17650

Form 9436
U. S. TREASURY DEPARTMENT
PUBLIC HEALTH SERVICE
(April 1938)

THE UNITED STATES PUBLIC HEALTH SERVICE
COOPERATING WITH
OHIO DEPARTMENT OF HEALTH

WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. The exact statement of OCCUPATION is very important. Physicians should state DIAGNOSIS in plain terms. See instructions on back of certificate.

CERTIFICATE OF INDUSTRIAL OR OCCUPATIONAL DISEASE

Name of Patient [redacted]
(Last name) (First name) (Second name)

Address: Street and No. 651 Richmond St. City or Village Cincinnati, Ohio

PERSONAL AND STATISTICAL PARTICULARS

Sex	Age	Color	Country of Birth
Male	37	Black	

Single, married, widowed, or divorced (*write* the word) Married

Occupation

(*a*) Trade, occupation, or work (in which disease was acquired) Laborer

Particular kind of work in such trade, etc. Shaking-out gang, [illegible] Porter

Date of entering this occupation 1930

Employer's name Eagle-Picher

Address

Employer's business (goods made or work done)

(*b*) Previous occupations:

Name of occupations	*Entered (year)*	*Left (year)*
Laborer		

Previous illnesses, if any, due to occupation:

Disease or illness	*Year*
None	

MEDICAL CERTIFICATE OF DISEASE

Diagnosis Lead intoxication

Chief symptoms and conditions Pain in left side abdomen - weakness in left hand.

Date first symptoms appeared 1938

Complicating diseases (such as alcoholism, syphilis, tuberculosis, etc.) Pyorrhea and dental caries

What substance(s) or condition(s) in your opinion caused this affliction? Lead

Duration (actual, estimated) (Check which) 6-8 mos

Additional facts

Date of diagnosis 20 June, 1939

(Signed) Rob A Kehoe, M. D.

14 Aug, 1939 (Address) Kettering Lab.

Mail to COLLABORATING EPIDEMIOLOGIST, U. S. Public Health Service, State Department of Health, Columbus, Ohio.

For Instructions See Other Side

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OHIO DEPARTMENT OF HEALTH

COOPERATING WITH THE UNITED STATES PUBLIC HEALTH SERVICE

COLUMBUS, OHIO

INSTRUCTIONS FOR FILLING OUT CERTIFICATE

PRESENT OCCUPATION.—*Precise* statement of occupation is very important so that the relative healthfulness of various pursuits may be known. It is necessary to know both general trade or occupation (for example, *printer*) and also the particular kind of work or branch of the trade (as *hand compositor* or *linotype operator*).

Date of entering this occupation is important to determine how long the worker may have been exposed to the hazard before contracting the disease.

Employer's name, address, and business are necessary to ascertain distribution of occupational diseases by industries, many trades (e. g., machinists) being common to different industries.

PREVIOUS OCCUPATIONS need to be known, if possible, because present illness may be due to a former rather than present occupation. Give simply the name of each distinct occupation which the patient may have followed, with the year he entered and the year he left.

PREVIOUS ILLNESSES.—This refers either to previous attacks of present disease, or to any other disease, *due to occupation*. All that is required is the name of each such disease or illness with the year in which it occurred.

MEDICAL CERTIFICATE.—Only two of the items specified for this require any explanation. In making these reports it is necessary to consider the possible influence of factors other than occupation as causes of the disease. For this reason any *complicating diseases* should be noted, such, for example, as alcoholism or syphilis in connection with arteriosclerosis in cases of lead or other metal poisoning. The possible effect of other factors, such as poor hygienic conditions in the home, or other personal conditions, must be considered, and when discoverable should be noted under *additional facts*.

AN ACT—To Require the Reporting of Occupational Diseases—(As amended February 4, 1920)

Be it enacted by the General Assembly of the State of Ohio:

Report of occupational diseases by physicians

SECTION 1243–1.—Every physician in this State attending on or called in to visit a patient whom he believes to be suffering from poisoning from lead, phosphorus, arsenic, brass, wood alcohol, mercury, or their compounds, or from anthrax or from compressed-air illness and such other occupational diseases and ailments as the State department of health shall require to be reported, shall within 48 hours from the time of first attending such patient send to the State commissioner of health a report stating:

When and to whom to be made

(*a*) Name, address. and occupation of patient. (*b*) Name, address, and business of employer.
(*c*) Nature of disease. (*d*) Such other information as may be reasonably required by the State department of health.

The reports herein required shall be made on, or in conformity with, the standard schedule blanks hereinafter provided for. The mailing of the report, within the time required, in a stamped envelope addressed to the office of the State commissioner of health, shall be a compliance with this section.

Blanks for report

SECTION 1243–2.—The State department of health shall prepare and furnish, free of cost, to the physicians included in the preceding section, standard schedule blanks for the reports required under this act. The form and contents of such blanks shall be determined by the State department of health.

Such reports not evidence

SECTION 1243–3.—Reports made under this act shall not be evidence of the facts therein stated in any action arising out of the disease therein reported.

Copy of report to be transmitted to proper official

SECTION 1243–4.—It shall furthermore be the duty of the State department of health to transmit a copy of all such reports of occupational disease to the proper official having charge of factory inspection.

Penalty

SECTION 1243–5.—Whoever being a physician practicing in the State of Ohio, neglects or refuses to make and transmit to the State commissioner of health any report provided for in Section 1243–1 of the General Code shall be fined not to exceed one hundred dollars or imprisoned for not to exceed 90 days, or both, but no person shall be imprisoned under this section for a first offense and the prosecution shall always be as and for a first offense unless the affidavit upon which the prosecution is instituted contains the allegation that the offense is a second or repeated offense.

NOTE.—In addition to the diseases or disabilities provided for in Section 1243–1 of the above law, the regulations passed by the Public Health Council on February 27, 1920, provide in Regulation 2 for the reporting of "any disease or disability contracted as a result of the nature of the person's employment, including the following diseases or disabilities *and not excluding others:*

Anilin poisoning.	Bisulphide-of-carbon poisoning.	Naphtha poisoning.
Benzine (gasoline) poisoning.	Carbon-monoxide poisoning.	Natural-gas poisoning.
Benzol poisoning.	Dinitrobenzene poisoning.	Turpentine poisoning."

NOTE.—A schedule of occupational diseases compensable in Ohio will be sent upon request of the Collaborating Epidemiologist, U. S. Public Health Service, State Department of Health, Columbus, Ohio.

U. S. GOVERNMENT PRINTING OFFICE 2—17627

RE 0016716

R. H. MARKWITH, M. D.
DIRECTOR OF HEALTH

JAMES E. BAUMAN
ASSISTANT DIRECTOR

OFFICES:
DEPARTMENTS OF STATE BUILDING

LABORATORIES:
OHIO STATE UNIVERSITY CAMPUS

DEPARTMENT OF HEALTH
COLUMBUS

ADDRESS ALL OFFICIAL CORRESPONDENCE
TO THE DIRECTOR OF HEALTH

August 7, 1939

SUBJECT: RE: Reporting Occupational Disease.

Robt. A. Kehoe, M.D.,
Cincinnati, Ohio.

Dear Doctor:

Enclosed please find transcript taken from report of a claim, classified by the Ohio Industrial Commission as an OCCUPATIONAL DISEASE, the medical features of which were reported by you recently to the Industrial Commission on their regular form(s). We apparently have no record of this case in our files.

I. If you have already reported this case to the State Director of Health or to the State Department of Health under a different spelling of the Patient's Name or under another Diagnosis, please so inform us, giving the approximate date. The Patient's Name and Diagnosis are transcribed herewith as submitted to us by the Industrial Commission.

II. Otherwise, please note that according to the provisions of Sections 1245-1 to 1243-5, General Code of Ohio, and of Rule 2, Ohio Sanitary Code, the physician is required to report any case of occupational disease, or disease which he BELIEVES to be occupational, to the State Director of Health on blanks prepared for that purpose by the State Department of Health. (See reverse of the "Certificate of Industrial or Occupational Disease", enclosed).

The reporting of an occupational disease to the Industrial Commission does not meet the requirements of this statute. The information sought by this Department is not only transmitted to the chief state factory inspector, but is used for compiling experience upon which the General Assembly may amend the list of occupational diseases scheduled for compensation, and particularly in the matter of the ADDITION OF OTHER DISEASES.

Please fill out the remainder of THE BLANK ENCLOSED, from your records, make any necessary corrections, and return promptly to this Department. Only this ONE form (certificate) is to be returned, for which a franked envelope is enclosed. We suggest, however, that you KEEP A COPY for your files.

III. An additional supply of the latest revised blank certificates is also enclosed and old forms of this certificate should be discarded.

Yours very truly,

R. H. Markwith, M.D.,
Director of Health.

O.D.-2--Feb., 1939--1000

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