

INITIAL BLENDER EXAMINATION FORM

Marital State	
Children	
Weight (lb.)	
Height (ft. in.)	
Temperature	
Pulse Rate and Rhythm	

Occupational RecordPast Medical Record

Rheumatic Fever

Chorea

Scarlet Fever

Other Conditions

Diphtheria

Pneumonia

Pleurisy

Personal Record

Diet

Appetite

Bowels

Micturition

Family Record

Father

Mother

Brothers

Sisters

Physical Examination

Appearance

Build

Skin

Lymph Nodes

Mouth and Throat

Teeth

Ears

Nose

Eyes

C.V.S. B.P.

R.S.

A.S.

G.U.S.

C.N.S. Cranial Nerves :

Reflexes :

Motor System :

Sensory System :

Grip :

Urine

S.G.

Sugar

Albumen

Microscopy

Blood

Hæmoglobin

Remarks

N29803

TO THE CHIEF MEDICAL OFFICER
THE ASSOCIATED ETHYL COMPANY LIMITED
INITIAL BLENDER MEDICAL REPORT

	DATE	PLACE	FIT or UNFIT FOR BLENDING

REMARKS :

KE 0010227

Signature of Doctor.....

NOTE - This form is to be sent to the above address after completion from form M 17a

THE ASSOCIATED ETHYL COMPANY LIMITED

MEDICAL SERVICES OVERSEAS

GENERAL REPORT

BLENDING OPERATORS

BLENDING PLANT (Name and Location).

STATE OF HYGIENE (Plant and Equipment).

EMPLOYEE (Name).

MEDICAL
(Initial or Routine).

REPORT
(Fit or Unfit).

DATE

REMARKS

KE 0010228.

THE ASSOCIATED ETHYL COMPANY LIMITED

ROUTINE BLENDER EXAMINATION FORM

	LOCATION					EMPLOYER				
Date										
Pallor										
Weakness										
Fatigue										
Sleep Disturbance										
Insomnia										
Anorexia										
Indigestion										
Constipation										
Weight										
Anxious Expression										
Metallic Taste										
Headache										
Sensory Disturbance										
Dysuria										
Temperature										
Pulse										
Blood Pressure										
Tremor										
Grip (Rt.)										
Grip (Lt.)										
Teeth										
Gums										
Urine Ph.										
Urine Albumin										
Urine mg./L. (Pb.)										
Urine Sugar										
Haemoglobin										
Canisters last changed										
No. of blends since last examination										
Masks										
Gloves										
Clothes										

NOTE. (1) Where the reply is "Yes" or "No" indicate by + or -, where "satisfactory" by √, where unsatisfactory by X.
 (2) This form is to be used for completing form M 18b and retained.

KE 0010229

TO THE CHIEF MEDICAL OFFICER
THE ASSOCIATED ETHYL COMPANY LIMITED

ETHYL BLENDERS AND EQUIPMENT REPORT

LOCATION

PERIODS SINCE LAST EXAMINATION :

Report

SYMPTOMS : Cardiac.....
Respiratory.....
Alimentary.....
Genito - Urinary.....
Central Nervous.....

SPECIAL QUESTIONS : Sleep.....
Appetite.....
Weight.....
Bowels.....

SIGNS : Heart : Size :..... Rate and Rythm.....
B.P. : Systolic..... Diastolic.....
C.N.S. : Reflexes..... Tremors.....
Mouth : (Teeth)..... (Gums).....
Urine : Albumin..... Sugar.....

Equipment Report

Cannisters Last Changed :

Masks : * In Good Condition/Require Renewing

Gloves : * In Good Condition/Require Renewing

Clothes : * In Good Condition/Require Renewing

Other Equipment :

* Delete as Necessary

Special Examinations (When Intoxication is Suspected).

Hæmoglobin.....
Lead in Blood.....mg./100 Gm.
Lead in Urine.....mg./Litre

Remarks

REPORT :

This Man is Fit and Well, or :

Date..... Doctor.....

KE 0010230

NOTE.—This Form is to be Sent to the Above Address After Completion From Form M 18a.