



INTERNAL CORRESPONDENCE

Dr. H. Avashia file
Rly Return

CHEMICALS AND PLASTICS

INSTITUTE PLANT P. O. BOX 2831, CHARLESTON, WEST VIRGINIA 25330

To (Name) J. J. Welsh, M. D.
Division Medical Dept.
Location 4th Floor
New York Office

Date 31 Oct 75
Originating Dept. Medical Dept. -512

Answering letter date

Copy to

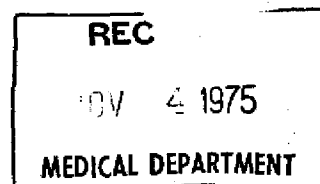
Subject

Enclosed please find copies of Medical Department Form UCC-512-MD-4 on one of the patients to indicate the kind of workup that is given in asbestosis survey, a copy of the letter that is being sent to the employees informing them if they have positive pneumoconiosis, and a copy of relevant sections from the Criteria Document on asbestosis.

Very truly yours,

B. H. Avashia
B. H. Avashia, M. D.
Plant Physician

BHA:peg



03406

UCC 014449



INTERNAL CORRESPONDENCE

CHEMICALS AND PLASTICS

INSTITUTE PLANT P. O. BOX 2831, CHARLESTON, WEST VIRGINIA 25330

To (Name)

Date

Division

Originating Dept. Medical Department - Plant 512

Location

Answering letter date

Copy to Employee's Medical Record

Subject 1975 ASBESTOSIS SURVEY RESULTS

Your cooperation as a participant in OSHA required 1975 Occupational Pneumoconiosis Survey is appreciated. The results of your testing is as follows:

Your chest x-ray films were interpreted by the local radiologist as
UICC _____.

They were interpreted by a second radiologist of international reputation as
UICC _____.

After studying the radiologists' reports and the results of your medical examination, my impression is that you have no probable minimal moderate advanced pneumoconiosis. There is a is no change in your 1975 x-rays as compared to those of 1974. Your pulmonary function studies showed that the capacities tested were well preserved reduced.

You will continue to be evaluated in the annual Pneumoconiosis Survey as required by OSHA and any changes or progression in results of future examinations will be reported to you promptly

It is most important that you know that a combination of exposure to asbestos and cigarette smoking increases tremendously your risk of developing cancer of the lung. If you now smoke, you should seriously consider quitting..

Very truly yours,

B. H. Avashia M.D.

B. H. Avashia, M.D.
Staff Physician

BHA:gh

03407

UCC 014450

UNION CARBIDE CORPORATION - INSTITUTE PLANT - MEDICAL DEPARTMENT

ASBESTOS WORKERS HEALTH HAZARD SURVEY

Name: Barnhus Last R. F.I. M. M.I. PR# 32711 - 748 Date 16 Mar 75
D - M - Y

Please use pen to complete questions on the front of this form. Circle the "yes" and "no" questions and fill in blanks.

OUR WORK HISTORY

To your knowledge, have you ever worked with materials containing asbestos?----- ☒ Yes ☐ No
If so, how many years have you worked with asbestos-containing materials?----- 32

3. Has all your exposure to asbestos-containing materials been while working for Union Carbide?----- Yes ☒ No
24 years @ UCC

OUR PERSONAL HEALTH HISTORY

Do you have frequent upper respiratory infections? Yes ☒ No
If "yes," are they followed by chronic coughing or wheezing?----- Yes ☐ No
Have you had pneumonia in the past year?----- Yes ☒ No
Have you had bronchitis in the past year?----- Yes ☒ No
Do you have a cough at the present time?----- ☒ Yes ☐ No

IF ANSWER 5 IS "NO" OMIT QUESTIONS 6, 7 & 8

Has your cough been present for more than one month?----- ☒ Yes ☐ No
Is your cough a dry, irritating cough?----- ☒ Yes ☐ No
Do you cough up any sputum or phlegm from your chest?----- ☒ Yes ☐ No
Have you coughed up or spit up blood in the past year?----- Yes ☒ No
Do you have shortness of breath on exertion?----- ☒ Yes ☐ No

IF ANSWER 10 IS "NO" OMIT 11, 12, 13 & 14

If you have shortness of breath, has it become progressively worse?----- Yes ☒ No
Do you get shortness of breath when you climb a flight of stairs?----- ☒ Yes ☐ No
Do you get shortness of breath when you have exerted yourself only slightly?----- ☒ Yes ☐ No
Do you get shortness of breath when you are sleeping in bed?----- Yes ☒ No

15. Do you have wheezing or whistling sounds when you breathe?----- Yes ☒ No
IF ANSWER 15 IS "NO" OMIT 16

16. If whistling or wheezing is present, did it start during the last year?----- Yes ☐ No

17. During the last year, have you had any close contact with anyone with tuberculosis?----- Yes ☒ No

18. During the last year, have you had episodes of pain, discomfort or tightness in your chest?----- ☒ Yes ☐ No

19. Do you have a history of allergies?----- Yes ☐ No

20. Do you have chronic fatigue?----- Yes ☐ No

21. Have you had loss of weight in the past year?----- ☒ Yes ☐ No

IF ANSWER 21 IS "NO" OMIT 22 & 23

22. Was this loss of weight from dieting?----- Yes ☒ No

23. Have you lost more than ten pounds?----- Yes ☒ No

24. Have you developed a dislike for certain foods during the last year?----- ☒ Yes ☐ No

25. Do you have loss of appetite now?----- ☒ Yes ☐ No

26. Do you have indigestion or discomfort after eating?----- ☒ Yes ☐ No

27. Do you have frequent headaches?----- Yes ☒ No

28. Have you noticed a tremor (trembling) of your hands or your feet?----- ☒ Yes ☐ No

OUR SMOKING HISTORY

(Complete if you have ever smoked regularly)

CIGARETTES:

How many cigarettes do you now smoke per day?----- None
At what age did you begin smoking regularly?----- 18
If you stopped smoking cigarettes regularly, at what age did you stop?----- 47
How many years of your life have you smoked an average of a pack of cigarettes a day or more?----- 33
Do you smoke filtered cigarettes?----- ☒ Yes ☐ No
When you smoke (or did smoke), do you normally hold smoke in your mouth then blow it out through your nose and mouth?----- ☒ Yes ☐ No
Do you normally breathe (inhale) smoke into your lungs?----- ☒ Yes ☐ No

PIPE:

1. How many years have you smoked a pipe?-----
2. How many pipefuls of tobacco do you smoke per day?-----
3. Do you inhale pipe tobacco smoke into your lungs?----- Yes ☐ No

CIGARS:

1. How many years have you smoked cigars?-----
2. How many cigars do you smoke per day?-----
3. Do you inhale cigar tobacco smoke into your lungs?-----
4. Do you smoke cigarillos (miniature cigars)?-----
5. How many years have you smoked cigarillos?-----

UCC 014451

03408

PHYSICAL EXAMINATION

Nurse: M. Chambers Rb

Temp. <u>97.4</u> °F.	Pulse - Rest <u>76</u> Min.	Respirations <u>18</u> Min.	Blood Pressure, Sitting Rt. <u>100</u> / <u>64</u> Lt. <u>114</u> / <u>74</u>		Height <u>71 1/2</u> In.	Weight <u>135</u> lb.
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Vital Capacity: Total FEVC 3250 cc, 20 % of Predicted FEV_{1.0} 2550 cc, 73 % of Total Recorded

LABORATORY: Hemoglobin 13.0 g% Hematocrit 43 % Medical Technologist: J. Gopinsky

X-RAY REPORT: Date 15 Feb 75 1057 PA and lateral views of the chest revealed plaques calcified pleura in the left base. Throughout all of both lung fields there was increased peribronchovascular fibrosis and there were small nodules bilaterally. Pleural pericardial adhesions were present on the left and the arch of the aorta showed some arteriosclerosis.

A somewhat flattened diaphragm suggests some generalized emphysema.
 Findings are consistent with asbestosis presuming there has been adequate history of exposure.
 Would classify this as q and t 2/2, all six zones- pleural calcifications left Grade I.
 Study was compared with previous x-rays made two years ago and there has been no appreciable change in the appearance.

PHYSICIAN'S EXAMINATION: W. Paul Elkin, M.D. Comments

. Alteration in chest contour?	Yes ☐ No ☒	
. Chest wall movements normal?	Yes ☒ No ☐	
. Chest expansion normal?	Yes ☒ No ☐	
. Percussion note normal?	Yes ☒ No ☐	
. Heart sounds normal?	Yes ☒ No ☐	
. Breath sounds physiological?	Yes ☒ No ☐	
. Rales or ronchi present?	Yes ☐ No ☒	
. Cyanosis of skin?	Yes ☐ No ☒	
. Clubbing of fingers?	Yes ☐ No ☒	
. Edema, lower extremities?	Yes ☐ No ☒	

SUMMARY: Pt has some hyperresonance all over indicative of emphysema.
 Radiologically UICC q-t- 2/2 all 6 zones + pleural calcifications grade I.

03409

Section 2 - Medical

Medical surveillance is required, except where a variance from the medical requirements of this proposed standard have been granted, for all workers who are exposed to asbestos as part of their work environment. For purposes of this requirement the term "exposed to asbestos" will be interpreted as referring to time-weighted average exposures above 1 fiber/cc or peak exposures above 5 fibers/cc. The ~~purpose~~ of such surveillance will be to ensure proper medical management of individuals ^{with a history of exposure} who show ~~any reaction to past or present exposure~~, either due to excessive exposures or unusual susceptibility. Medical management may range from recommendations as to job placement, improved work practices, cessation of smoking, to specific therapy for asbestos-related disease or its complications. Medical surveillance cannot be a guide to adequacy of current controls when environmental data and medical examinations only cover recent work experience because of the prolonged latent period required for the development of asbestosis and neoplasms.

~~Medical surveillance of a worker exposed to asbestos should include~~
~~periodic measurements of pulmonary function (forced vital capacity (FVC)),~~
and forced expiratory volume for one second (FEV₁), and ~~chest x-rays~~
~~chest x-rays~~ (postero-anterior 14 x 17 inches). Additional medical
requirement components include a ~~physical examination, with special attention to pulmonary~~ and
~~chest x-rays~~ exposed to asbestos and other dusts and to determine
~~any signs of asbestosis, asbestosis, or other pulmonary disease~~
~~asbestosis~~ and a physical examination, with special attention to pulmonary
rales, clubbing of fingers, and other signs related to cardiopulmonary
systems.

03410

Chest roentgenograms and pulmonary function tests will be performed at the employer's expense, at least every 2 years on all employees exposed to asbestos. These tests will be made annually to individuals, (1) who have a history of 10 or more years of employment involving exposure to asbestos or, (2) who show roentgenographic findings (such as small opacities, pleural plaques, pleural thickening, pleural calcification) which suggest or indicate pneumoconiosis or other reactions to asbestos, or (3) who have changes in pulmonary function which indicate restrictive or obstructive lung disease.

Preplacement medical examinations and medical examinations on the termination of employment of asbestos exposed workers are also required.