

Telephones: 767-6600 - 6601 - 6602 - 6603

CLEARING INDUSTRIAL CLINIC

5548 WEST SIXTY-FIFTH STREET

CHICAGO, ILLINOIS 60638

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

CORPORATE MEDICAL DIRECTOR

DATE October 18, 1983

AMERICAN CYANAMID CO.

WAYNE, NJ 07470

10-14-83	JOE BOYCE, JR. ... Physical Examination	\$76.50
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CYWI 3-001154
N14565

Request for
Physical Examination



American Cyanamid Company
Central Medical Department

PART A		DATE 10/13/83
TO: DR. <u>Boyd</u> <u>Clearing Industrial Clinic</u> <u>Chicago, Il. 60638</u>		
YOU ARE AUTHORIZED TO PERFORM A ☐ PRE-EMPLOYMENT ☐ PERIODIC ☒ SPECIAL (Specify reason) <u>High blood lead</u>		
PHYSICAL EXAMINATION ON <u>Boyce</u> <u>J.</u> (Last Name) (First) (Initial)		
SOCIAL SECURITY NUMBER <u>[REDACTED]</u>		
PRESENT, OR APPLIED FOR, POSITION/TYPE OF WORK: <u>General Factory</u>		AT (COMPANY LOCATION) <u>4500 West 15th Street</u>
DIVISION <u>Polymer Products</u>	DEPARTMENT <u>Polymer Chemicals</u>	CHARGE CODE <u>30-0299-0931</u>
EXAMINATION REQUESTED BY (REQUESTER) <u>H. C. Gaffney</u> REQUESTER'S TITLE <u>Plant Manager</u> TELEPHONE <u>3120522-2200</u>		SEND INVOICE TO (MAILING ADDRESS) <u>4500 West 15th Street</u> <u>Chicago, Il. 60623</u>
REQUESTER'S COMPANY LOCATION <u>4500 West 15th Street</u>		

PART B		DATE OF EXAMINATION 10-14-83
PHYSICIAN'S REPORT		
CLASSIFICATION (Circle one) A B C D	WORK RESTRICTIONS (IF ANY) <u>NONE</u>	
EXAMINING PHYSICIAN (TYPED) <u>Robert E Boyd</u>	EXAMINING PHYSICIAN (SIGNATURE) <u>Robert E Boyd MD</u>	

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

CYWI 3-001155
N14565.01

Telephones: 767-6600 - 6601 - 6602 - 6603

CLEARING INDUSTRIAL CLINIC

5548 WEST SIXTY-FIFTH STREET
CHICAGO, ILLINOIS 60630

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

CORPORATE MEDICAL DIRECTOR

AMERICAN CYANAMID CO.

DAYTON, NJ 07470

RECEIVED
AMERICAN CYANAMID CO.
4500 N. ELST
CHICAGO, ILL. 60630

DATE October 18, 1983

OCT 18 1983

10-14-83

CALVEN HAVIS..... Physical Examination

Tot

75.50

CYWI 3-001156

N14565.02