

PHYSICAL EXAMINATION

JOHN BIAHO

Complete this form in triplicate in typewriter and send one copy with X-Ray film to Medical Department, Mutual Insurance Building, 4750 Sheridan Road, Chicago 40, Illinois. The examining physician should retain one carbon copy and send the third copy to the employer. The X-Ray film will be returned along with a report.

EMPLOYER FILL IN	1. Employer	Victor Mfg. & Gasket Co. 5750 W. Roosevelt Rd., Chicago 90, Ill.		
	2. Employee	John Blaho	Male ☒ Female ☐	Age 44, Single ☐ Married ☒
	3. Address	4105 W. 21st. Pl.	City Cicero	State Ill. Nationality or Race Wh
	4. Job Applied for	Beater man	Department I-6	Date Employed 10-12-4
	5. Occupational History: (Past Jobs—Naming Employers, Exact Occupations, and Duration)	7/30/1909		
	Employer	Exact Job or Occupation	Dates From To	
	Last Job			
	Next Previous Job			
	Next Previous Job			
	Next Previous Job			
	Other			

EXAMINING PHYSICIAN FILL IN	6. Past History: (Diseases, Operations, Disabilities, Amputations, etc.)			
	APPENDICITOMY 1943 HIST KIDNEY STONE - 1953			
	FRAC RT ELBOW - CHILDHOOD			
	FRAC LT MIDDLE, RING + LITTLE FINGERS - 1944 RESULTING STIFFNESS 1. FIRST JOINT RING + LITTLE FINGER			
	7. Present Complaints	NONE	21. Lungs	R CLEAR
	8. Height	5' 8"	22. Varicose Veins	L "
	9. Weight	179	23. Hernia	R " L "
	10. Vision Without Glasses	R 20/20 L 20/40	24. Spinal Column	NEG
	11. Vision With Glasses	R 20/ L 20/	25. Sacroiliacs	"
	12. Hearing (Rough Est.)	NORM	26. Reflexes	"
	13. Blood Pressure	120/74	27. Extremities	SEE ABOVE
	14. Pulse	REG	28. Back	"
	15. Temperature	NORM	29. Skin	"
	16. Heart (Rate, Abnormal Findings, etc.)	REG, NORM	30. Urinalysis: Sugar	NEG
	17. Nasal Obstruction	NEG	Albumin	NEG
18. Teeth	SATISFACTORY	31. Other Abnormalities	NONE	
19. Gums	NEG			
20. Throat	"			

31. Comments and Recommendations: EYES - GLASSES?
 STIFFNESS OF FIRST JOINTS OF LT RING + LITTLE FINGERS
 OK for work
 1-19-54 Chest X-ray - negative
 for Dr. J. O. Williams
 Signed: [Signature]
 Address: [Signature]
 Date of Examination: 1/19/54

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