PLAINTIFF'S EXHIBIT
UC-4180

MEDICAL EXAMINATIONS REQUIRED FOR ASBESTOS WORKERS.

HILTON C. LEWINSOHN, MB BCh., MFOM., DIH., FCCP.
ASSISTANT CORPORATE MEDICAL DIRECTOR,
UNION CARBIDE CORPORATION,
DANBURY, CONNECTICUT.

01997

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THE PRE-PLACEMENT EXAMINATION.

* DETERMINE THE SUITABILITY OF AN INDIVIDUAL FOR THE JOB AND THE JOB FOR THE INDIVIDUAL
* ESTABLISH A MEDICAL DATA BASE FOR LONG TERM FOLLOW-UP
* PROVIDES AN IDEAL OPPORTUNITY FOR THE INDIVIDUAL TO BE TOLD OF THE HAZARDS OF EXPOSURE TO ASBESTOS AND TO BE REASSURED ABOUT MODERN CONDITIONS AND ENGINEERING CONTROLS APPLIED

THE PERIODIC EXAMINATION.

* REEVALUATE THE JOB AND THE INDIVIDUAL'S SUITABILITY TO CONTINUE IN THE SAME JOB
* COMPARE MEDICAL FINDINGS WITH PREVIOUS RECORDS
* MEDICAL DATA, INTENDED PRIMARILY FOR PREVENTIVE HEALTH PROGRAM CAN BE USED AT LITTLE EXTRA COST FOR EPIDEMIOLOGY STUDIES.

TERMINATION AND RETIREMENT.

* ONCE AN ASBESTOS WORKER, ALWAYS AN "ASBESTOS WORKER" !
* MEDICAL SURVEILLANCE SHOULD CONTINUE FOR LIFE.....
* RETIREES CAN BE CONTACTED BY QUESTIONNAIRE AND REMINDED PERIODICALLY TO HAVE A CHEST RADIOGRAPH TAKEN
* NON-RETIREES SHOULD BE GIVEN A CAREFULLY WORDED NOTICE AT THE TIME OF TERMINATION AS A REMINDER TO CONTINUE WITH PERIODIC MEDICAL CHECK-UPS AND X-RAYS. THEY SHOULD BE TOLD TO GIVE A COPY OF THE NOTICE TO THE FAMILY PHYSICIAN WITH THE INFORMATION THAT THE INDIVIDUAL HAD PREVIOUSLY BEEN KEPT UNDER SURVEILLANCE AND THAT MEDICAL RECORDS WERE BEING RETAINED IN ACCORDANCE WITH OSHA REGULATIONS.

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THREE MAJOR DISEASES ASSOCIATED WITH ASBESTOS EXPOSURE:

A S B E S T O S I S

L U N G C A N C E R

M A L I G N A N T M E S O T H E L I O M A

- PLEURA

- PERITONEUM

LESS CLEAR-CUT CONDITIONS ASSOCIATED WITH ASBESTOS:

G I SYSTEM CANCERS

LARYNGEAL CARCINOMA

RENAL CARCINOMA

NON-HODGKINS GASTROINTESTINAL LYMPHOMA

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OSHA STANDARD FOR OCCUPATIONAL EXPOSURE TO ASBESTOS....JUNE, 1972.

MEDICAL EXAMINATIONS REQUIRED FOR:

* PREPLACEMENT PURPOSES

* ANNUAL PERIODIC EXAMINATION

* TERMINATION OF EMPLOYMENT

MEDICAL RECORDS TO BE MAINTAINED AND RETAINED BY THE EMPLOYER IN ACCORDANCE WITH THE APPROPRIATE OSHA STANDARD.

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MINIMUM OSHA REQUIREMENTS FOR MEDICAL EXAMINATIONS OF PERSONS EXPOSED TO ASBESTOS.

* POSTERIOR-ANTERIOR CHEST RADIOGRAPH, 14" X 17"

* HISTORY TO ELICIT SYMPTOMS OF RESPIRATORY ILLNESS

* PULMONARY FUNCTION TESTS : - FEV (1 second).

FVC

X409741

DEFICIENCIES IN OSHA REQUIREMENTS FOR MEDICAL EXAMINATIONS OF PERSONS EXPOSED TO ASBESTOS.

* MEDICAL EXAMINATIONS: NO SPECIAL QUALIFICATIONS STIPULATED FOR EXAMINING PHYSICIAN; NO CHECK ON COMPETENCE.

* CHEST RADIOGRAPHY: RADIOGRAPHIC TECHNIQUE NOT SPECIFIED

  TECHNIQUES FOR READING, INTERPRETING AND RECORDING RESULTS NOT SPECIFIED.

* RESPIRATORY SYMPTOMS: FORMAT NOT STIPULATED

* PULMONARY FUNCTION TESTS:
  PROCEDURES NOT STIPULATED

  TRAINING REQUIREMENTS FOR TECHNICIANS NOT STIPULATED

  CALIBRATION AND STANDARDIZATION OF INSTRUMENTS NOT STIPULATED.

C2062

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THE ROLE OF THE PHYSICIAN IS TO INSURE THAT THE INDUSTRY EMPLOYS PEOPLE WHO ARE SUITED TO THE TASKS REQUIRED OF THEM AND THAT THEY DO NOT SUFFER INJURY OR ILLNESS AS A RESULT OF THE WORK THEY ARE CALLED UPON TO DO.

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PHYSICIANS MUST BE ACTIVELY INVOLVED WITH WORKERS AND MANAGEMENT,

MUST BE COMPLETELY FAMILIAR WITH THE PROPERTIES OF ASBESTOS IN USE,

MUST UNDERSTAND THE MANUFACTURING PROCESS IN THE PLANT

MUST HAVE A CLEAR CONCEPT OF THE PLANT DESIGN AND LAYOUT,

MUST HAVE A THOROUGH WORKING KNOWLEDGE OF THE ETIOLOGY, PATHOGENESIS, EPIDEMIOLOGY AND THERAPY OF WORK-RELATED DISEASES, AND

MUST ACQUIRE A WORKING KNOWLEDGE AND APPRECIATION OF THE THEORY AND PRACTICE OF INDUSTRIAL HYGIENE, INCLUDING UNDERSTANDING OF SAMPLING AND MONITORING PROCEDURES.

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MEDICAL SURVEILLANCE OF PERSONS EXPOSED TO ASBESTOS:

PRE EMPLOYMENT OR PRE-ASSIGNMENT

- MEDICAL HISTORY - RESPIRATORY SYMPTOMS QUESTIONNAIRE
- PHYSICAL EXAMINATION
- CHEST X-RAY (PA VIEW 14" x 17")
- PULMONARY FUNCTION TESTS (FEV_1, FVC, FEV_1/FVC%)
- SPUTUM CYTOLOGY IF INDICATED AND FEASIBLE

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THE PHYSICIAN SHOULD TAKE THE OPPORTUNITY WHICH THE PRE-PLACEMENT EVALUATION AFFORDS TO COUNSEL AND ADVISE THE JOB APPLICANT REGARDING THE KNOWN FACTS ABOUT ASBESTOS-RELATED DISEASES.

IT IS ESSENTIAL TO EMPHASIZE THE SPECIAL RISKS THE PERSON WILL RUN IF HE OR SHE SMOKES CIGARETTES AND EVERY EFFORT SHOULD BE MADE TO DISCOURAGE THE HABIT.

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PRE-PLACEMENT EVALUATION:

CONTRA-INDICATIONS TO EMPLOYMENT IN ASBESTOS AREAS:

1. HISTORY OF PREVIOUS DUST EXPOSURE, EG. COAL MINES
2. EXISTING PULMONARY DISABILITY DUE TO PNEUMOCONIOSIS OR FROM ANY OTHER CAUSE
3. PRESENCE OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE, WITH OR WITHOUT EMPHYSEMA
4. ASTHMA
5. ORGANIC HEART DISEASE

02097

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OTHER CONTRA-INDICATIONS SUGGESTED ARE:

1. NASAL OBSTRUCTION OR DEFORMITY OF SUCH SEVERITY AS TO MAKE THE WEARING OF A RESPIRATOR IMPOSSIBLE,
2. GROSS PHYSICAL DEFORMITY OF THE CHEST WHICH IMPAIRS LUNG FUNCTION,
3. CHRONIC BRONCHITIS, BRONCHIECTASIS OR EMPHYSEMA,
4. GROSS HYPERTENSION WITH CARDIAC IMPAIRMENT,
5. RHEUMATOID ARTHRITIS.

02208

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PERIODIC MEDICAL EVALUATION

OBJECTIVE: KEEP EXPOSED WORKERS UNDER OBSERVATION TO DETERMINE

- CHANGES IN PHYSICAL STATUS
- " " PHYSIOLOGICAL STATUS
- " IN CHEST X-RAYS

THE WORKPLACE SHOULD BE RE-EVALUATED WITH THE SAME CARE AND FREQUENCY BY THE PHYSICIAN TO ENABLE A DECISION TO BE MADE WITH REGARD TO THE EMPLOYEE'S SUITABILITY TO CONTINUE DOING THE SAME JOB.

02009

X409749

MEDICAL SURVEILLANCE OF PERSONS EXPOSED TO ASBESTOS:

PERIODIC EVALUATION : < 35 YEARS OF AGE OR < 5 YEARS EXPOSURE

- MEDICAL HISTORY - RESPIRATORY SYMPTOMS QUESTIONNAIRE: ANNUALLY
- CHEST X-RAY - (PA VIEW 14" X 17") } EVERY 5 YEARS
- PHYSICAL EXAMINATION } EVERY 5 YEARS
- PULMONARY FUNCTION TESTS (FEV_1, FVC, FEV_1/FVC%) } EVERY 5 YEARS
- SPUTUM CYTOLOGY - NOT INDICATED

3843B C2010 X409750

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MEDICAL SURVEILLANCE OF PERSONS EXPOSED TO ASBESTOS:

PERIODIC EVALUATION : AGES 35-45 YEARS OR 5-10 YEARS EXPOSURE

- MEDICAL HISTORY - RESPIRATORY SYMPTOMS QUESTIONNAIRE: ANNUALLY
- PHYSICAL EXAMINATION
- CHEST X-RAY - (PA VIEW 14" x 17") } EVERY 2 YEARS
- PULMONARY FUNCTION TESTS (FEV_1, FVC, FEV_1/FVC%) }
- SPUTUM CYTOLOGY - IF INDICATED BY SMOKING HISTORY OR OVER AGE 40 YEARS

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MEDICAL SURVEILLANCE OF PERSONS EXPOSED TO ASBESTOS:

PERIODIC EVALUATION : >45 YEARS OF AGE OR >10 YEARS EXPOSURE

- MEDICAL HISTORY - RESPIRATORY SYMPTOMS QUESTIONNAIRE: ANNUALLY
- PHYSICAL EXAMINATION: ANNUALLY
- CHEST X-RAY - (PA VIEW 14" x 17"): ANNUALLY
- PULMONARY FUNCTION TESTS (FEV_1, FVC, FEV_1/FVC%): ANNUALLY
- SPUTUM CYTOLOGY - IF FEASIBLE ANNUALLY

X409752

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BASIS FOR REMOVAL FROM EXPOSURE:

DEFINITE RADIOGRAPHIC EVIDENCE OF DIFFUSE PULMONARY FIBROSIS;

WHEN ONLY PLEURAL STIGMATA ARE PRESENT ON A CHEST X-RAY, JOB TRANSFER NOT INDICATED BUT CONTINUED MEDICAL SURVEILLANCE IS.

X409753

C2313

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PLEURAL PLAQUES.

PLEURAL CHANGES RELATED TO LENGTH OF EXPOSURE IRRESPECTIVE OF DOSE.

PROBABLY AN IMPORTANT RADIOLOGIC SIGN FOUND IN LOW GRADE EXPOSURE GROUPS WHERE PARENCHYMAL EFFECTS ARE LESS LIKELY TO BE SEEN.

C2014

X409754

INDICATIONS FOR COMPUTED TOMOGRAPHY OF THE THORAX.

EARLY PLEURAL PLAQUES CAN BE MORE RELIABLY DIAGNOSED;

PLEURAL PLAQUES AND THICKENING CAN BE DISTINGUISHED FROM " COMPANION " SHADOWS ADJACENT TO RIBS ;

FINE INTERSTITIAL PARENCHYMAL DISEASE CAN BE DETECTED WHEN NOT VISIBLE ON CHEST RADIOGRAPHS;

USEFUL IN THE DIAGNOSIS OF MESOTHELIOMA.

(The finding of pleural effusion,
rib destruction,
pleural plaques or calcifications,
intrapulmonary nodules and thickening of pleura, pleural fissures and paramediastinal structures, especially at the bases and posteriorly,
should suggest the presence of mesothelioma).

X409755

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ASBESTOSIS; DIAGNOSTIC CRITERIA.

1. HISTORY OF "ADEQUATE" EXPOSURE,
2. ELICITING FINE END-INSPIRATORY CRACKLES AT THE LUNG BASES ON AUSCULTATION,
3. FINGER CLUBBING (MAY BE ABSENT),
4. PROGRESSIVE CHEST X-RAY CHANGES OF PULMONARY FIBROSIS,
5. RESTRICTIVE PULMONARY FUNCTION PATTERN AND IMPAIRMENT OF GAS EXCHANGE. (AIRWAYS OBSTRUCTION IS NOT USUALLY A FEATURE OF ASBESTOSIS, BUT HAS BEEN REPORTED IN SOME STUDIES.)

C2316

X409756

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MEDICAL SURVEILLANCE OF PERSONS EXPOSED TO ASBESTOS:

PERIODIC EVALUATION : TERMINATION

MEDICAL HISTORY

PHYSICAL EXAMINATION

CHEST X-RAY

PULMONARY FUNCTION TEST

SPUTUM CYTOLOGY

X409757

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MEDICAL SURVEILLANCE OF PERSONS EXPOSED TO ASBESTOS:

PERIODIC EVALUATION : RETIREES

- BY MAIL ONLY
- REMINDER: HAVE REGULAR MEDICAL CHECKS
- HEALTH STATUS QUESTIONNAIRE - COMPLETE AND RETURN
- RELY UPON PERSONAL PHYSICIAN

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X409758

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MEDICAL SURVEILLANCE OF PERSONS EXPOSED TO ASBESTOS:

PERIODIC EVALUATION : POST-EMPLOYMENT - OTHER THAN RETIREES

- ADVISORY LETTER AT TERMINATION: "CONTINUE MEDICAL CHECKS"
- CONSULT PERSONAL PHYSICIAN TO ARRANGE PERIODIC FOLLOW-UP

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C2220

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MEDICAL SURVEILLANCE OF PERSONS EXPOSED TO ASBESTOS: PERIODICITY

TYPE OF PROCEDURE	PRE-EMPLOYMENT OR PRE-ASSIGNMENT	PERIODIC						TERMINATION	POST-EMPLOYMENT	
		AGE			EXPOSURE				RETIREES	OTHERS
		35	35-45	45	5	5-10	10		BY MAIL ONLY	
Medical History (Respiratory Symptoms Questionnaire	Obligatory	ANNUAL	ANNUAL	ANNUAL	ANNUAL	ANNUAL	ANNUAL	Obligatory as in Preplacement Examination	Annual 1) Reminder to continue with medical checks. 2) Questionnaire	Advisory Letter at Termination - Continue Medical Checks
Physical Examination	Obligatory To include examination of Respiratory System and Digestive System	Every 5 Years	Every 2 Years	ANNUAL	Every 5 Years	Every 2 Years	ANNUAL	Obligatory as in Preplacement Examination	Voluntary By Own Physician	"
Chest Radiology (PA view 14" x 17")	Obligatory (Not required if recent film available, i.e., within preceding 12 months)	Every 5 Years	Every 2 Years	ANNUAL	Every 5 Years	Every 2 Years	ANNUAL	Obligatory as in Preplacement Examination	Voluntary By Own Physician	"
Pulmonary Function (FEV_1, FVC, FEV_1/FVC %)	Obligatory	Every 5 Years	Every 2 Years	ANNUAL	Every 5 Years	Every 2 Years	ANNUAL	Obligatory as in Preplacement Examination	Voluntary By Own Physician	"
Other e.g., Sputum Cytology	Voluntary	N/A	N/A	ANNUAL	N/A	N/A	ANNUAL	Voluntary	Voluntary	"

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