UNION CARBIDE CORPORATION — INSTITUTE PLANT — MEDICAL DEPARTMENT

ASBESTOS WORKERS HEALTH HAZARD SURVEY

Name: _____ , _____ PR# _____ Date _____
Last F.I. M.I. 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.

YOUR WORK HISTORY

1. To your knowledge, have you ever worked with materials containing asbestos?---------- Yes No
2. If so, how many years have you worked with asbestos-containing materials?---------- _____
3. Has all your exposure to asbestos-containing materials been while working for Union Carbide?- Yes No

YOUR PERSONAL HEALTH HISTORY

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

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

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

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

11. If you have shortness of breath, has it become progressively worse?---------- Yes No
12. Do you get shortness of breath when you climb a flight of stairs?---------- Yes No
13. Do you get shortness of breath when you have exerted yourself only slightly?---------- Yes No
14. 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

YOUR SMOKING HISTORY (Complete if you have ever smoked regularly)

CIGARETTES:

1. How many cigarettes do you now smoke per day?----- _____
2. At what age did you begin smoking regularly?------ _____
3. If you stopped smoking cigarettes regularly, at what age did you stop?---------- _____
4. How many years of your life have you smoked an average of a pack of cigarettes a day or more?---------- _____
5. Do you smoke filtered cigarettes?---------- Yes No
6. 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
7. 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?------

Form UCC-512-MD-4

UCC 017193

PLAINTIFF'S EXHIBIT

UC-3414

Union Carbide trial exhibit UC-3414: Union Carbide Institute Plant Medical Department Asbestos Workers Health H... Published by AsbestosClaims.Law
ACL Doc 18177 · Page 1 of 2 asbestosclaims.law/library/18177/1

PHYSICAL EXAMINATION

Nurse: _____

Temp.	Pulse - Rest	Respirations	Blood Pressure, Sitting	Height	Weight
_____ °F.	_____ / Min.	_____ / Min.	Rt. _____ / _____ Lt. _____ / _____	_____ In.	_____ lb.

Vital Capacity: Total FEVC _____ cc, _____ % of Predicted $FEV_{1.0}$ _____ cc, _____ % of Total Recorded

LABORATORY: Hemoglobin _____ g% Hematocrit _____ % Medical Technologist: _____

X-RAY REPORT: Date _____ (M - D - Y) _____ (X-ray Film No.)

PHYSICIAN'S EXAMINATION:

			Comments
1. Alteration in chest contour?	Yes	No	
2. Chest wall movements normal?	Yes	No	
3. Chest expansion normal?	Yes	No	
4. Percussion note normal?	Yes	No	
5. Heart sounds normal?	Yes	No	
6. Breath sounds physiological?	Yes	No	
7. Rales or ronchi present?	Yes	No	
8. Cyanosis of skin?	Yes	No	
9. Clubbing of fingers?	Yes	No	
10. Edema, lower extremities?	Yes	No	

SUMMARY:

UCC 017194

EXAMINER _____

DATE