIGNATURE

Lloyd G. Pickering
 PERSONNEL MANAGER

(TO BE SIGNED IN PRESENCE OF PERSONNEL MANAGER)

SECTION B
 (TO BE COMPLETED BY NURSE OR PHYSICIAN AND SIGNED BY EXAMINEE)

RE-EMPLOYMENT ☐ FIRST ☐ PERIODIC ☐ RECALL ☐ SUBSEQUENT

SEX ☒ M ☐ F MARITAL STATUS ☒ S ☐ M ☐ W ☐ D CHILDREN ☐ L ☐ D PREVIOUS OCCUPATION Farming BLOOD TYPE A

ADJUTANT OR INTERVAL HISTORY

LY HISTORY
 AND HEALTH OR, IF DEAD
 AT AND CAUSE OF DEATH.
 FATHER D Heart attack 49 yrs.
 MOTHER L + W 42 yrs.

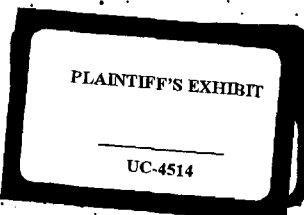
PAST HISTORY — CHECK (✓) IF POSITIVE OR NEGATIVE. IF POSITIVE GIVE YEAR OF OCCURRENCE OR EXPLAIN BELOW.

	YES	NO		YES	NO		YES	NO
ACUTE BRONCHITIS	✓		EPILEPSY		✓	SYPHILIS	✓	
ASTHMA		✓	TYPHOID FEVER		✓	GONORRHEA	✓	
TUBERCULOSIS		✓	BLOODY URINE		✓	HERNIA OR RUPTURE	✓	
GLAUCOMA		✓	EYE CONDITIONS		✓	VARICOSE VEINS	✓	
PSYCHOSIS		✓	SKIN CONDITIONS		✓	MENTECITIS	✓	
ITIS		✓	INDIGESTION		✓	DO YOU WEAR GLASSES	✓	
RECENT COLDS		✓	KIDNEY TROUBLE		✓	EVER BEEN INJURED	✓	
ACIDULE		✓	HEART TROUBLE		✓	EVER AN EYE INJURY	✓	
HEAVY OR DYSENTERY		✓	NERVOUS BREAKDOWN		✓	EVER OPERATED FOR FURTHER	✓	
STONES		✓	SPRACHE		✓	EVER HURT YOUR BACK	✓	
ARRHYTHMIA (PILCS)		✓	RHEUMATIC FEVER		✓	EVER OPERATED ON	✓	
TING		✓	SCARLET FEVER		✓	EVER RECEIVE COMP. FOR	✓	
ASTHMA COUGH	✓		ARTHRITIS		✓	AN INJURY	✓	

SPECIFIC REFERENCE TO BACK CONDITION: I certify that I have not had a back injury or a back operation.

Rick Andrade

Vaccinations: Pertussis to anthrax, etc.
 Last 6 months has had bronchitis
 Last 2 years has had persistent cough
 1954 & 1958 Sme for tuberculosis
 1961 Sabin



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I certify that my answers to the above are true and recognize that my future employment is subject to termination without notice should any of the above statements be found false or inaccurate.
 I authorize examination of all my medical records by the company physician or his representative.
 I certify that if the company changes its mind, I will be notified.

Rick Andrade

T. file RATE QUALITY VESSEL WALL B.P. HT. WT. UCC - CALIF.
 VISION ART W/ GLASSES L GLASSES L PERCEPTION initial
 HEARING L See audio MEASUREMENT Normal HYGIENE Normal

MARK WITH (✓) IF NORMAL, (X) IF NOT AND DESCRIBE BELOW UNDER FINDINGS.

SKIN	✓	MOUTH	✓	BREASTS	✓	HERNIA	✓	DEFORMITIES	✓
HAIR	✓	TEETH	✓	LYMPH NODES	✓	ING. RINGS	✓	ANUS	✓
EYES	✓	TONSILS	✓	HEART	✓	ACHILIA	✓	VARICOSES	✓
NARCS	✓	THYROID	✓	LUNGS	✓	EXTREMITIES	✓	SPINE	✓
TEARS	✓	THORAX	✓	ABDOMEN	✓	FEET	✓	NEURO EXAM.	✓

Are you taking any medication at the present time? no Are you under the care of a doctor at present? no
 IDENTIFYING SCARS OR DEFECTS:

FINDINGS: REGARDING WORK INJURIES OR DISABILITIES NOTED IN SECTIONS B & C OR SUMMARY.

Forced Vital Capacity:

Normal

Forced Expiratory Volume at 1 sec:

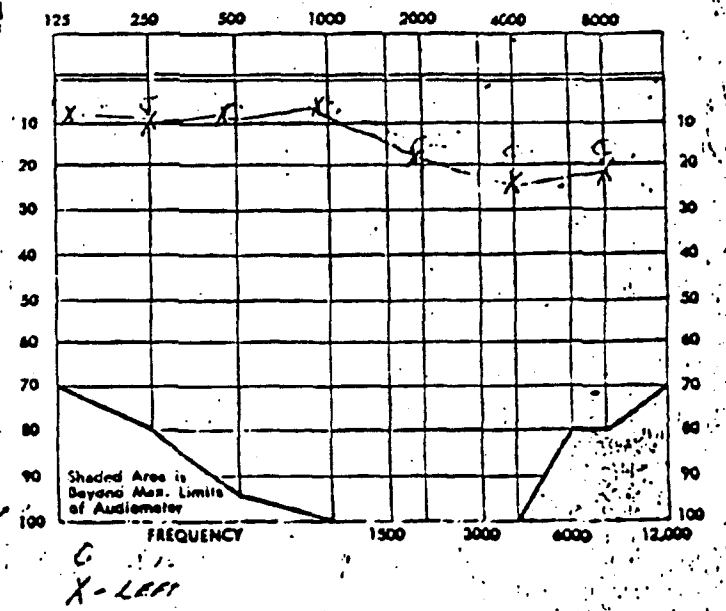
Electrocardiogram:

URINALYSIS: A. SPECIFIC GRAVITY <u>1.014</u>	
ALBUMIN <u>NEG.</u>	D. MICROSCOPIC <u>Normal</u>
SUGAR <u>NEG.</u>	

OD Normal

Ray: P.A. Normal

NAME Andrzej, Richard DATE 1.11.72



A24215

YES SPECIFY:
 CHECK ONE
 1. Fit for all types of work ☒ 2. Fit for specific job or position ☐ 3. Rejection ☐
 IF YOU HAVE CHECKED ITEM TWO OR THREE ABOVE DESCRIBE LIMITATIONS OR REASON FOR REJECTION:

X414275

DATE 1.31.72

Richard Andrzej
EXAMINING PHYSICIAN

