INSTRUCTIONS: This medical report shou[illegible] completed by the attending physician imme[illegible] after first treatment for occupational disease. Mail same to the Bureau of Work[illegible] Compensation. Office addresses are listed on the reverse side. This report should be used where claimant loses than one week from work because of occupational disease.

STATE OF OHIO

BUREAU OF WORKERS' COMPENSATION Claim No.

O.D. ... ...

Attending Physician's Report of Occupational Disease

1. Name of disabled person Joseph R. Succi
2. Address 1161 Briggs Rd Jefferson Ohio 44047
3. Date of first treatment by you 9/26/88 Date of diagnosis 10/88
4. Give accurate description of nature and extent of disability Nature: Angiosarcoma of the Liver, Ascites
   Extent: Terminal
5. Describe treatment Patient is on Diuretics for ascites , he is to be seen @ Tertiary Care Center which has expertise in liver transplant.
6. What is the diagnosis? Angiosarcoma of the Liver, Ascites
7. What in your opinion is the cause of the disease? Cause could possibly be from exposure to chemicals where he was employed.
8. Give your best opinion as to the date claimant will be able to return to work Retired
9. Has this occupational disease resulted in a permanent disability? yes
   If so, what? Patient is terminally ill.
10. Mention any previous injury or condition contributing to the claimant's present disability
11. Give name and address of any other physician who acted as:
    (a) Assistant Dr. Harlen Waid
    125 S. Chestnut ST
    Jefferson, OH 44047
    Primary Physician
    (b) Consultant
    (c) Anaesthetist
12. If services were rendered by hospital, special nurse, X-ray or ambulance, give name and address:
    Hospital St. Vincent Health Center
    232 W. 25th ST. Erie PA 16544
    X-ray
    Special Nurse
    Ambulance
13. Name and address of employer: General Tire and Chemical Company
    Akron, Ohio

X [signature]
Signature of Physician

Graduate of Bombay University
Bombay , India
Year 1966
License No. MD016347E

Street Address 238 W. 22nd ST.
City or Town Erie PA 16502
Phone 814-452-2767 Fed. ID# 25-1206468

O-D-4a

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WORKER'S COMPENSATION DEPT.

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