PASSAIC RADIOLOGY ASSOCIATES, P.A.
663 MAIN AVENUE
PASSAIC, N. J. 07055
TELEPHONE 773-8852

LEWIS L. IMMERMAN, M.D.
CHARLES A. PRIVITERI, M.D.

EZRA SCHLOSSBERG, M.D.
SAM I. BROWN, M.D.

November 15, 1976

Re: Memice, Joseph
Both hands, PA

Hans Tauber, MD
Medical Director
The Pantasote Company
893 Park Avenue
New York, New York 10021

Dear Dr. Tauber:

Radiographic examination of both hands showed no bony abnormality.

Conclusion: No bony abnormality

Thank you for the opportunity to examine this patient.

Yours truly,

Lewis L. Immerman, MD

LLI:ehs

UCCLEW0379

THE PANTASOTE COMPANY OF NEW YORK, INC.
26 JEFFERSON STREET, PASSAIC, NEW JERSEY 07055
AREA CODE 201-777-8500 • TELETYPE 710-989-7108

April 25, 1975

Dear Mr. Monroe,

You recently participated in the Pantasote Medical Surveillance program for possible side effects of vinyl chloride exposure.

Extensive blood tests, x-rays, and a physical examination were conducted to provide the physician with the necessary information.

The tests conducted and x-rays taken by the Company have shown no abnormalities.

The results of the tests and the x-rays will be forwarded to your designated physician upon the completion of a "Request for Information" form, which you may obtain in the Personnel Office.

DR. [illegible] TAUBER M.D.

UCCLEW0380

THE PANTASOTE COMPANY OF NEW YORK, INC.

PLANT NAME AND LOCATION _____

EMPLOYEE'S NAME Memice, Joseph AGE 6-27-18 EMPLOYMENT DATE 9-26-60

ADDRESS _____ DATE 4-25-77 DEPT. _____

PAST MEDICAL HISTORY:

YES	NO		YES	NO	
☐	☐	Head or back injuries	☐	☐	Rheumatic fever
☐	☐	Convulsions (fits, epilepsy)	☐	☐	Asthma
☐	☐	Diabetes	☐	☐	Kidney Disease
☐	☐	Ulcer	☐	☐	Liver Disease
☐	☐	Heart Disease	☐	☐	Bursitis — Arthritis
☐	☐	Tuberculosis	☐	☐	Permanent defects or deformities
☐	☐	Hepatitis (Date _____)			
☐	☐	Use of Drugs	☐	☐	Allergic Reactions

Have you ever been hospitalized? YES ☐ NO ☐
If yes, when, where and for what reason _____

Have you ever had surgery? YES ☐ NO ☐
If yes, when was the surgery performed and what was the surgery for _____

Have you ever received any blood transfusions? YES ☐ NO ☐
If yes, give dates and details _____

Are you presently taking any medication? YES ☐ NO ☐
If yes, specify for what reason _____

Do you smoke? YES ☐ NO ☐ If yes, number of packs per day _____

Do you drink alcoholic beverages? YES ☐ NO ☐
Beer: How many cans or bottles daily _____
Liquor (include wine): How many drinks daily _____

Have you ever been declined insurance for medical reasons? YES ☐ NO ☐

Have you ever been declined by a blood bank when donating blood? YES ☐ NO ☐

INDUSTRIAL HISTORY:

Have you ever, due to your work, received or have:

- ☐ Amputation
- ☐ Fracture
- ☐ Back Injury
- ☐ Burns
- ☐ Allergic Reaction
- ☐ Lung Disease
- ☐ Hernia
- ☐ Other — Explain _____

Have you ever worked in an area of excessive noise levels? YES ☐ NO ☐
If yes, were ear protectors worn? YES ☐ NO ☐

Have you ever, due to your work, been exposed to:

YES	NO	
☐	☐	Mining, sandblasting, stonecutting or foundry works. If yes, the number of years in the industry: _____ years
☐	☐	Asbestos, grinding, polishing metals or pottery. If yes, the number of years in the industry: _____ years

What companies have you worked for before being employed by Pantasote? (Give approximate dates, job titles, or positions held and name of company).

_____

_____

UCCLEW0381

What chemicals or drugs were you exposed to with your previous employer(s). (Give names of chemicals or drugs and dates exposed)

FAMILY HISTORY:

Are your parents alive? Father YES ☐ NO ☐ Mother YES ☐ NO ☐
If not, give the cause of death and age at the time of death

Do you have brothers or sisters? YES ☐ NO ☐
If yes, are any deceased? YES ☐ NO ☐
If deceased, give his/her name(s), age, and cause of death

The questions as I have answered are to the best of my knowledge and I understand that intentional falsification of any of the above data will mean immediate dismissal.

Signature _____ Date _____

I hereby authorize the doctor or his designated representative to give me a physical examination and to draw a blood specimen for laboratory tests as indicated.

Signature _____ Date _____

No internal history. Full work
No Rx

FOR DOCTOR'S USE ONLY:

GENERAL PHYSICAL CHARACTERISTICS:

WT. 190 lbs HT _____ BL PRESS. 160/90 PULSE 84

HEAD AND FACE O TEETH AND GUMS Fair

NOSE, THROAT AND THYR. O CHEST CAGE O

HEART No murmurs RJR LUNGS O

ABDOMEN AND ING. REG. No hernias O GENITALS O

SKIN: CLEAR PSORIASIS ACNE RASHES

EXTREMITIES – (Note: Jt. limitations, defects, scars, varicosites, atrophy)

UPPER:

LOWER:

NERVOUS SYSTEM:

REMARKS:

DATE: 4/25/77 EXAMINED BY: DR. [illegible] M. D.

UCCLEW0382

METPATH

MEMICE, JOSEPH | B10908 | 04/11/77 (DATE DRAWN) | 04/11/77 (DATE REC'D) | 04/12/77 (DATE OF REPORT)

PATIENT 10 | REF BY: DR TAUBERS CO. PHYSICAL, 893 PARK AVE., NEW YORK N.Y. | ACC. NO. 05512 | SPEC. NO. 195693

SEX | AGE | PATIENT SOC. SEC. NO. 77

TEST	TEST NAME	RESULT	UNITS	REFERENCE RANGE
	CHEM-SCREEN PROFILE	......		
	CALCIUM	9.10	MG/DL	8.8-10.8
	PHOSPHORUS	2.30	MG/DL	2.0- 4.7
	BUN	17.00	MG/DL	6.0-25.0
	CREATININE	1.00	MG/DL	0.5- 1.7
	BUN/CREAT RATIO	17.00		
	URIC ACID	4.80	MG/DL	2.5- 8.5
	GLUCOSE (CS)	103.00	MG/DL	65- 130
	TOTAL PROTEIN	7.10	GM/DL	6.2- 8.3
	ALBUMIN	4.30	GM/DL	3.6- 5.2
	GLOBULIN	2.80	GM/DL	1.9- 3.7
	ALB/GLOB RATIO	1.54		1.0- 2.3
	TOTAL BILIRUBIN	0.56	MG/DL	0.1- 1.7
	DIRECT BILIRUBIN	0.14	MG/DL	0.0- 0.3
	TRANSAMINASE,SGO	32.00	I.U./L	1.0-70.0
	TRANSAMINASE,SGP	29.00	I.U./L	1.0-70.0
	ALK. PHOSPHATASE	28.00	I.U./L	10.0-50.0
	LDH	249.00	I.U./L	90- 250
	CHOLESTEROL	232.00	MG/DL	125- 300
	IRON	99.00	MCG/DL	45- 200
	TOTAL LIPIDS	0.62	GM/DL	0.3- 1.0
	SODIUM	137.00	MMOL/L	134- 145
	POTASSIUM	4.30	MMOL/L	3.5- 5.5
	CHLORIDE	104.00	MMOL/L	96- 110
	G-GLUTAMYL TRANSPEP.	11.00	UNITS/L	1.0-40.0
	TRIGLYCERIDES	97.00	MG/DL	50- 200
	CBC WBC	9.50	THOUSAND	4.8-10.8
	RBC	4.97	MILLION	4.0- 6.0
	HGB	15.30	GM/DL	11.0-17.0
	HCT	46.60	PCT.	35.0-52.0
	MCV	94.00	U3	82.0-99.0
	MCH	30.80	UUG	26.0-32.0
	MCHC	32.90	PCT.	31.0-36.0
	DIFFERENTIAL**POLY	63	PCT.	34.0-77.0
	LYMPH	27	PCT.	16.0-53.0
	MONO	7	PCT.	0.0-12.0
	EOS	2	PCT.	0.0- 8.0
	BASO	1	PCT.	0.0- 2.0
	SEROLOGY (ART)	NON-REACTIVE		
	SEDIMENTATION RATE	11.00	MM/HR	2.0-20.0

Joseph E. O'Brien M.D.

MetPath—Hackensack
CENTRAL LABORATORY FACILITY
60 Commerce Way • Hackensack, New Jersey 07606

JOSEPH E. O'BRIEN, M.D.
PAUL A. BROWN M.D.

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LEWIS L. IMMERMAN, M.D.
CHARLES A. PRIVITERI, M.D.

EZRA SCHLOSSBERG, M.D.
SAM I. BROWN, M.D.

March 28, 1977

Re: Memice, Joseph
PA Chest / PA Hands

Hans Tauber, MD
Medical Director
The Pantasote Company
893 Park Avenue
New York, New York 10021

Dear Dr. Tauber:

Radiographic examination of the chest shows no significant abnormality of the heart or lungs at this time.

Radiographic examination of both hands showed no bony abnormality.

Thank you for the opportunity to examine this patient.

Yours truly,

Sam I. Brown, M.D.

Sam I. Brown, MD

SIB:ehs

UCCLEW0384