UC 149-2

UNION CARBIDE

INTERNAL CORRESPONDENCE

PLAINTIFF'S EXHIBIT
UC-242

MINING AND METALS DIVISION • 270 PARK AVENUE, NEW YORK, NEW YORK 10017

To (Name) Dr. J. J. Welsh
Division
Location 4th Floor

Date June 14, 1974

Originating Dept.

Answering letter date

Copy to

Subject

As you can see from the attached correspondence, a Dr. Joseph L. Goodman has made a recommendation to the Asbestos Information Association of suggested revisions to the OSHA asbestos standard.

I would appreciate any comments which you might have on this recommendation so that I may transmit them to the AIA before July 1st.

W. C. Thurber

WCT:es
Attachment

RECEIVED
JUN 14 1974
MEDICAL DEPARTMENT

03337

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w/ w/c L

ASBESTOS INFORMATION ASSOCIATION
NORTH AMERICA
1660 L Street, N.W. / Washington, D.C. 20036 / (202) 223-4885

12 June 1974

Memorandum For: MEMBERS

Subject: Recommended Medical Surveillance Provisions for Revised OSHA Asbestos Standard

Please review the attached recommendations by Dr. Joseph L. Goodman and send any comments or suggestions which you may have to Mr. Mereness not later than July 1st. The deadline for AIA/NA recommendations to OSHA is July 15, 1974.

Dr. Goodman has practiced industrial medicine for over twenty years and has been intimately associated with the asbestos industry since 1958. In addition to operating a large clinic in North Charleston, South Carolina, Dr. Goodman is on the staff of the Medical University of the State of South Carolina and is a member of The President's Commission on Employment of the Handicapped.

John H. Marsh
President

Enclosures

cc: R. H. Mereness
George W. Wright, M.D.

RECEIVED
JUN 13 1974
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JOSEPH L. GOODMAN, M.D.
623 O'HEAR AVENUE
NORTH CHARLESTON, S. C. 29406

June 3, 1974

Mr. John H. Marsh, Director, Environmental Affairs
Raybestos-Manhattan, Inc.
100 Oakview Drive
Trumbull, Connecticut, 06611

Subject: Asbestos Medical Standards

Dear Mr. Marsh:

1. Medical Examinations in General. Employer shall provide or make available at his cost, medical examinations relative to exposure to asbestos required by this paragraph. For purpose of this requirement, the term exposed to asbestos "will be interpreted as referring to average exposures above one fiber per cc or peak exposures above five fibers per cc."

Any employee exposed to airborne concentrations of asbestos fibers as described in paragraph one shall be provided by the employer with a pre-placement or pre-employment examination prior to employment.

A comprehensive medical examination consisting of:

(1) Comprehensive history

(a) Complete medical history
(b) Previous occupational history
(c) Previous accident history and related occupational diseases or injuries

(2) Complete physical. The complete physical shall consist of a complete physical examination including a chest x-ray, hemoglobin, urinalysis, blood sugar, audiometric examination, visual screening with particular emphasis on pulmonary evaluation: (1) peak flow, (2) first second of v. c., (3) third second of vital capacity, (4) total vital capacity, (5) percentage of vital capacity in first second and (6) percentage of vital capacity in third second.

Footnote: Under previous occupational history, it is very important that a smoking history, previous exposure to dust fumes or other respiratory irritants be obtained. In addition to the smoking history, at leisure time exposure should be obtained to determine what exposures the employee may have to dust, smoke, fumes or gases such as using spray guns, power saws, grinders or sanders. Particular emphasis should be obtained of the history of gardening, farming, the use of chemical pesticides, weed killers, sprays in the gardening. Out of the smoking history and leisure time exposure, an example is attached.

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2. The pre-placement or pre-employment examination in all instances should include as a minimum a chest x-ray (posterior-anterior 14 x 17 inches), a history to elicit any symptomatology of respiratory disease or preexisting respiratory difficulty to include the pulmonary function studies with special reference to vital capacity and FEV 1 for expiratory volume at one second.

3. Annually thereafter every employer shall provide or make available comprehensive medical examinations to each of his employees engaged in occupations exposed to airborne concentrations of asbestos fibers. Such annual examination should include as a minimum a chest roentgenogram (posterior-anterior 14 x 17 inches), a history to elicit symptomatology or respiratory disease, pulmonary function tests to include forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1.0).

4. At the end of five years of employment, a complete re-examination shall be done similar to the pre-placement examination. Thereafter, this complete re-examination will be done every two years until ten years of employment. At the time of ten years employment of exposure to a concentration of asbestos fibers, a comprehensive medical examination, including the comprehensive history, the complete physical and pulmonary evaluation, shall be done yearly thereafter throughout the employment.

Upon termination of employment, the physical examination shall be as inclusive as the pre-placement examination continuing the comprehensive history, complete physical, pulmonary evaluation.

5. Recent examinations. No medical examination is required of any employee if adequate records show that the employee has been examined in accordance with this paragraph within the past one year period by the employer.

6. Medical Records.

(i) Maintenance. Employers of employees examined pursuant to this paragraph shall cause to be maintained complete and accurate records of all such medical examinations. Records shall be retained by the employers for at least thirty-five (35) years.

(ii) Access. The contents of the records of the medical examinations required by this paragraph shall be made available, for inspection and copying, to the Assistant Secretary of Labor for Occupational Safety and Health, the Director of NIOSH, to authorized physicians and medical consultants of either of them, and, upon the request of an employee or former employee, to his physician. Any physician who conducts a medical examination required by this paragraph shall furnish to the employer of the examined employee all the information specifically required by this paragraph, and any other medical information related to occupational exposure to asbestos fibers.

Footnote: The confidentiality of records is certainly the

Union Carbide trial exhibit UC-242: W. C. Thurber to Dr. J. J. Welsh Forwarding Dr. Goodman's Proposed Medical... Published by AsbestosClaims.Law
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subject of great discussion at this time. It is my opinion that it is impossible to properly place an employee where his health and welfare will not be endangered without knowing fully what his physical condition is, whether it be related to his respiratory function or his general physical condition. Therefore, as this is not the usual doctor-patient relationship, I feel that in fairness to those people who are occupationally exposed to asbestos fibers that if a condition does exist which may preclude the possibility of their employment that such information be given to the employer to properly assess the employee's hazard and to better place him without fear of endangering his life expectancy.

(iii) The results of all physical findings should be made known to the employee at the termination of all physical examinations; the x-ray be shown to him, the pulmonary functions be explained and shown to him and that all physical findings, both positive and negative, are to be made available to him and to his family physician of his choice at his request.

Yours very truly,

Joseph L. Goodman, M.D.

JLG:MF

Enclosures

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PREPLACEMENT — EMPLOYMENT HEALTH EVALUATION/EXECUTIVE EXAMINATION SOCIAL SECURITY NO.

LAST FIRST MIDDLE SEX M F DATE OF BIRTH

NAME AGE

STREET CITY STATE

HOME ADDRESS PHONE

NOTIFY IN EMERGENCY PHONE

FAMILY PHYSICIAN PHONE

MARITAL STATUS DATE OF EXAM.

JOB APPLIED FOR: S M W D SEP

(TO BE FILLED IN BY APPLICANT)

The applicant is requested to complete the first two pages of this form. Please use care and accuracy in answering the following questions.

Have you ever had any of the following illnesses? Check (✓) Yes or No. If Yes indicate age when condition occured.

	YES	NO	AGE
Scarlet Fever	☐	☐	___
Diphtheria	☐	☐	___
Rheumatic Fever	☐	☐	___
Pneumonia	☐	☐	___
Typhoid Fever	☐	☐	___
Infantile Paralysis	☐	☐	___
Pleurisy	☐	☐	___
Heart Trouble	☐	☐	___
Asthma	☐	☐	___
Hay Fever or Hives	☐	☐	___
Epilepsy or Fits	☐	☐	___
Malaria	☐	☐	___
Venereal Disease	☐	☐	___
Sciatica	☐	☐	___
Arthritis or Rheumatism	☐	☐	___
Allergy	☐	☐	___
Eye Trouble or Injury	☐	☐	___
Defective Vision	☐	☐	___
Sinus Trouble	☐	☐	___
Frequent Colds	☐	☐	___
Running Ears	☐	☐	___
Defective Hearing	☐	☐	___
Frequent Nose Bleeds	☐	☐	___
Chronic Cough	☐	☐	___
Blood Spitting	☐	☐	___
Chest Pain or Pressure	☐	☐	___
Shortness of Breath	☐	☐	___
High Blood Pressure	☐	☐	___
Rapid Pulse	☐	☐	___
Palpitations	☐	☐	___
Swelling of Ankles	☐	☐	___
Stomach Trouble	☐	☐	___

Have you ever had any of the following symptoms? Check (✓) Yes or No. If Yes indicate age when symptom occured.

	YES	NO	AGE
Vomiting of Blood	☐	☐	___
Indigestion or Heartburn	☐	☐	___
Bloody or Black Stools	☐	☐	___
Yellow Jaundice	☐	☐	___
Kidney or Bladder Trouble	☐	☐	___
Blood in Urine	☐	☐	___
Neuritis or Neuralgia	☐	☐	___
Back Trouble or Lumbago	☐	☐	___
"Trick" or Locked Knee	☐	☐	___
Frequent or Severe Headaches	☐	☐	___
Nervous Breakdown	☐	☐	___
Difficulty in Sleeping	☐	☐	___
Fainting or Blackout Spells	☐	☐	___
Numbness and Tingling	☐	☐	___
Loss of Memory	☐	☐	___
Difficulty in Concentrating	☐	☐	___

Please give age and state of health of your mother, father, sisters, brothers, wife and children. If deceased indicate age at death, and cause if known.

Has anyone in your immediate family (mother, father, sister, brothers, wife, children) ever had any of the following conditions? Check (✓) Yes, or No. If Yes please indicate relative and briefly describe the illness (age at onset, duration, etc.)

YES	NO		
☐	☐	Tuberculosis	_____
☐	☐	High Blood Pressure	_____
☐	☐	Heart Trouble	_____
☐	☐	Epilepsy or Fits	_____
☐	☐	Diabetes	_____
☐	☐	Hay Fever or Hives	_____
☐	☐	Migraine Headaches	_____
☐	☐	Loss of Hearing	_____
☐	☐	Mental Disorder	_____
☐	☐	Tumor or Cancer	_____

MILITARY SERVICE RECORD

1. Have you ever served in the Armed Forces of the United States? Yes ☐ No ☐
2. Which branch? (Army, Navy, Marines etc.)
3. Give dates of service.
4. Were you ever rejected or discharged by the military service for medical reasons?
   Yes ☐ No ☐ If Yes, state reason.

PREVIOUS OCCUPATIONS

(List most recent job first, then next most recent, etc.)

	EMPLOYED BY	FROM	TO	NATURE OF WORK
1.				
2.				
3.				
4.				
5.				

Check (✓) Yes or No for the following questions. If Yes please give brief explanation, with dates if possible..

YES NO

☐ ☐ 1. Have you ever been hospitalized for any reason? _____

☐ ☐ 2. Have you ever been a patient in a sanitarium or rest home? _____

☐ ☐ 3. Have you ever been refused or rated up for Life Insurance? _____

☐ ☐ 4. Have you lost time from work due to illness in the past 3 years? _____

☐ ☐ 5. Have you ever received disability payments for any injury or disease? _____

☐ ☐ 6. Are you sensitive (allergic) to any drugs or medications? _____

☐ ☐ 7. Have you ever had a persistent or recurrent skin disorder? _____

☐ ☐ 8. Have you ever had any fractured or broken bones? _____

☐ ☐ 9. Have you ever been advised to have a surgical operation? _____

☐ ☐ 10. Have you gained or lost more than 10 pounds in the past 3 years? _____

☐ ☐ 11. Do you ever have any female or menstrual troubles? _____

☐ ☐ 12. How many pregnancies have you had? _____

☐ ☐ 13. How many children do you have? _____

☐ ☐ 14. When did you have your last menstrual period? _____ Did you have any pain? _____

☐ ☐ 15. Have you been immunized against polio? _____ Tetanus? _____ Flu? _____ Smallpox? _____

(NOT TO BE FILLED IN BY APPLICANT)

Physician's elaboration and comments on all significant data listed by applicant.

03343

LEISURE TIME EXPOSURES

C. These next few questions are about things you may do in your spare time, away from your job, at home or any other place.

FOR EXAMPLE:

(1) In your spare time, do you do anything that exposes you to dust, smoke, fumes or gases such as using spray guns, welders, saws, grinders or sanders? Yes ☐1. No ☐2.

If yes, what is it that you do? _____

(2) What are you exposed to? _____ (56)

(3) In the warm weather, do you do a lot of gardening, just a little, or none at all? A Lot ☐1. A Little ☐2. None ☐3. (57)

If a lot, do you use chemicals, pesticides, weed-killers or sprays in your gardening? Yes ☐1. No ☐2. (58)

SMOKING HISTORY

D. Now I have some questions to ask you about smoking.

(1) Have you ever smoked cigarettes? Yes ☐1. No ☐2.

If Yes, do you smoke cigarettes now? Yes ☐1. No ☐2. If No, see Q. F(6) below

(2) About how many cigarettes a day do you usually smoke? _____

(3) For about how many years have you smoked cigarettes? _____

(4) Have you ever smoked more cigarettes a day than you do now? Yes ☐1. No ☐2.

If Yes, a. About how many a day? _____

b. For about how many years? _____

(5) Do you inhale — I mean draw the smoke into your chest? Yes ☐1. No ☐2.

(6) When you used to smoke, about how many cigarettes a day did you smoke? _____

(7) For about how many years did you smoke cigarettes? _____

(8) Did you inhale — I mean draw the smoke into your chest? Yes ☐1. No ☐2.

(9) Have you ever smoked cigars? Yes ☐1. No ☐2.

(10) Do you smoke cigars now? Yes ☐1. No ☐2.

(11) About how many cigars a day do you usually smoke? _____

(12) For about how many years have you smoked cigars? _____

(13) Have you ever smoked a pipe? Yes ☐1. No ☐2.

(14) Do you smoke a pipe now? Yes ☐1. No ☐2.

(15) About how many pipefuls of tobacco a day do you usually smoke? _____

(16) For about how many years have you smoked a pipe? _____

(17) Have you ever chewed tobacco? Yes ☐1. No ☐2. If No, terminate interview

(18) Do you chew tobacco now? Yes ☐1. No ☐2.

(19) If you chew tobacco now,

a. Do you chew scrap or plug tobacco? Scrap ☐1. Plug ☐2.

b. (If scrap), How many bags do you chew a week? _____

c. (If plug), About how many plugs do you chew a week? _____

d. How many years have you chewed tobacco? _____

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M-5

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PHYSICAL EXAMINATION

GENERAL APPEARANCE					TEMP.	HEIGHT	WEIGHT
SKIN	COLOR, PIGMENTATION, SCARS ETC.						
EYES	CORNEAE, CONJUNCTIVAE, PUPILS, FUNDI. ETC.						
	VISUAL ACUITY	DISTANT	WITHOUT GLASSES	RIGHT EYE 20/	LEFT EYE 20/	EXTRA OCULAR MUSCLES	
			WITH GLASSES	20/	20/		
		NEAR	WITHOUT GLASSES			COLOR PERCEPTION	
			WITH GLASSES				
EARS	RIGHT — CANAL / DRUM / HEARING				LEFT — CANAL / DRUM / HEARING		
NOSE AND THROAT							
MOUTH (Including Teeth)							
NECK							
CHEST AND LUNGS	INSP. _____ IN. EXP. _____ IN.						
CARDIO-VASCULAR SYSTEM	PULSE RATE B. P. _____						
ABDOMEN							
INGUINAL REGION	(HERNIA. ADENOPATHY ETC.)				ANUS AND RECTUM		
GENITALIA					PROSTATE		
SPINE							
EXTREMITIES							
NEUROLOGICAL							

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ADDITIONAL PHYSICAL FINDINGS:

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LABORATORY DATA

URINALYSIS	HEMOGLOBIN	SEROLOGY
SP. GR. ALB. REACTION SUGAR MICRO:	ADDITIONAL LABORATORY DATA:	

SUMMARY OF X-RAY FINDINGS	ELECTROCARDIOGRAM
CHEST OTHER	

FINAL SUMMARY, COMMENTS AND RECOMMENDATIONS
(LIST ALL SIGNIFICANT MEDICAL FINDINGS)

MEDICAL CLASSIFICATION	WORK RESTRICTIONS
1 2 3 4	

I have discussed the examination results and the listed recommendations with the applicant.

03346

Medical Dept.
R/M Inc.

NAME	DEPT.	DATE

Peak Flow	LPM
1st Sec. of V. C.	Liters
3rd. Sec. of V. C.	Liters
Total Vital Capacity	Liters
% of V. C. in 1st Sec.	%
% of V. C. in 3rd Sec.	%

Form M-71

SEROLOGICAL TEST FOR SYPHILIS

Lab. Ident.

☐ BLOOD ☐ CSF

BUREAU OF LABORATORIES
S. C. Department of Health and Environmental Control
Columbia, South Carolina 29201

Patient _____ Date Collected _____
LAST MIDDLE

Address _____ County _____

Age ____ Race ____ Sex ____ Single ☐ ; Mar. ☐ ; Wid. ☐ ; Div. ☐ Treated for Syphilis? Yes ☐ No ☐

Reason for test: (Check most appropriate item) If Yes, Date _____

Syphilis suspected ____ Industrial ____
Patient (volunteer) ____ Pre-employment ____
Treatment evaluation ____ Patient with Gonorrhea ____
Licensure (Specify) ____ Pre-natal ____
Food handler ____ Family planning ____
Other (Specify) ____

Physician _____ M.D.
Street _____
City _____
Zip

RESULTS: _____

DHEC—1300 (REV. 6-72) 200M-8-73

BALTIMORE BUSINESS FORMS, INC., COLUMBIA, S. C.

BAUSCH & LOMB OCCUPATIONAL VISION TESTS
WITH THE OPTHO-RATER

NAME _____ NO. _____

DEPT _____ JOB _____

AGE _____ M ____ F ____ EXP _____

NEAR ____ ALL-WAYS ____ BI-FOCAL ____ FAR WEAR ONLY ____ TRIPLE-VIEW ____ JOB SPECIAL ____ SAFETY ____

DATE _____ TESTER _____ CLERK _____

EXAM IN LAST YEAR _____ CHANGE IN RX _____

NOTES:

VISUAL PERFORMANCE PROFILE

Rx – O FAR

PHORIA	VERTICAL	X	1	2	3	4	5	6	7	8	9					
	LATERAL	X	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
ACUITY	BOTH	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	RIGHT	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	LEFT	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
DEPTH		0	1	2	3	4	5	6	7	8	9						
COLOR		0	1	2	3	4	5	6									

Rx – O NEAR

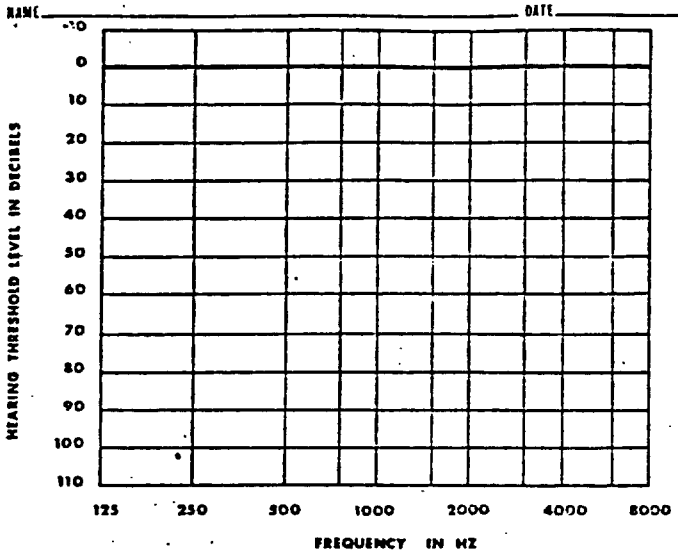
ACUITY	BOTH	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	RIGHT	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	LEFT	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
PHORIA	VERTICAL	X	1	2	3	4	5	6	7	8	9						

93347

MAICO AUDIOGRAM

I.S.O.

NAME _____ DATE _____ BY _____



	LEFT EAR	RIGHT EAR
	BLUE	RED
AIR	X	O
BONE COND. W. MASKING	]	[
DB EFFECTIVE MASKING		

A.M.A. % HEARING LOSS		
L.	R.	COMB.

	LEFT EAR	RIGHT EAR
S.R.T.		
M.C.L.		
T.D.		

COMPLIES WITH
AM. NATIONAL STANDARD
(ANSI-1969)

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AGE _____ SEX _____ TELEPHONE _____

ADDRESS _____ OCCUPATION _____

CITY & STATE _____ YEARS DEAF _____

CAUSE OF DEAFNESS _____

HEARS IN CHURCH AND THEATER _____ HEARS IN SINGLE CONVERSATION _____ HEARS IN GROUP CONVERSATION _____

NOW USING H.A.? _____ SINCE _____ MAKE _____ RESULTS _____

SURGERY _____ DATE _____ BY _____

TINNITUS ☐ SUPPURATIVE EAR ☐ DRUM ☐ OTOSCLEROSIS ☐ CONDUCTIVE ☐ NERVE ☐ MIXED ☐

REMARKS: _____

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