

22021

RECEIVED

JUL 17 2015

SC Court of Appeals

IN THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM SUMTER COUNTY
Court of Commons Pleas

The Honorable W. Jeffrey Young, Circuit Court Judge

C.A. No.: 2013-CP-43-02284
Appellate Case No.: 2014-002215

Arrowpoint Capital Corporation/Arrowood Indemnity Co., Appellant,

v.

South Carolina Second Injury Fund, Respondent,

IN RE: Mary McConico, Employee,

v.

Yuasa-Exide, Inc., Employer, and Arrowpoint Capital Corp./Arrowood Indemnity Co., Carrier

**RECORD ON APPEAL
VOLUME I**

Vernon F. Dunbar, Esquire
McAngus Goudelock and Courie
Post Office Box 2980
55 East Camperdown Way, Suite 300 (29601)
Greenville, South Carolina 29602
(864) 239-4000
Attorney for Appellant

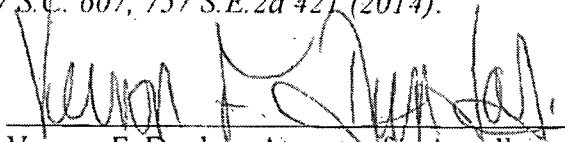
Timothy B. Killen, Esquire
Willson, Jones, Carter & Baxley, P.A.
4500 Fort Jackson Boulevard
Columbia, South Carolina 29209
(803) 227-2894
Attorney for Respondent

INDEX

Index	i-ii
Circuit Court Order of November 24, 2014.....	1-21
Appellate Panel Decision and Order of November 21, 2013.....	22-39
Hearing Commissioner's Decision and Order of December 19, 2012	40-57
Settlement Agreement, Release and Order of October 26, 2010.....	58-69
Form 19, Receipt of Compensation dated October 13, 2011.....	70
Form 50, Employee's Notice of Claim dated November 16, 2010	71
Form 54, Employer's Request for Hearing dated October 31, 2011	72
Form 55, Second Injury Fund's Answer to Employer's Request for Hearing dated November 18, 2011.....	73
Form 58, Employer's Pre-Hearing Brief dated July 27, 2012	74-75
Form 58, Second Injury Fund's Pre-Hearing Brief dated August 2, 2012	76-77
Form 30, Employer's Request for Commission Review dated December 31, 2012	78-79
Form 30, Second Injury Fund's Request for Commission Review dated December 26, 2012.....	80-81
Transcript of hearing before Full Commission Appellate Panel dated September 16, 2013.	82-104
Transcript of hearing before Hearing Commissioner dated August 13, 2012	105-134
Employer's APA (Evidentiary) Submissions dated July 27, 2012	135-348
1. J. Routt Reigart, M.D., Health Evaluation of Claimant	138-140
2. L. Randolph Waid, Ph.D., Neuropsychological Evaluation of Claimant (9/2/2009).....	141-145
3. Eugene Shippen, M.D., Second Injury Fund Medical Questionnaire (5/31/2011)	146-148
4. Edward L. Baker, Jr., M.D., Second Injury Fund Medical Questionnaire (6/26/2011)	149-151
5. Employee Personal Consultation Disability, Health and Occupational Records (1977 to 2000).....	152-211
6. Employee Blood Lead Levels	212-231
7. Post-Employment Medical (disc) Records.....	232-306

8. Employer's Investigative Reports and Disability Documents	307-320
9. Claimant's Deposition Transcript	321-341
10. Employee/Claimant Knowledge Affidavit	342-344
Second Injury Fund's APA (Evidentiary) Submissions dated August 2, 2012	345-445
"Overview of Lead Cases" binder (presented to Hearing Commissioner August 13, 2012)	446
Articles regarding lead	447
1. <u>Health Effects of Chronic Lead Exposure Among Employees of Exide Battery</u> <u>Production Plant – Sumter SC</u>	448-473
2. <u>Lead-related nephrotoxicity: A review of the epidemiologic evidence</u>	474-484
3. <u>Literature Review – Lead and Health Effects</u>	485-507
4. <u>Statistical Data Concerning Hypertension, Diabetes, Renal Kidney Failure,</u> <u>and Memory Loss in Society</u>	508-518
5. <u>Case Studies in Environmental Medicine – Lead Toxicity</u>	519-535
Yuasa-Exide (Industry) Regulations Lead Control Program	536
Commission and Court cases involving <i>Lee Ernest Franklin</i>	
1. Employee's Notice of Claim and/or Request for Hearing dated July 3, 2001	537
2. Decision and Order of Commissioner George N. Funderburk dated June 10, 2005	538-552
3. Appellate Panel Decision and Order of the South Carolina Workers' Compensation Commission dated May 3, 2006	553-560
4. Decision and Order of Commissioner George N. Funderburk dated January 31, 2008	561-577
Decision of the Supreme Court of South Carolina, Opinion No.: 26880 dated September 13, 2012	578-587
Second Injury Fund Reimbursement Request Form	588-589
S.C. Code § 42-9-400 (1999)	590-593
Certificate of Compliance	594

The undersigned hereby certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material. The undersigned further certifies that the Record on Appeal filed in this matter complies with the South Carolina Supreme Court's Order and caption *In re: Advised Order Concerning Pers. Identifying Info. & Other Sensitive Info. In Appellate Court Filings*, 407 S.C. 607, 757 S.E.2d 421 (2014).


Vernon F. Dunbar, Attorney for Appellants

RECORDED

STATE OF SOUTH CAROLINA)

IN THE COURT OF COMMON PLEAS 2011 NOV 24 AM 10:02

COUNTY OF SUMTER)

CP NO.: 2013-CP43-02284

JAMES S. CAMPBELL
CLERK OF COURT
SUMTER COUNTY, S.C.

ARROWPOINT CAPITAL CORPORATION /
ARROWOOD INDEMNITY CO.,)

Plaintiff/Appellant,)

v.)

SOUTH CAROLINA SECOND INJURY FUND,)

Defendant/Respondent,)

IN RE:)

Mary McConico,)

ORDER

Employee/Claimant,)

v.)

Yuasa-Exide, Inc.,)

Employer,)

and)

Arrowpoint Capital Corp./Arrowood Indemnity
Co.,)

Carrier.)

STATEMENT OF THE CASE

This is an appeal from the Workers' Compensation Commission involving a denied claim for reimbursement pursuant to S.C. Code Ann. § 42-9-400 from the South Carolina Second Injury Fund (the Fund) by Yuasa Exide Incorporated, Employer, and Arrowpoint Capital Corporation, Carrier (collectively Carrier). A hearing in this matter was held before the Single Commissioner, Andrea C. Roche, on August 13, 2012, to determine the issues as set forth on the Forms 54 and

At the hearing before the Single Commissioner, Carrier alleged that it incurred substantially greater liability for compensation when employee Mary McConico's (Claimant's) alleged preexisting heavy metal poisoning, hypertension, and/or cardiovascular disease were either aggravated by or combined with her July 31, 1999, work-related injury to her brain, kidneys, cerebral vascular accident or stroke, and to his musculoskeletal, cognitive, neuropathic and cardiovascular systems, which was also caused by lead exposure. Carrier's Form 58, ROA 53. Carrier also alleged that Claimant's alleged preexisting conditions were a hindrance or obstacle to employment. Id.

At the hearing before the Single Commissioner, the Fund asserted that the Carrier's claim is barred by S.C. Code Ann. § 42-7-320(B)(2), as well as by S.C. Code Ann. § 42-7-310 and its subsections. Further, Fund denied that Carrier met any of the requirement for reimbursement, specifically asserting that Claimant's heavy metal exposure, hypertension, and/or cardiovascular disease did not preexist her lead exposure. The Fund further denied that the alleged preexisting conditions were permanent and serious enough to constitute a hindrance or obstacle to Claimant's employment as per S.C. Code Ann. § 42-9-400. Hrg. Tr. p. 3, ROA p. 94; Hrg. Tr. p. 5, ROA p. 96; Hrg. Tr. p. 25, ROA p. 116; Fund's Form 58, ROA p. 55.

At the hearing, the Fund objected to the inclusion and consideration of Carrier's APA Submission Number 10, Post Yuasa Medical Records, APA pages 95 - 169. Hrg. Tr. p. 3, ROA p. 94. The basis for the Fund's objection was that these documents were not submitted to the Fund on or prior to June 30, 2011, as required by S.C. Code Ann. § 42-7-320(B)(2). On June 30, 2011, Carrier did submit to the Fund a compact disc by which it asserts it intended to submit electronic copies of documentary material. The single file on the disc was a hyperlink that does

not access any files outside of Carrier's counsel's database. Finding of Fact 9, Full Commission Order pp. 10 – 11, ROA pp. 11 – 12; Conclusion of Law 3, Full Commission Order pp. 13 – 15, ROA pp. 13 – 15; Hrg. Tr. p. 4 – 5, ROA p. 95 – 96; Fund's APA Submissions p. 2-B, ROA p. 342. The Fund took the position that because there were no electronic copies of any documents on the disc, the documents were not timely submitted, as required by S.C. Code Ann. § 42-7-320(B)(2). Id.

At the hearing, the Single Commissioner overruled the Fund's objections, saying, "I think everybody would agree that the intent was to submit records" Hrg. Tr. p. 5, II. 10 – 11; ROA p. 96 (emphasis added). The Single Commissioner issued her order on December 19, 2012. ROA p. 19. In Finding of Fact 9, the Single Commissioner wrote:

. . . even though the disc did not contain electronic copies of medical records, because the Carrier intended to submit the documents . . . the Fund's objection was overruled and the documents may be considered. Therefore, S.C. Code Ann. § 42-7-320(B)(2) does not act as a bar to Carrier's potential recovery in this instance.

Single Commissioner's Order, p. 15, ROA p. 33 (emphasis added).

Nevertheless, the Single Commissioner went on to deny Carrier's claim for reimbursement based on its failure to establish all necessary elements for reimbursement pursuant to S.C. Code Ann. § 42-9-400. Single Commissioner's Order, ROA pp. 19–36.

Both parties timely appealed. The Fund asserted that the Single Commissioner erred in ignoring the plain language of S.C. Code Ann. § 42-9-320(B) and, also, by allowing the untimely produced medical records into evidence. Full Comm. Hrg. Tr. pp. 4 – 5, ROA pp. 64 – 65; Fund's Form 30, ROA p. 59. The Carrier appealed the substantive denial of its claim. Employer's Form 30, ROA pp. 57 – 58.

An En Banc panel of the Full Commission heard the cross-appeals on August 12, 2013. After reviewing all the evidence de novo, the Full Commission issued its Order November 21, 2013. The Full Commission found that the Carrier's failure to comply with S.C. Code Ann. § 42-9-320(B)(2) served as bar to its claim for reimbursement under S.C. Code Ann. § 42-9-400. Full Commission Order, ROA pp.1 - 18. The Commission further ruled on the substantive issues, finding that the Claimant's lead exposure over the course of twenty-five (25) years constituted a single injury, and that the lead exposure was not a hindrance or obstacle to employment. Findings of Fact 4 and 5, Full Commission Order pp. 9-10, ROA pp. 9-10.

The Full Commission's Findings of Fact and Conclusions of Law are as follows:

FINDINGS OF FACT
(FULL COMMISSION)

1. On July 31, 1999, Claimant sustained an occupational exposure to heavy metal/lead during the course of her employment with Yuasa Exide, Incorporated. This finding is based upon the totality of the records in evidence.
2. The Fund was placed on notice of this potential reimbursement claim on December 15, 2010. This is based on the parties' stipulations and Fund's APA p. 1.
3. Claimant did not have preexisting heavy metal poisoning, hypertension, or cardiovascular disease prior to her occupational exposure. The Carrier offers no evidence to support any such conclusion, and it is the Carrier's burden to prove compliance with the requirements of S.C. Code Ann. § 42-9-410. The Carrier offers no medical records antedating the Claimant's employment with Employer in 1974 and/or her subsequent exposure. The Claimant herself testified that she "didn't have any [health] problems until [she] went [to work]" with Employer. Carrier's APA p. 195; Claimant's Deposition, p. 11, ll. 2 - 3. In 1979, after she had been employed for approximately five (5) years, the Carrier's position was that the Claimant suffered no disability that would prevent her from working. Fund's APA pp. 3 - 4. Further, this is based on the totality of the medical evidence in the record.
4. We do not find persuasive Carrier's position that the occupational exposure to heavy metal is Claimant's both first and subsequent injuries. Claimant was

exposed to lead over a twenty-five (25) year period of employment; and, as such, we find that the occupational or heavy metal exposure is one injury and there was no preexisting heavy metal exposure. This is based on the totality of the medical evidence in the record.

5. Even if Claimant's occupational exposure can be viewed as separate injuries, we find that it was not a hindrance or obstacle to her employment. Claimant worked for this employer for twenty-five (25) years until suffering a stroke and/or aneurysm. This is based on the totality of the medical evidence in the record.
6. Since we find that there was no preexisting heavy metal exposure, we also find that there was no combination or aggravation of the preexisting condition by the subsequent injury to create substantially greater medical costs and permanent disability. In 1979, after she had been employed for approximately five (5) years and had been exposed to lead, the Carrier's position was that the Claimant suffered no disability that would prevent her from working. Fund's APA pp. 3 - 4. This finding is based on the totality of the evidence in the record.
7. Even if there were preexisting heavy metal exposure, the Carrier has only offered questionnaires to support substantially greater medical costs and permanent disability. Carrier's APA pp. 9 - 14. These questionnaires consider only heavy metal poisoning and coronary artery disease (not cardiovascular disease or hypertension) of the alleged preexisting conditions, and also consider other conditions (i.e., heavy metal poisoning, bronchitis, stroke, cerebral aneurysm) as equally causative of greater medical costs and permanent disability. Considering the entirety of the medical evidence presented, the other conditions cannot be reasonably said to have pre-existed the lead exposure. The finding is based on the totality of the evidence in the record.
8. Carrier failed to meet its burden in establishing all necessary elements for partial reimbursement pursuant to S.C. Code Ann. § 42-9-400. Accordingly, Carrier is not entitled to reimbursement from the South Carolina Second Injury Fund.
9. We find that Carrier's claim for reimbursement is barred by S.C. Code Ann. § 42-7-320(b)(2). We further find that Carrier's APA 10, Post Yuasa Medical Records, shall be stricken from the record. This finding is based on Carrier's failure to timely submit all materials required by the Fund by June 30, 2011, so that the claim could be accepted, compromised, or denied. In particular, on June 30, 2011, Carrier submitted a compact disc to the Fund. Purportedly, Carrier intended to submit electronic copies of documentary materials (those included in Carrier's APA 10, Post Yuasa Medical Records) via the disc. There were no copies, electronic or otherwise, of any documents on the disc.

The disc contained only a single, 1Kb file. The file on the disc was a simple hyperlink. The hyperlink did not access any documents.

In 2007, the Legislature enacted legislation to affect the closure of the Second Injury Fund. S.C. Code Ann. § 42-7-320 ("Termination of the Second Injury Fund; schedule") reads as follows:

- (A) Except as otherwise provided in this section, on and after July 1, 2013, the programs and appropriations of the Second Injury Fund are terminated. The State Budget and Control Board must provide for the efficient and expeditious closure of the fund with the orderly winding down of the affairs of the fund so that the remaining liabilities of the fund are paid utilizing assessments, accelerated assessments, annuities, loss portfolio transfers, or such other mechanisms as are reasonably determined necessary to fund any remaining liabilities of the fund. The Department of Insurance and the Workers' Compensation Commission may submit comments and suggestions to be considered by the State Budget and Control Board in planning for the closure of the fund. The State Budget and Control Board shall cause all necessary actions to be taken to provide appropriate staffing of the fund until such time as the staff services are no longer required to administer the obligations of the fund. The fund's administrative costs, including employee salaries and benefits, shall be paid from the Second Injury Fund Trust if the interest from the trust becomes insufficient to pay these obligations.
- (B) After December 31, 2011, the Second Injury Fund shall not accept a claim for reimbursement from any employer, self-insurer, or insurance carrier. The fund shall not consider a claim for reimbursement for an injury that occurs on or after July 1, 2008.
 - (1) An employer, self-insurer, or insurance carrier must notify the Second Injury Fund of a potential claim by December 31, 2010. Failure to submit notice by December 31, 2010, shall bar an employer, self-insurer, or insurance carrier from recovery from the fund.
 - (2) An employer, self-insurer, or insurance carrier must submit all required information for consideration of accepting a claim to the Second Injury Fund by June 30, 2011. Failure to submit all required information to the fund by June 30, 2011, so that the claim can be accepted, compromised, or denied shall bar an employer, self-insurer, or insurance carrier from recovery from the fund.
 - (3) Insurance carriers, self-insurers, and the State Accident Fund remain liable for Second Injury Fund assessments, as

determined by the State Budget and Control Board, in order to pay accepted claims. The fund shall continue reimbursing employers and insurance carriers for claims accepted by the fund on or before December 31, 2011.

The language chosen by the Legislature in crafting this law is mandatory: the "[f]ailure to submit all required information . . . by June 30, 2011 . . . shall bar . . . carrier from recovery" Id.

The Fund requires "narrative medical reports" and "treating doctor's opinion" in order to consider a claim for reimbursement. Fund APA 2. A necessary element of Second Injury Fund recovery includes whether a determination whether Claimants disability or medical expenses were substantially increased due to the alleged pre-existing condition. S.C. Code Ann. § 42-9-400; see Fund APA p. 2. Carrier was notified specifically of the requirement of these documents on April 25, 2011. Fund APA p. 2.

"The cardinal rule of statutory construction is that words used in a statute should be given their plain and ordinary meaning unless something in the statute requires a different interpretation." Seckinger v. Vessel Excalibur, 483 S.E. 2d 775, 777, 326 S.C. 382, 387 (Ct. App. 1997) (quoting Multimedia, Inc. v. Greenville Airport Comm'n, 287 S.C. 521, 339 S.E.2d 884 (Ct.App.1986)). S.C. Code Ann. § 42-7-320(b)(2) involves two uses of mandatory language: these are the words "must" and "shall". According to the Supreme Court, the word "shall" in a statute ordinarily means the action referred to is mandatory. TNS Mills, Inc. v. S.C. Dep't of Revenue, 331 S.C. 611, 620, 503 S.E.2d 471, 476 n. 3 (1998).

According to the Supreme Court, "a court must abide by the plain meaning of the words of a statute. When interpreting the plain meaning of a statute, courts should not resort to subtle or forced construction to limit or expand the statute's operation." State v. Jacobs, 393 S.C. 584, 587, 713 S.E.2d 621, 622 (2011) (internal citations omitted). Further, "[w]here the statute's language is plain and unambiguous, and conveys a clear and definite meaning, the rules of statutory interpretation are not needed and the court has no right to impose another meaning." Hodges v. Rainey, 341 S.C. 79, 85, 533 S.E. 2d 578, 581 (2000).

The Supreme Court has held that notice requirement deadlines dealing with Second Injury Fund reimbursement should be strictly construed. See Merchants Mut. Ins. Co. v. South Carolina Second Injury Fund, 277 S.C. 604, 291 S.E.2d 667 (1982). Additionally, the Supreme Court has held that the right of a claimant to secure Second Injury Fund reimbursement depends upon complete compliance with the requirements imposed for recovery. Boone's Masonry Construction Co., Inc. v. South Carolina Second Injury Fund, 267 S.C. 277, 282, 227 S.E.2d 659, 661 (1976). Accordingly, we find that this claim is barred by S.C. Code Ann. § 42-7-320(b)(2).

CONCLUSIONS OF LAW

(FULL COMMISSION)

1. Reimbursement from the South Carolina Second Injury Fund is governed by S.C. Code Ann. § 42-9-400.
2. The right of Carrier to receive reimbursement from the South Carolina Second Injury Fund depends upon complete compliance with the requirements for recovery. *South Carolina Second Injury Fund v. American Yard Products*, 330 SC 20, 496 S.E.2d 862 (1998).
3. We conclude that Carrier's claim for reimbursement is barred by S.C. Code Ann. § 42-7-320(b)(2). We further find that Carrier's APA 10, Post Yuasa Medical Records, shall be stricken from the record. This finding is based on Carrier's failure to timely submit all materials required by the Fund by June 30, 2011, so that the claim could be accepted, compromised, or denied. In particular, on June 30, 2011, Carrier submitted a compact disc to the Fund. Purportedly, Carrier intended to submit electronic copies of documentary materials (those included in Carrier's APA 10, Post Yuasa Medical Records) via the disc. There were no copies, electronic or otherwise, of any documents on the disc. The disc contained only a single, 1Kb file. The file on the disc was a simple hyperlink. The hyperlink did not access any documents. In 2007, the Legislature enacted legislation to affect the closure of the Second Injury Fund. S.C. Code Ann. § 42-7-320 ("Termination of the Second Injury Fund; schedule") reads as follows:
 - (A) Except as otherwise provided in this section, on and after July 1, 2013, the programs and appropriations of the Second Injury Fund are terminated. The State Budget and Control Board must provide for the efficient and expeditious closure of the fund with the orderly winding down of the affairs of the fund so that the remaining liabilities of the fund are paid utilizing assessments, accelerated assessments, annuities, loss portfolio transfers, or such other mechanisms as are reasonably determined necessary to fund any remaining liabilities of the fund. The Department of Insurance and the Workers' Compensation Commission may submit comments and suggestions to be considered by the State Budget and Control Board in planning for the closure of the fund. The State Budget and Control Board shall cause all necessary actions to be taken to provide appropriate staffing of the fund until such time as the staff services are no longer required to administer the obligations of the fund. The fund's administrative costs, including employee salaries and benefits, shall be paid from the Second Injury Fund Trust if the interest from the trust becomes insufficient to pay these obligations.
 - (B) After December 31, 2011, the Second Injury Fund shall not accept a

claim for reimbursement from any employer, self-insurer, or insurance carrier. The fund shall not consider a claim for reimbursement for an injury that occurs on or after July 1, 2008.

- (1) An employer, self-insurer, or insurance carrier must notify the Second Injury Fund of a potential claim by December 31, 2010. Failure to submit notice by December 31, 2010, shall bar an employer, self-insurer, or insurance carrier from recovery from the fund.
- (2) An employer, self-insurer, or insurance carrier must submit all required information for consideration of accepting a claim to the Second Injury Fund by June 30, 2011. Failure to submit all required information to the fund by June 30, 2011, so that the claim can be accepted, compromised, or denied shall bar an employer, self-insurer, or insurance carrier from recovery from the fund.
- (3) Insurance carriers, self-insurers, and the State Accident Fund remain liable for Second Injury Fund assessments, as determined by the State Budget and Control Board, in order to pay accepted claims. The fund shall continue reimbursing employers and insurance carriers for claims accepted by the fund on or before December 31, 2011.

The language chosen by the Legislature in crafting this law is mandatory: the "[f]ailure to submit all required information . . . by June 30, 2011 . . . shall bar . . . carrier from recovery" Id.

The Fund requires "narrative medical reports" and "treating doctor's opinion" in order to consider a claim for reimbursement. Fund APA 2. A necessary element of Second Injury Fund recovery includes whether a determination whether Claimants disability or medical expenses were substantially increased due to the alleged pre-existing condition. S.C. Code Ann. § 42-9-400; see Fund APA p. 2. Carrier was notified specifically of the requirement of these documents on April 25, 2011. Fund APA p. 2.

"The cardinal rule of statutory construction is that words used in a statute should be given their plain and ordinary meaning unless something in the statute requires a different interpretation." Seckinger v. Vessel Excalibur, 483 S.E. 2d 775, 777, 326 S.C. 382, 387 (Ct. App. 1997) (quoting Multimedia, Inc. v. Greenville Airport Comm'n, 287 S.C. 521, 339 S.E.2d 884 (Ct.App.1986)). S.C. Code Ann. § 42-7-320(b)(2) involves two uses of mandatory language: these are the words "must" and "shall". According to the Supreme Court, the word "shall" in a statute ordinarily means the action referred to is mandatory. TNS Mills, Inc. v. S.C. Dept of Revenue, 331 S.C. 611, 620, 503 S.E.2d 471,

476 n.3 (1998).

According to the Supreme Court, "a court must abide by the plain meaning of the words of a statute. When interpreting the plain meaning of a statute, courts should not resort to subtle or forced construction to limit or expand the statute's operation." State v. Jacobs, 393 S.C. 584, 587, 713 S.E.2d 621, 622 (2011) (internal citations omitted). Further, "[w]here the statute's language is plain and unambiguous, and conveys a clear and definite meaning, the rules of statutory interpretation are not needed and the court has no right to impose another meaning." Hodges v. Rainey, 341 S.C. 79, 85, 533 S.E. 2d 578, 581 (2000).

The Supreme Court has held that notice requirement deadlines dealing with Second Injury Fund reimbursement should be strictly construed. See Merchants Mut. Ins. Co. v. South Carolina Second Injury Fund, 277 S.C. 604, 291 S.E.2d 667 (1982). Additionally, the Supreme Court has held that the right of a claimant to secure Second Injury Fund reimbursement depends upon complete compliance with the requirements imposed for recovery. Boone's Masonry Construction Co., Inc. v. South Carolina Second Injury Fund, 267 S.C. 277, 282, 227 S.E.2d 659, 661 (1976).

4. To qualify for reimbursement, Carrier had the burden to prove that Claimant's had a preexisting condition that was permanent and serious enough to be a hindrance or obstacle to Claimant's employment. Carrier failed to meet its burden of proof on this issue; and, therefore, failed to meet all requirements for reimbursement pursuant to S.C. Code Ann. § 42-9-400.
5. To qualify for reimbursement Carrier had the burden to prove that Claimant's preexisting condition was either aggravated by or combined with is work related injury to create substantially greater medical costs and permanent disability. Carrier failed to meet is burden of proof on this issue; and, therefore, failed to meet all requirements for reimbursement pursuant to S.C. Code Ann. §42-9-400.
6. Since Carrier did not meet all requirements for reimbursement pursuant to S.C. Code Ann. § 42-9-400, it is not entitled to reimbursement from the South Carolina Second Injury Fund, and its claim is denied.

STANDARD OF REVIEW

The standard of review for decisions of the Workers' Compensation Commission is established in the Administrative Procedures Act. South Carolina Second Injury Fund v. Liberty Mutual Insurance Co., 353 S.C. 117, 576 S.E.2d 199 (Cl. App. 2003). A reviewing court must not disturb the Workers' Compensation Commission's findings if those findings are supported by

substantial evidence in the record. Pearson v. JPS Converter & Indus. Corp., 327 S.C. 393, 489 S.E.2d 219 (Ct. App. 1997). The fact that reasonable minds may differ or that there is the possibility of drawing inconsistent conclusions does not prevent an agency's findings from being supported by substantial evidence. Grant v. South Carolina Coastal Council, 319 S.C. 348, 461 S.E. 2d 388 (1995). The Court may not substitute its judgment for that of the Commission as to the weight of the evidence on questions of fact, but may reverse where the decision is affected by an error of law. Hamilton v. Bob Bennett Ford, 336 S.C. 72, 518 S.E.2d 599 (Ct.App. 1999); see also Etheredge v. Monsanto Co., 349 S.C. 451, 562 S.E.2d 679 (Ct.App. 2002).

In Brown v. Greenwood Mills, Inc., the Court of Appeals explained at length the standard of review in Workers' Compensation cases:

The South Carolina Administrative Procedures Act ("APA") establishes the standard for judicial review of decisions of the workers' compensation commission. A reviewing court may reverse or modify a decision of an agency if the findings, inferences, conclusions, or decisions of that agency are "clearly erroneous in view of the reliable, probative and substantial evidence on the whole record." Under the scope of review established in the APA, this Court may not substitute its judgment for that of the appellate panel as to the weight of the evidence on questions of fact, but may reverse where the decisions is affected by an error of law.

The substantial evidence rule of APA governs the standard of review in a workers' compensation decision. Pursuant to the APA, this Court's review is limited to deciding whether the appellate panel's decision is unsupported by substantial evidence or is controlled by some error of law. Substantial evidence is not a mere scintilla of evidence, nor the evidence viewed blindly from one side of the case, but is evidence which, considering the record as a whole, would allow reasonable minds to reach the conclusion the administrative agency reached in order to justify its action.

The appellate panel is the ultimate finder of fact in workers' compensation cases and is not bound by the single commissioner's findings of fact. The final determination of witness credibility and weight to be accorded evidence is reserved to the appellate panel. The possibility of drawing two inconsistent conclusions from the evidence does not prevent an administrative agency's findings from being supported by substantial evidence. Where there are conflicts in the evidence over a factual issue, the findings of the appellate panel are conclusive.

The findings of an administrative agency are presumed correct and will be set aside only if unsupported by substantial evidence. It is not within our province to reverse findings of the appellate panel which are supported by substantial evidence.

366 S.C. 379, 391 – 93, 622 S.E. 2d. 546, 553 – 54 (Cl.App. 2005).

ISSUES PRESENTED

- (1) **THE WORKERS' COMPENSATION COMMISSION WAS CORRECT IN APPLYING THE PLAIN LANGUAGE OF S.C. CODE ANN. SECTION 42-7-320(B)(2) TO THE FACTS HEREIN, WHERE CARRIER FAILED TO SUBMIT ALL REQUIRED MATERIALS BEFORE THE STATUTORILY IMPOSED DEADLINE.**

This Court agrees that the Full Commission, sitting en banc, was correct in its application of S.C. Code Ann. § 42-7-320(B)(2), the statute governing the termination of the Second Injury Fund. The Second Injury Fund is a state agency created by the Legislature to "encourage the employment of disabled or handicapped persons without penalizing an employer with greater liability if the employee is injured because of his preexisting condition." Liberty Mut. Ins. Co. v. South Carolina Second Injury Fund, 318 S.C. 516, 518, 458 S.E.2d 550, 551 (1995) (citing Spring Industries v. South Carolina Second Injury Fund, 296 S.C. 359, 372 S.E.2d 915 (Cl.App.1988)). However, in 2007, the Legislature enacted legislation to effect the closure of the Second Injury Fund. See S.C. Code Ann. § 42-7-320. S.C. Code Ann. § 42-7-320 ("Termination of the Second Injury Fund; schedule") reads as follows:

- (A) Except as otherwise provided in this section, on and after July 1, 2013, the programs and appropriations of the Second Injury Fund are terminated. The State Budget and Control Board must provide for the efficient and expeditious closure of the fund with the orderly winding down of the affairs of the fund so that the remaining liabilities of the fund are paid utilizing assessments, accelerated assessments, annuities, loss portfolio transfers, or such other mechanisms as are reasonably determined necessary to fund any remaining liabilities of the fund. The Department of Insurance and the Workers' Compensation Commission may submit comments and suggestions to be considered by the State Budget and Control Board in planning for the closure of the fund. The State Budget and Control Board shall cause all necessary actions to be taken to provide appropriate staffing of the fund until such time as the staff services are no longer required to

administer the obligations of the fund. The fund's administrative costs, including employee salaries and benefits, shall be paid from the Second Injury Fund Trust if the interest from the trust becomes insufficient to pay these obligations.

(B) After December 31, 2011, the Second Injury Fund shall not accept a claim for reimbursement from any employer, self-insurer, or insurance carrier. The fund shall not consider a claim for reimbursement for an injury that occurs on or after July 1, 2008.

(1) An employer, self-insurer, or insurance carrier must notify the Second Injury Fund of a potential claim by December 31, 2010. Failure to submit notice by December 31, 2010, shall bar an employer, self-insurer, or insurance carrier from recovery from the fund.

(2) An employer, self-insurer, or insurance carrier must submit all required information for consideration of accepting a claim to the Second Injury Fund by June 30, 2011. Failure to submit all required information to the fund by June 30, 2011, so that the claim can be accepted, compromised, or denied shall bar an employer, self-insurer, or insurance carrier from recovery from the fund.

(3) Insurance carriers, self-insurers, and the State Accident Fund remain liable for Second Injury Fund assessments, as determined by the State Budget and Control Board, in order to pay accepted claims. The fund shall continue reimbursing employers and insurance carriers for claims accepted by the fund on or before December 31, 2011.

(emphasis added). The language chosen by the Legislature in crafting this law is mandatory: the "[f]ailure to submit all required information . . . by June 30, 2011 . . . shall bar . . . Carrier from recovery . . ." Id. This language is explicit.

The documents that were not timely submitted to the Fund were required by the Fund before it could consider reimbursement were native medical reports that would show whether the Claimant's disability or medical expenses were substantially increased due to the alleged pre-existing condition. Fund APA p. 2, ROA p. 341. Carrier was notified of the requirement of these documents on April 25, 2011. Id. Additionally, the Carrier's attempted

inclusion of these documents in its APA Submissions supports the conclusion that these materials are necessary to recovery.

As a creature of statute, the Fund cannot abide by parts of the statute governing it and ignore others. Clearly, the entirety of Section B sets deadlines that must be met in order to perfect a claim for Second Injury Fund recovery. By setting deadlines, the Legislature affected an orderly manner by which to close the agency. S.C. Code Ann. § 42-7-320(b) sets forth a cut-off date for reimbursable injuries: July 1, 2008. If a carrier pays for compensable injuries occurring after that date, the "Fund shall not consider" that claim. S.C. Code Ann. § 42-7-320(b)(emphasis added). S.C. Code Ann. § 42-7-320(b)(1) sets forth the last date that notice may be sent to the Fund. Notice sent after December 31, 2011 is not timely, and failure to provide timely notice "shall bar an employer, self-insurer, or insurance carrier from recovery from the fund." S.C. Code Ann. § 42-7-320(b)(1) (emphasis added). S.C. Code Ann. § 42-7-320(b)(2) is the section that is applicable here, and that section requires all necessary information to be submitted to the Fund by June 30, 2011. If a carrier fails to timely submit all necessary materials, such failure "shall bar" the Carrier "from recovery from the Fund." S.C. Code Ann. § 42-7-320(b)(2) (emphasis added).

This case involves statutory construction. "The cardinal rule of statutory construction is that words used in a statute should be given their plain and ordinary meaning unless something in the statute requires a different interpretation." Seckinger v. Vessel Excalibur, 483 S.E. 2d 775, 777, 326 S.C. 382, 387 (Ct. App. 1997) (quoting Multimedia, Inc. v. Greenville Airport Comm'n, 287 S.C. 521, 339 S.E.2d 884 (Ct.App.1986)). The particular section under discussions, S.C. Code Ann. § 42-7-320(b)(2), involves two uses of mandatory language: these are the words "must" and "shall". According to the Supreme Court, the word "shall" in a statute ordinarily

means the action referred to is mandatory. TNS Mills, Inc. v. S.C. Dep't of Revenue, 331 S.C. 611, 620, 503 S.E.2d 471, 476 n. 3 (1998).

According to the Supreme Court, "a court must abide by the plain meaning of the words of a statute. When interpreting the plain meaning of a statute, courts should not resort to subtle or forced construction to limit or expand the statute's operation." State v. Jacobs, 393 S.C. 584, 587, 713 S.E.2d 621, 622 (2011) (internal citations omitted). Further, "[w]here the statute's language is plain and unambiguous, and conveys a clear and definite meaning, the rules of statutory interpretation are not needed and the court has no right to impose another meaning." Hodges v. Rainey, 341 S.C. 79, 85, 533 S.E. 2d 578, 581 (2000).

"In construing statutory language, the statute must be read as a whole and sections which are a part of the same general statutory law must be construed together and each one given effect." South Carolina State Ports Authority v. Jasper County, 368 S.C. 388, 398, 629 S.E.2d 624, 629 (2006) (citing TNS Mills, Inc. v. South Carolina Dept. of Revenue, 331 S.C. 611, 503 S.E.2d 471 (1998)). The subject section herein appears as just one deadline in a list of deadlines required to be met by a Carrier before it can pursue reimbursement.

The General Assembly has determined that the Second Injury Fund shall be closed. In doing so, the General Assembly created the sunset provision, which set forth the timelines necessary in order to affect an orderly closure. In this regard, the sunset provision acts not unlike a statute of limitations. According to the Court of Appeals,

Statutes of limitations are not simply technicalities. On the contrary, they have long been respected as fundamental to a well-ordered judicial system. Statutes of limitations embody important public policy considerations in that they stimulate activity, punish negligence, and promote repose by giving security and stability to human affairs. One purpose of a statute of limitations is to relieve the courts of the burden of trying stale claims when a plaintiff has slept on his rights. Another purpose of a statute of limitations is to protect potential defendants from protracted fear of litigation.

Moates v. Bobb, 322 S.C. 172, 176, 470 S.E.2d 402, 404 (Cl. App.1996) (internal citations and quotations omitted).

The Supreme Court has held that notice requirement deadlines affecting Second Injury Fund reimbursement should be strictly construed. See Merchants Mut. Ins. Co. v. South Carolina Second Injury Fund, 277 S.C. 604, 291 S.E.2d 667 (1982). Additionally, the Supreme Court has held that the right to secure Second Injury Fund reimbursement depends upon complete compliance with the requirements imposed for recovery. Boone's Masonry Construction Co., Inc. v. South Carolina Second Injury Fund, 267 S.C. 277, 282, 227 S.E.2d 659, 661 (1976). The Carrier did not point to any case law that lessened strict statutory compliance as a requirement for Second Injury Fund reimbursement.

This Court hereby affirms the Order of the Full Commission. The Carrier's claim for reimbursement is hereby denied and dismissed with prejudice.

**(2) THE FULL COMMISSION PROPERLY EXCLUDED CARRIER'S
APA 10 FROM EVIDENCE, WHERE SUCH DOCUMENTS WERE
NOT SUBMITTED TO THE FUND ON OR BEFORE JUNE 30, 2011.**

The Court agrees that the Full Commission, sitting en banc, correctly excluded Carrier's APA 10, Post Yuasa Medical Records, from evidence where the submission of said materials was not made in a timely manner. S.C. Code Ann. § 42-7-320(B)(2). Because such medical records were necessary to show an increase in disability and/or medical costs, if any, and because the Fund instructed Carrier that such documents were necessary for consideration, the Carrier failed to timely submit all required documents to the Fund. S.C. Code Ann. § 42-7-320; S.C. Code Ann. § 42-9-400; Fund APA Submissions, p. 2; ROA p. 341.

The arguments as set forth above are incorporated herein as support this

position. Because Second Injury Fund reimbursement requires strict compliance with the statutory requirements for the same, the Full Commission's exclusion of these documents from the record was proper and necessary.

This Court hereby affirms the Order of the Full Commission. The Carrier's claim for reimbursement is hereby denied and dismissed with prejudice.

(3) ALTERNATIVELY, THE FULL COMMISSION CORRECTLY AFFIRMED THE SINGLE COMMISSIONER'S FINDINGS THAT THE EMPLOYER/CARRIER FAILED TO SATISFY THE REQUIREMENTS FOR REIMBURSEMENT UNDER S.C. CODE ANN. §42-9-400.

A. In General.

This reimbursement case was brought before the Commission on the eve of the sunset of the Fund. There has been no adjudication of any facts or issues in the underlying case. This case was settled on "doubtful and disputed" bases. According to the settlement agreements, this settlement is affective to Yusasa-Exide, Inc. and all of its "predecessors". Settlement Agreement, p. 3, ROA p. 39.

The Fund, of course, began as encouragement for employers to hire and retain employees with disabilities. It was never intended to operate as a safety net for employers who, as a part of their business, expose their workforce to hazardous working conditions on long term bases. In American Motorists Ins. Co. v. S.C. Second Injury Fund, 300 S.C. 17, 386 S.E.2d 276 (Ct. App. 1989), the Court of Appeals addressed the purpose and scope of the Fund:

The Second Injury Fund was created in 1972. See Section 42-9-400, Code of Laws of South Carolina (1976). One of the purposes in establishing the Second Injury Fund was to encourage employers to hire handicapped persons by providing reimbursement to the employer or insurer for compensation paid as a result of a second injury. The Fund was designed to compensate handicapped workers fully for subsequent injuries without penalizing employers for hiring them in the first place. The Second Injury Fund granted a new remedy or right of reimbursement to the insurer; and the Legislature

could properly impose such reasonable terms and conditions upon the exercise of such right as it deemed appropriate. The right of a claimant to secure reimbursement under the statute depends upon complete compliance with the requirements imposed for recovery. The success and future of the Second Injury Fund depend upon proper and careful application of these statutory requirements.

300 S.C. 17, 21 -22, 386 S.E.2d 276, 278 (Ct. App. 1989) (emphasis added) (internal citations omitted).

The Court of Appeals later wrote that the Fund is intended to "encourage the employment of disabled or handicapped persons without penalizing an employer with greater liability if the employee is injured because of his preexisting condition." Liberty Mut. Ins. Co. v. South Carolina Second Injury Fund, 318 S.C. 516, 518, 458 S.E.2d 550, 551 (1995). In this case, the Employer/Carrier seeks reimbursement from the Fund for conditions caused by the exposure to lead that was its very business.

For a Carrier to be entitled to reimbursement from the Second Injury Fund, it must prove that a claimant's pre-existing condition aggravated or combined with her subsequent injury to cause increased disability or medical costs. S.C. Code Ann. § 42-9-400. The section provides in pertinent part:

Section 42-9-400. Manner in which employer or insurance carrier shall be reimbursed from Second Injury Fund when disability results from preexisting impairment and subsequent injury.

- (a) If an employee who has a permanent physical impairment from any cause or origin incurs a subsequent disability from injury by accident arising out of and in the course of his employment, resulting in compensation and medical payments liability or either, for disability that is substantially greater, by reason of the combined effects of the preexisting impairment and subsequent injury or by reason of the aggravation of the preexisting impairment, than that which would have resulted from the subsequent injury alone, the employer or his insurance carrier shall in the first instance pay all awards of compensation and medical benefits provided by this Title; but such employer or his insurance carrier shall be reimbursed from the Second Injury Fund as created by Section 42-7-310 for compensation and medical benefits in the following manner

(emphasis added).

B. Exposure to Lead as Both Initial and Subsequent Conditions.

The Carrier asserts that both the first and second injuries were the same: the exposure to lead. Hrg. Tr. p. 18, I. 22 - p. 19, I. 8; ROA pp. 109 - 110. The Carrier's position is that the lead caused the Claimants' conditions, and, subsequent to the development of her maladies, she was further exposed to lead. Per the Carrier, the further exposure resulted in additional and/or worsening maladies. Thus, it argues, it is entitled to reimbursement for payment of a lump sum settlement that neither represents indemnity nor medical payments. Of course, by statute, the Fund only reimburses for disability benefits and/or medical payments. S.C. Code Ann. § 42-9-400.

In this case, the Carrier presents no evidence of an alleged 'pre-existing condition. The exposure to lead was coincidental to the beginning of work. The Carrier has submitted questionnaires/short reports from Dr. Eugene Shippen, Dr. Edward L. Baker, Jr., and Dr. J. Rount Reigart, the Claimant's experts in cases. Employer's APA Submissions, pp. 1 - 3, 9 - 11, and 12 - 14; ROA pp. 125 - 127, pp. 133 - 138. These questionnaires list all of the conditions allegedly suffered by the Claimant as "pre-existing conditions," regardless of when the symptoms for those conditions appeared (even if they appeared subsequent to employment with Employer). Id. Neither Dr. Shippen nor Dr. Baker is a treating physician.

Dr. Reigart completed what he called "Brief Health Evaluation[s]" of the Claimant. Dr. Reigart assigned impairment ratings to the Claimants and noted that the Claimant's conditions "are attributable to [her] occupation." Carrier's APA Submissions, p. 2; ROA p. 126. Thus, Dr. Reigart directly relates the conditions to employment and not to any pre-existing condition. Further, Dr. Reigart does not address any SIF criteria, and he does not address the

possible effect any pre-existing medical condition may have had on Carrier's subsequent liability for compensation and medical benefits or whether the pre-existing conditions (if there were any) constituted hindrances or obstacles to employment. See Carrier's APA Submissions, pp. 1-3; ROA pp. 125-127. Lastly, Dr. Reigart is not a treating physician.

These doctors relied on by Carrier do not support the Carrier's position that exposure to lead and its malignant effects on the body become pre-existing conditions to continuing exposure to the same substance and continuing malignant effects. Drs. Baker, Reigart, and Hu write that:

[l]ead poisoning is a chronic illness. It has long been recognized that much of the toxicity of lead poisoning is not reversible by medical therapy. Prevention of exposure is the main aim in lead poisoning management[,] as treatment has little effect on reversing toxicity or preventing toxicity later in life related to lead mobilization from bone. Since lead remains in bone lead stores for many decades, it is considered a chronic illness requiring long term management and observation.

Carrier's Binder, Tab IA, pp. 20-21; ROA pp. 459-460. The Fund argues that, as a chronic illness, lead poisoning is the illness itself. As a chronic illness, lead poisoning does not stand apart from the maladies it causes. As the doctors note, the Claimant's "[c]onditions [were] caused by lead exposure in the workplace." Carrier's Binder, Tab IA, p. 21; ROA p. 460. As the doctors write, "Chronic lead poisoning is manifested by a range of damage to various systems of the body." Id. They go on to say, "We also conclude that lead, once absorbed into the body, was distributed to various parts of the body, including the brain, the kidneys and bone, and caused damage to the body of Exide workers." Carrier's Binder, Tab IA, p. 25; ROA p. 464. Thus, as the Fund argues, the manifestations of lead poisoning do not pre-exist the chronic illness, and the chronic illness is not separate and apart from the conditions to which it leads.

C. Hindrance or Obstacle to Employment.

The Full Commission ruled, as a Finding of Fact, that the Claimant's lead exposure to lead was not a hindrance or obstacle to the Claimant's employment or reemployment. Finding of Fact 5; Full Commission Order p. 10; ROA p. 10. There is substantial evidence to support this Finding, as the Claimant was employed at the plant for a quarter of a century. Because there is substantial evidence to support this Finding, and because this is a question of fact, this Court cannot substitute its judgment for that of the Workers' Compensation Commission sitting en banc. See Lorick v. S.C. Electric & Gas Co., 245 S.C. 513, 141 S.E.2d (1965).

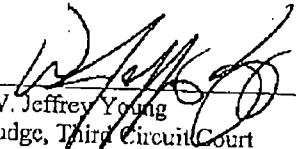
For the foregoing reasons, this Court hereby affirms the Order of the Full Commission. The Carrier's claim for reimbursement is hereby denied and dismissed with prejudice

ORDER

For the foregoing reasons, the Commission's Order in this matter is affirmed on all issues.

AND IT IS SO ORDERED!

Respectfully Submitted,

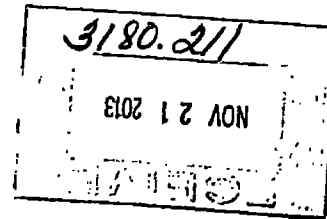

W. Jeffrey Young
Judge, Third Circuit Court

Dated: 5 Sept 2014

**APPELLATE PANEL DECISION AND ORDER OF THE
THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 9930459**

Arrowpoint Capital Corporation,)
)
Carrier/Second Appellant,)
)
v.)
)
South Carolina Second Injury Fund)
)
Defendant/First Appellant.)
)
[In Re:)
)
Mary C. McConico,)
)
Employee,)
)
v.)
)
Yuasa Exide, Inc.,)
)
Employer.])

**EN BANC
DECISION AND ORDER**



Appellate Panel Review held in Columbia, South Carolina
on December 20, 2011, per notices timely and properly
served on all parties of interest.

Appellate Panel Decision and Order filed

11-21

, 2013

APPEARANCES:

Yuasa Exide, Inc., Employer, and Arrowpoint Capital Corporation,
Carrier, represented by Vernon F. Dunbar, Esquire, of Turner
Padgett Graham & Laney, P.A., Greenville, South Carolina.

South Carolina Second Injury Fund represented by Timothy B.
Killen, Esquire, of Willson Jones Carter & Baxley, P.A., Columbia,
South Carolina.

Appeal due to Circuit Court on 12/20

STATEMENT OF THE CASE

This is a cross-appeal involving a claim for reimbursement from the South Carolina Second Injury Fund (the Fund) by Yuasa Exide Incorporated, Employer, and Arrowpoint Capital Corporation, Carrier (collectively Carrier), pursuant to S.C. Code Ann. § 42-9-400. A hearing in this matter was held before the Single Commissioner, Andrea C. Roche, on August 13, 2012, to determine the issues as set forth on the Forms 54 and 55.

At the hearing before the Single Commissioner, Carrier alleged that it incurred substantially greater liability for compensation and medical benefits when employee Mary McConico's (Claimant's) alleged preexisting heavy metal poisoning, hypertension, and/or cardiovascular disease were either aggravated by or combined with her July 31, 1999, work-related injury to her brain, kidneys, cerebral vascular accident or stroke, and to his musculoskeletal, cognitive, neuropathic and cardiovascular systems, which was also caused by lead exposure. Carrier's Form 58. Carrier also alleged that Claimant's alleged preexisting conditions were a hindrance or obstacle to employment.

At the hearing before the Single Commissioner, Fund denied that Carrier met any of the requirement for reimbursement, specifically asserting that Claimant's heavy metal exposure, hypertension, and/or cardiovascular disease did not preexist her lead exposure. The Fund further denied that the alleged preexisting conditions were permanent and serious enough to constitute a hindrance or obstacle to Claimant's employment as per S.C. Code Ann. § 42-9-400. The Fund further asserted that the Carrier's claim is barred by both S.C. Code Ann. § 42-7-310 and its subsections, as well as by S.C. Code Ann. § 42-7-320(B)(2).

The Fund objected to the inclusion and consideration of Carrier's APA Submission Number 10, Post Yuasa Medical Records, pages 95 - 169. The basis for the Fund's objection was that these documents were not submitted to the Fund on or prior to June 30, 2011, as required by

S.C. Code Ann. § 42-7-320(B)(2). On June 30, 2011, Carrier did submit to the Fund a compact disc by which it intended to submit electronic copies of documentary material. The Fund took the position that the one file on the disc was a hyperlink that does not access any files. The Fund took the position that because there were no electronic copies of any documents on the disc, the documents were not timely submitted, as required by S.C. Code Ann. § 42-7-320(B)(2).

The Single Commissioner issued her Decision and Order on December 19, 2012. The Single Commissioner's Findings of Fact and Conclusions of Law are as follows:

FINDINGS OF FACT
(SINGLE COMMISSIONER)

Based upon the foregoing, to include review of the Commission's file and all evidence submitted, I make the following findings of fact based upon the preponderance of the reliable, probative, and substantial evidence:

1. On July 31, 1999, Claimant sustained an occupational exposure to heavy metal/lead during the course of her employment with Yuasa Exide, Incorporated. This finding is based upon the totality of the records in evidence.
2. The Fund was placed on notice of this potential reimbursement claim on December 15, 2010. This is based on the parties' stipulations and Fund's APA p. 1.
3. Claimant did not have preexisting heavy metal poisoning, hypertension, or cardiovascular disease prior to her occupational exposure. The Carrier offers no evidence to support any such conclusion, and it is the Carrier's burden to prove compliance with the requirements of S.C. Code Ann. § 42-9-410. The Carrier offers no medical records antedating the Claimant's employment with Employer in 1974 and/or her subsequent exposure. The Claimant herself testified that she "didn't have any [health] problems until [she] went [to work]" with Employer. Carrier's APA p. 195; Claimant's Deposition, p. 11, ll. 2 - 3. In 1979, after she had been employed for approximately five (5) years, the Carrier's position was that the Claimant suffered no disability that would prevent her from working. Fund's APA pp. 3 - 4. Further, this is based on the totality of the medical evidence in the record.
4. I do not find persuasive Carrier's position that the occupational exposure to heavy metal is Claimant's both first and subsequent injuries. Claimant was exposed to lead over a twenty-five (25) year period of employment; and, as such, I find that the occupational or heavy metal exposure is one injury and

there was no preexisting heavy metal exposure. This is based on the totality of the medical evidence in the record.

5. Even if Claimant's occupational exposure can be viewed as separate injuries, I find that it was not a hindrance or obstacle to her employment. Claimant worked for this employer for twenty-five (25) years until suffering a stroke and/or aneurysm. This is based on the totality of the medical evidence in the record.
6. Since I find that there was no preexisting heavy metal exposure, I also find that there was no combination or aggravation of the preexisting condition by the subsequent injury to create substantially greater medical costs and permanent disability. In 1979, after she had been employed for approximately five (5) years and had been exposed to lead, the Carrier's position was that the Claimant suffered no disability that would prevent her from working. Fund's APA pp. 3 - 4. This finding is based on the totality of the evidence in the record.
7. Even if there were preexisting heavy metal exposure, the Carrier has only offered questionnaires to support substantially greater medical costs and permanent disability. Carrier's APA pp. 9 - 14. These questionnaires consider only heavy metal poisoning and coronary artery disease (not cardiovascular disease or hypertension) of the alleged preexisting conditions, and also consider other conditions (i.e., heavy metal poisoning, bronchitis, stroke, cerebral aneurysm) as equally causative of greater medical costs and permanent disability. Considering the entirety of the medical evidence presented, the other conditions cannot be reasonably said to have pre-existed the lead exposure. The finding is based on the totality of the evidence in the record.
8. Carrier failed to meet its burden in establishing all necessary elements for partial reimbursement pursuant to S.C. Code Ann. § 42-9-400. Accordingly, Carrier is not entitled to reimbursement from the South Carolina Second Injury Fund.
9. The Fund's objection to the inclusion and consideration of Carrier's APA Submission Number 10. Post Yuasa Medical Records, APA pages 95 - 169, is hereby denied, and the Carrier's claim for reimbursement is not barred under S.C. Code Ann. § 42-7-320(B)(2). S.C. Code Ann. § 42-7-320(B)(2) reads:

An employer, self-insurer, or insurance carrier must submit all required information for consideration of accepting a claim to the Second Injury Fund by June 30, 2011. Failure to submit all required information to the fund by June 30, 2011, so that the claim can be accepted, compromised, or denied shall bar an employer, self-insurer, or insurance carrier from recovery from the fund

On June 30, 2011, Carrier submitted a compact disc to the Fund. By and through its counsel, Carrier submitted that it intended to submit electronic copies of documentary material on that compact disc. The Fund argued that the file on the disc was simply a hyperlink, and the hyperlink does not access files outside of Carrier's attorney's computer operating system. The Fund took the position that because there were no electronic copies of any documents on the disc, the documents were not timely submitted. However, even though the disc did not contain electronic copies of the medical records, because the Carrier intended to submit the documents via disc, and because the disc was submitted to the Fund on June 30, 2011, the Fund's objection was overruled and the documents may be considered. Therefore, S.C. Code Ann. § 42-7-320(B)(2) does not act as a bar to Carrier's potential recovery in this instance.

CONCLUSIONS OF LAW
(SINGLE COMMISSIONER)

Based upon the foregoing, and applicable statutory and case law, I conclude as a matter of law:

1. Reimbursement from the South Carolina Second Injury Fund is governed by S.C. Code Ann. § 42-9-400.
2. The right of Carrier to receive reimbursement from the South Carolina Second Injury Fund depends upon complete compliance with the requirements for recovery. South Carolina Second Injury Fund v. American Yard Products, 330 SC 20, 496 S.E.2d 862 (1998).
3. The Fund's objection to the inclusion and consideration of Carrier's APA Submission Number 10, Post Yuasa Medical Records, APA pages 95 -- 169, is hereby denied, and the Carrier's claim for reimbursement is not barred under S.C. Code Ann. § 42-7-320(B)(2). S.C. Code Ann. § 42-7-320(B)(2) reads:

An employer, self-insurer, or insurance carrier must submit all required information for consideration of accepting a claim to the Second Injury Fund by June 30, 2011. Failure to submit all required information to the fund by June 30, 2011, so that the claim can be accepted, compromised, or denied shall bar an employer, self-insurer, or insurance carrier from recovery from the fund.

On June 30, 2011, Carrier submitted a compact disc to the Fund. By and through its counsel, Carrier submitted that it intended to submit electronic copies of documentary material on that compact disc. The Fund argued that the file on the disc was simply a hyperlink, and the hyperlink does not

access files outside of Carrier's attorney's computer operating system. The Fund took the position that because there were no electronic copies of any documents on the disc, the documents were not timely submitted. However, even though the disc did not contain electronic copies of the medical records, because the Carrier intended to submit the documents *via* disc, and because the disc was submitted to the Fund on June 30, 2011, the Fund's objection was overruled and the documents may be considered. Therefore, S.C. Code Ann. § 42-7-320(B)(2) does not act as a bar to Carrier's potential recovery in this instance.

4. To qualify for reimbursement, Carrier had the burden to prove that Claimant's had a preexisting condition that was permanent and serious enough to be a hindrance or obstacle to Claimant's employment. Carrier failed to meet its burden of proof on this issue; and, therefore, failed to meet all requirements for reimbursement pursuant to S.C. Code Ann. § 42-9-400.
5. To qualify for reimbursement Carrier had the burden to prove that Claimant's preexisting condition was either aggravated by or combined with its work related injury to create substantially greater medical costs and permanent disability. Carrier failed to meet its burden of proof on this issue; and, therefore, failed to meet all requirements for reimbursement pursuant to S.C. Code Ann. § 42-9-400.
6. Since Carrier did not meet all requirements for reimbursement pursuant to S.C. Code Ann. § 42-9-400, it is not entitled to reimbursement from the South Carolina Second Injury Fund, and its claim is denied.

The Single Commissioner went on to order that Carrier's claim for reimbursement was denied and dismissed with prejudice, subject to the parties' statutory right to appeal.

On December 26, 2012, Fund filed a Form 30, Request for Commission Review. The exceptions presented by Fund were as follows:

The Single Commissioner erred in considering medical evidence not timely submitted under 42-7-320(b)(2). She further erred in failing to find that Carrier's claim was barred by 42-7-320(b)(2). She further erred by failing to sustain Fund's objection to such medical evidence (APA 10). She further erred in Finding of Fact 9, Conclusion of Law 3, in that she ruled APA 10 and Carrier's claim was not barred by 42-7-320(b)(2).

On December 31, 2012, Carrier filed a Form 30, Request for Commission Review. The exceptions presented by Carrier were as follows:

1. The Hearing Commissioner erred in finding as a fact and concluding as a matter of law that claimant did not have preexisting conditions

of heavy metal poisoning, hypertension, anemia, cardiovascular disease, arthritis, coronary artery disease, osteoarthritis, or any other health problems prior to the date of admitted accidental injury of July 31, 1999, the error being that the aforesaid preexisting conditions predated claimant's date of accident of July 31, 1999.

2. The Hearing Commissioner erred in finding as a fact and concluding as a matter of law that claimant did not have any impairment that preexisted the lead exposure, the error being that the lead exposure continued during the entire course of claimant's employment from 1974 to 1999 (25 years).
3. The Hearing Commissioner erred in finding as a fact and concluding as a matter of law and abused her discretion that even though evidence supports claimant having preexisting medical conditions of heavy metal poisoning, coronary artery disease (cardiovascular disease), hypertension, osteoarthritis, etc., predating July 31, 1999, the error being that the aforesaid medical conditions continued to worsen after continuous acute and chronic exposures to varying levels of lead, which aggravated a preexisting and underlying condition or combined with the preexisting conditions to render claimant disabled.
4. The Hearing Commissioner erred in finding as a fact and concluding as a matter of law and abused her discretion in finding that the medical questionnaires submitted on behalf of the employer and carrier are not supported by medical evidence in the record, the error being that the questionnaires were completed by a competent and imminently qualified physicians who opined and concluded that the lead to which claimant was continuously exposed aggravated the aforesaid underlying health maladies or combined with the aforesaid or aforementioned health maladies to render the claimant disabled.
5. The Hearing Commissioner erred in finding as a fact and concluding as a matter of law that claimant's heavy metal exposure over a 25 year period constitutes one injury, the error being that such a finding is against the greater weight of the evidence and is contrary to South Carolina law.
6. The Hearing Commissioner erred in finding as a fact and concluding as a matter of law that the employer and carrier failed to prove that there was no combination or aggravation of the aforesaid preexisting conditions by any subsequent injury or exposure to lead to create substantially greater medical costs and permanent disability, the error being that this finding is totally contrary to the evidence contained in the record and also constitutes an abuse of discretion.
7. The Hearing Commissioner erred in finding as a fact and concluding

as a matter of law that claimant's preexisting conditions were not permanent nor serious enough to be a hindrance or obstacle to employment or re-employment, the error being that claimant was eventually declared disabled because of the preexisting conditions in combination with the lead exposure to render claimant disabled from working as of July 31, 1999. Moreover, claimant's aforesaid health maladies are listed conditions under Section 42-9-400, which could constitute a presumptive hindrance or obstacle to employment and re-employment and increased medical costs and increased disability.

8. The Hearing Commissioner legally erred and abused her discretion in denying the employer and carrier's claim for reimbursement in view of the recently promulgated cases of Carolina's Recycling Group and Employers Insurance of Wausau v. South Carolina Second Injury Fund and Bernett v. City of Greenville, both promulgated by the South Carolina Court of Appeals, the error being that the Commissioner's decision to ignore the only evidence in the case constitutes an abuse of discretion and error of law.
9. The Hearing Commissioner erred in finding as a fact and concluding as a matter of law that claimant did not suffer an injury by accident or failed to prove the occurrence of an injury by accident with regards to claimant's continuous exposure to lead beginning in 1974 and ending on July 31, 1999, the error being that the cumulative and cascading effect of lead exposure constituted an injury by accident according to Grayson v. Gulf Oil, 292 S.C. 528, 357 S.E.2d 479 (1987).
10. The Hearing Commissioner erred in finding as a fact and concluding as a matter of law that the carrier did not meet all necessary elements for reimbursement pursuant to Section 42-9-400, et seq., the error being that such a finding is against the greater weight of the evidence and contrary to South Carolina law.

All evidence has been taken, and all evidence has been reviewed de novo by this Workers' Compensation Commission, en banc. After such consideration, and after receiving briefs from the parties and hearing oral argument as to each party's position, we affirm in part and reverse in part. In particular and as set forth below, the Panel affirms the findings of the Hearing Commissioner while reversing Finding of Fact Number Nine (9), amending the Order to conform. Therefore, by unanimous vote, the Findings of Fact, Conclusions of Law, and Order of this Workers' Compensation Commission, en banc, are set forth below.

Accordingly, the below Findings, Conclusions, and Order below shall become, and hereby are, the law of the case.

FINDINGS OF FACT

Based upon the foregoing, to include review of the Commission's file and all evidence submitted, we make the following findings of fact based upon the preponderance of the reliable, probative, and substantial evidence:

1. On July 31, 1999, Claimant sustained an occupational exposure to heavy metal/lead during the course of her employment with Yuasa Exide, Incorporated. This finding is based upon the totality of the records in evidence.
2. The Fund was placed on notice of this potential reimbursement claim on December 15, 2010. This is based on the parties' stipulations and Fund's APA p. 1.
3. Claimant did not have preexisting heavy metal poisoning, hypertension, or cardiovascular disease prior to her occupational exposure. The Carrier offers no evidence to support any such conclusion, and it is the Carrier's burden to prove compliance with the requirements of S.C. Code Ann. § 42-9-410. The Carrier offers no medical records antedating the Claimant's employment with Employer in 1974 and/or her subsequent exposure. The Claimant herself testified that she "didn't have any [health] problems until [she] went [to work]" with Employer. Carrier's APA p. 195; Claimant's Deposition, p. 11, ll. 2 - 3. In 1979, after she had been employed for approximately five (5) years, the Carrier's position was that the Claimant suffered no disability that would prevent her from working. Fund's APA pp. 3 - 4. Further, this is based on the totality of the medical evidence in the record.
4. We do not find persuasive Carrier's position that the occupational exposure to heavy metal is Claimant's both first and subsequent injuries. Claimant was exposed to lead over a twenty-five (25) year period of employment; and, as such, we find that the occupational or heavy

metal exposure is one injury and there was no preexisting heavy metal exposure. This is based on the totality of the medical evidence in the record.

5. Even if Claimant's occupational exposure can be viewed as separate injuries, we find that it was not a hindrance or obstacle to her employment. Claimant worked for this employer for twenty-five (25) years until suffering a stroke and/or aneurysm. This is based on the totality of the medical evidence in the record.

6. Since we find that there was no preexisting heavy metal exposure, we also find that there was no combination or aggravation of the preexisting condition by the subsequent injury to create substantially greater medical costs and permanent disability. In 1979, after she had been employed for approximately five (5) years and had been exposed to lead, the Carrier's position was that the Claimant suffered no disability that would prevent her from working. Fund's APA pp. 3 – 4. This finding is based on the totality of the evidence in the record.

7. Even if there were preexisting heavy metal exposure, the Carrier has only offered questionnaires to support substantially greater medical costs and permanent disability. Carrier's APA pp. 9 – 14. These questionnaires consider only heavy metal poisoning and coronary artery disease (not cardiovascular disease or hypertension) of the alleged preexisting conditions, and also consider other conditions (i.e., heavy metal poisoning, bronchitis, stroke, cerebral aneurysm) as equally causative of greater medical costs and permanent disability. Considering the entirety of the medical evidence presented, the other conditions cannot be reasonably said to have pre-existed the lead exposure. The finding is based on the totality of the evidence in the record.

8. Carrier failed to meet its burden in establishing all necessary elements for partial reimbursement pursuant to S.C. Code Ann. § 42-9-400. Accordingly, Carrier is not entitled to reimbursement from the South Carolina Second Injury Fund.

9. We find that Carrier's claim for reimbursement is barred by S.C. Code Ann. § 42-7-

320(b)(2). We further find that Carrier's APA 10, Post Yuasa Medical Records, shall be stricken from the record. This finding is based on Carrier's failure to timely submit all materials required by the Fund by June 30, 2011, so that the claim could be accepted, compromised, or denied. In particular, on June 30, 2011, Carrier submitted a compact disc to the Fund. Purportedly, Carrier intended to submit electronic copies of documentary materials (those included in Carrier's APA 10, Post Yuasa Medical Records) via the disc. There were no copies, electronic or otherwise, of any documents on the disc. The disc contained only a single, 1Kb file. The file on the disc was a simple hyperlink. The hyperlink did not access any documents.

In 2007, the Legislature enacted legislation to affect the closure of the Second Injury Fund. S.C. Code Ann. § 42-7-320 ("Termination of the Second Injury Fund; schedule") reads as follows:

(A) Except as otherwise provided in this section, on and after July 1, 2013, the programs and appropriations of the Second Injury Fund are terminated. The State Budget and Control Board must provide for the efficient and expeditious closure of the fund with the orderly winding down of the affairs of the fund so that the remaining liabilities of the fund are paid utilizing assessments, accelerated assessments, annuities, loss portfolio transfers, or such other mechanisms as are reasonably determined necessary to fund any remaining liabilities of the fund. The Department of Insurance and the Workers' Compensation Commission may submit comments and suggestions to be considered by the State Budget and Control Board in planning for the closure of the fund. The State Budget and Control Board shall cause all necessary actions to be taken to provide appropriate staffing of the fund until such time as the staff services are no longer required to administer the obligations of the fund. The fund's administrative costs, including employee salaries and benefits, shall be paid from the Second Injury Fund Trust if the interest from the trust becomes insufficient to pay these obligations.

(B) After December 31, 2011, the Second Injury Fund shall not accept a claim for reimbursement from any employer, self-insurer, or insurance carrier. The fund shall not consider a claim for reimbursement for an injury that occurs on or after July 1, 2008.

(1) An employer, self-insurer, or insurance carrier must notify the Second Injury Fund of a potential claim by December 31, 2010. Failure to submit notice by December 31, 2010, shall bar an employer, self-insurer, or insurance carrier from recovery from the fund.

(2) An employer, self-insurer, or insurance carrier must submit all required information for consideration of accepting a claim to the Second Injury Fund by

June 30, 2011. Failure to submit all required information to the fund by June 30, 2011, so that the claim can be accepted, compromised, or denied shall bar an employer, self-insurer, or insurance carrier from recovery from the fund.

(3) Insurance carriers, self-insurers, and the State Accident Fund remain liable for Second Injury Fund assessments, as determined by the State Budget and Control Board, in order to pay accepted claims. The fund shall continue reimbursing employers and insurance carriers for claims accepted by the fund on or before December 31, 2011.

The language chosen by the Legislature in crafting this law is mandatory: the "[f]ailure to submit all required information . . . by June 30, 2011 . . . shall bar . . . carrier from recovery" *Id.*

The documents that were not timely submitted to the Fund were required by the Fund before it could consider reimbursement were narrative medical reports that would show whether the Claimant's disability or medical expenses were substantially increased due to the alleged pre-existing condition. Fund APA p. 2. This is a necessary element to Second Injury Fund recovery. Carrier was notified specifically of the requirement of these documents on April 25, 2011. Fund APA p. 2. Additionally, the Carrier's attempt to include these documents in its APA Submissions also evidences that these materials were necessary to recovery.

"The cardinal rule of statutory construction is that words used in a statute should be given their plain and ordinary meaning unless something in the statute requires a different interpretation." Seckinger v. Vessel Excalibur, 483 S.E. 2d 775, 777, 326 S.C. 382, 387 (Cl. App. 1997) (quoting Multimedia, Inc. v. Greenville Airport Comm'n, 287 S.C. 521, 339 S.E.2d 884 (Cl.App.1986)). S.C. Code Ann. § 42-7-320(b)(2) involves two uses of mandatory language: these are the words "must" and "shall". According to the Supreme Court, the word "shall" in a statute ordinarily means the action referred to is mandatory. TNS Mills, Inc. v. S.C. Dep't of Revenue, 331 S.C. 611, 620, 503 S.E.2d 471, 476 n. 3 (1998).

According to the Supreme Court, "a court must abide by the plain meaning of the words of a statute. When interpreting the plain meaning of a statute, courts should not resort to subtle or

forced construction to limit or expand the statute's operation." State v. Jacobs, 393 S.C. 584, 587, 713 S.E.2d 621, 622 (2011) (internal citations omitted). Further, "[w]here the statute's language is plain and unambiguous, and conveys a clear and definite meaning, the rules of statutory interpretation are not needed and the court has no right to impose another meaning." Hodges v. Rainey, 341 S.C. 79, 85, 533 S.E. 2d 578, 581 (2000).

The Supreme Court has held that notice requirement deadlines dealing with Second Injury Fund reimbursement should be strictly construed. See Merchants Mut. Ins. Co. v. South Carolina Second Injury Fund, 277 S.C. 604, 291 S.E.2d 667 (1982). Additionally, the Supreme Court has held that the right of a claimant to secure Second Injury Fund reimbursement depends upon complete compliance with the requirements imposed for recovery. Boone's Masonry Construction Co., Inc. v. South Carolina Second Injury Fund, 267 S.C. 277, 282, 227 S.E.2d 659, 661 (1976). Accordingly, we find that this claim is barred by S.C. Code Ann. § 42-7-320(b)(2).

CONCLUSIONS OF LAW

Accordingly, as provided in § 42-17-40, SC Code Ann. (1976), as amended, it is the determination of this Commission that, based upon the foregoing, and applicable statutory and case law, we conclude as a matter of law:

1. Reimbursement from the South Carolina Second Injury Fund is governed by S.C. Code Ann. § 42-9-400.
2. The right of Carrier to receive reimbursement from the South Carolina Second Injury Fund depends upon complete compliance with the requirements for recovery. South Carolina Second Injury Fund v. American Yard Products, 330 SC 20, 496 S.E.2d 862 (1998).
3. We conclude that Carrier's claim for reimbursement is barred by S.C. Code Ann. § 42-7-320(b)(2). We further find that Carrier's APA 10, Post Yuasa Medical Records, shall be stricken from the record. This finding is based on Carrier's failure to timely submit all materials

required by the Fund by June 30, 2011, so that the claim could be accepted, compromised, or denied. In particular, on June 30, 2011, Carrier submitted a compact disc to the Fund. Purportedly, Carrier intended to submit electronic copies of documentary materials (those included in Carrier's APA 10, Post Yuasa Medical Records) via the disc. There were no copies, electronic or otherwise, of any documents on the disc. The disc contained only a single, 1Kb file. The file on the disc was a simple hyperlink. The hyperlink did not access any documents. In 2007, the Legislature enacted legislation to affect the closure of the Second Injury Fund. S.C. Code Ann. § 42-7-320 ("Termination of the Second Injury Fund; schedule") reads as follows:

(A) Except as otherwise provided in this section, on and after July 1, 2013, the programs and appropriations of the Second Injury Fund are terminated. The State Budget and Control Board must provide for the efficient and expeditious closure of the fund with the orderly winding down of the affairs of the fund so that the remaining liabilities of the fund are paid utilizing assessments, accelerated assessments, annuities, loss portfolio transfers, or such other mechanisms as are reasonably determined necessary to fund any remaining liabilities of the fund. The Department of Insurance and the Workers' Compensation Commission may submit comments and suggestions to be considered by the State Budget and Control Board in planning for the closure of the fund. The State Budget and Control Board shall cause all necessary actions to be taken to provide appropriate staffing of the fund until such time as the staff services are no longer required to administer the obligations of the fund. The fund's administrative costs, including employee salaries and benefits, shall be paid from the Second Injury Fund Trust if the interest from the trust becomes insufficient to pay these obligations.

(B) After December 31, 2011, the Second Injury Fund shall not accept a claim for reimbursement from any employer, self-insurer, or insurance carrier. The fund shall not consider a claim for reimbursement for an injury that occurs on or after July 1, 2008.

(1) An employer, self-insurer, or insurance carrier must notify the Second Injury Fund of a potential claim by December 31, 2010. Failure to submit notice by December 31, 2010; shall bar an employer, self-insurer, or insurance carrier from recovery from the fund.

(2) An employer, self-insurer, or insurance carrier must submit all required information for consideration of accepting a claim to the Second Injury Fund by June 30, 2011. Failure to submit all required information to the fund by June 30, 2011, so that the claim can be accepted, compromised, or denied shall bar an employer, self-insurer, or insurance carrier from recovery from the fund.

(3) Insurance carriers, self-insurers, and the State Accident Fund remain liable for Second Injury Fund assessments, as determined by the State Budget and Control Board, in order to pay accepted claims. The fund shall continue reimbursing employers and insurance carriers for claims accepted by the fund on or before December 31, 2011.

The language chosen by the Legislature in crafting this law is mandatory: the "[f]ailure to submit all required information . . . by June 30, 2011 . . . shall bar . . . carrier from recovery" *Id.*

The documents that were not timely submitted to the Fund were required by the Fund before it could consider reimbursement were narrative medical reports that would show whether the Claimant's disability or medical expenses were substantially increased due to the alleged pre-existing condition. Fund APA p. 2. This is a necessary element to Second Injury Fund recovery. Further, Carrier was notified of the requirement of these documents on April 25, 2011. Fund APA p. 2. Additionally, the Carrier's attempt to include these documents in its APA Submissions also evidences that these materials were necessary to recovery.

"The cardinal rule of statutory construction is that words used in a statute should be given their plain and ordinary meaning unless something in the statute requires a different interpretation." Seckinger v. Vessel Excalibur, 483 S.E. 2d 775, 777, 326 S.C. 382, 387 (Ct. App. 1997) (quoting Multimedia, Inc. v. Greenville Airport Comm'n, 287 S.C. 521, 339 S.E.2d 884 (CLApp.1986)). S.C. Code Ann. § 42-7-320(b)(2) involves two uses of mandatory language: these are the words "must" and "shall". According to the Supreme Court, the word "shall" in a statute ordinarily means the action referred to is mandatory. TNS Mills, Inc. v. S.C. Dep't of Revenue, 331 S.C. 611, 620, 503 S.E.2d 471, 476 n. 3 (1998).

According to the Supreme Court, "a court must abide by the plain meaning of the words of a statute. When interpreting the plain meaning of a statute, courts should not resort to subtle or forced construction to limit or expand the statute's operation." State v. Jacobs, 393 S.C. 584, 587, 713 S.E.2d 621, 622 (2011) (internal citations omitted). Further, "[w]here the statute's language is

plain and unambiguous, and conveys a clear and definite meaning, the rules of statutory interpretation are not needed and the court has no right to impose another meaning." Hodges v. Rainey, 341 S.C. 79, 85, 533 S.E. 2d 578, 581 (2000).

The Supreme Court has held that notice requirement deadlines dealing with Second Injury Fund reimbursement should be strictly construed. See Merchants Mut. Ins. Co. v. South Carolina Second Injury Fund, 277 S.C. 604, 291 S.E.2d 667 (1982). Additionally, the Supreme Court has held that the right of a claimant to secure Second Injury Fund reimbursement depends upon complete compliance with the requirements imposed for recovery. Boone's Masonry Construction Co., Inc. v. South Carolina Second Injury Fund, 267 S.C. 277, 282, 227 S.E.2d 659, 661 (1976).

4. To qualify for reimbursement, Carrier had the burden to prove that Claimant's had a preexisting condition that was permanent and serious enough to be a hindrance or obstacle to Claimant's employment. Carrier failed to meet its burden of proof on this issue; and, therefore, failed to meet all requirements for reimbursement pursuant to S.C. Code Ann. § 42-9-400.

5. To qualify for reimbursement Carrier had the burden to prove that Claimant's preexisting condition was either aggravated by or combined with is work related injury to create substantially greater medical costs and permanent disability. Carrier failed to meet is burden of proof on this issue; and, therefore, failed to meet all requirements for reimbursement pursuant to S.C. Code Ann. §42-9-400.

6. Since Carrier did not meet all requirements for reimbursement pursuant to S.C. Code Ann. § 42-9-400, it is not entitled to reimbursement from the South Carolina Second Injury Fund, and its claim is denied.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, **IT IS SO ORDERED** that Carrier's claim for reimbursement pursuant to S.C. Code Ann. § 42-9-400 is **DENIED and DISMISSED** with prejudice subject to its statutory right to appeal.

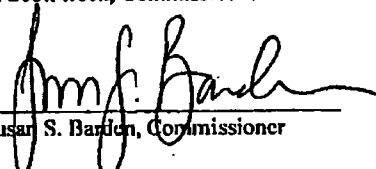
AND IT IS SO ORDERED!

**AFFIRM IN PART
AND
REVERSE IN PART**

**SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION**



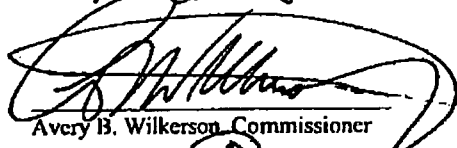
T. Scott Beck, Commissioner



Susan S. Barton, Commissioner



Melody L. James, Commissioner



Avery B. Wilkerson, Commissioner



Aisha Taylor, Commissioner



Gene McCaskill, Commissioner

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Valerie Deller on November 21, 2013

**DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION**

SCWCC NO. 9930459; SCSIF NO. 147569

ARROWPOINT CAPITAL CORPORATION

v.

SOUTH CAROLINA SECOND INJURY FUND

[In Re: Mary McConico, Employee v. Yuasa Exide, Incorporated, Employer]

HEARING: August 13, 2012 in Sumter, South Carolina.

APPEARANCES: Yuasa Exide, Incorporated, Employer, and Arrowpoint Capital Corporation, Carrier, represented by Vernon F. Dunbar, Esquire, of Turner Padgett Graham & Laney, P.A., Greenville, South Carolina.

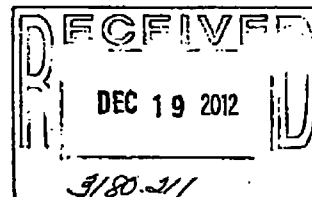
The South Carolina Second Injury Fund represented Timothy B. Killen, Esquire, Columbia, South Carolina.

PURPOSE OF HEARING: To determine issues as set forth in the Forms 54 and 55.

OPINION AND AWARD: By Andrea C. Roche, Commissioner

FILED: December 19, 2012

Appeal due 1/3/2013



ADMINISTRATIVE PROCEDURE ACT (APA) SUBMISSIONS

A. Submissions from Employer/Carrier

APA	ITEM	DATES	PAGES
1.	Evaluation of J. Roult Reigart, MD	3/17/11	1 – 3
2.	Evaluation of L. Randolph Waid, Ph.D.	3/17/11	4 – 8
3.	Eugene Shippen, M.D. – Second Injury Fund Questionnaire	5/31/11	9 – 11
4.	Edward L. Baker, Jr., M.D. – Second Injury Fund Questionnaire	6/26/11	12 – 14
5.	Employee Personal Consultation	4/19/94	15 – 17
6.	Yuasa Exide Initial Occupational History	5/21/81	18 – 19
7.	Yuasa Exide's Health History Documents	5/21/81 – 4/18/99	20 – 67
8.	Yuasa Exide's Medical Intake Records	9/10/75 – 8/30/88	68 – 76
9.	Claimant's Blood Lead Levels	10/20/83 – 1/8/96	77 – 94
10.	Post Yuasa Exide Medical Records	1/18/01 – 8/24/10	95 – 169
11.	Disability Records	11/8/77 – 11/6/00	170 – 184

B. Submissions from S.C. Second Injury Fund

APA	ITEM	DATES	PAGES
1.	Notice Letter from Carrier	12/15/10	1
2.	Letter from SIF to Carrier detailing all required information for consideration of accepting a claim	4/25/11	2
3.	Email from Bub Tummire, Manager – Desktop Support, SC Budget & Control Board, Division of State Information Technology (DSIT)	9/13/11	2-B
4.	Exide Letter to Claimant, and accompanying interoffice letter, denying time off to pregnant Claimant because she has no disability	5/9/79	3 – 4
5.	Sixteen (16) other Second Injury Fund Medical Questionnaires completed by Eugene Shippen on May 31, 2011, the same date as the one relied upon by Carrier	5/31/11	5 – 52

6.	Fifteen (16) other Second Injury Fund Medical Questionnaires completed by Edward Baker on June 26, 2011, the same date as the one relied upon by Carrier	6/26/11	53 – 97

EXHIBITS

A.	Claimant's Deposition Transcript	3/11/11	185 – 209
B.	Employee/Claimant Knowledge Affidavit	4/7/11	210 – 212
C.	Compact Disc submitted by Carrier to SIF in an effort to submit medical records to SIF on June 30, 2011, containing one 1kb .nrl file.	6/30/11	N/A

ADDITIONAL SUBMISSIONS BY CARRIER

1. Articles regarding lead
 - (a) Health Effects of Chronic Lead Exposure among Employees of Exide Battery Production Plant – Sumter SC
 - (b) Lead-related nephrotoxicity: A review of the epidemiologic evidence
 - (c) Literature Review -- Lead and Health Effects
 - (d) Statistical Data Concerning Hypertension, Diabetes, Renal Kidney Failure, and Memory Loss in Society
 - (e) Case Studies in Environmental Medicine – Lead Toxicity
2. OSHA and Yuasa-Exide Regulations
 - (a) Electronic Code of Federal Regulations
 - (b) Lead Control Program – Yuasa-Exide Regulations
3. Commission and Court cases involving Lee Earnest Franklin
 - (a) Employee's Notice of Claim and/or Request for Hearing dated July 3, 2001
 - (b) Decision and Order of Commissioner George N. Funderburk, June 10, 2005

- (c) Appellate Panel Decision and Order of the South Carolina Workers' Compensation Commission May 3, 2006
- (d) Decision and Order of Commissioner George N. Funderburk, January 31, 2008
- (e) Decision of the Supreme Court of South Carolina, Opinion No.: 26880, September 13, 2012

STIPULATIONS

The parties stipulated to the following:

1. The South Carolina Workers' Compensation Commission had jurisdiction to hear the case.
2. Venue was proper in Sumter County.
3. Notice was timely and proper.
4. The Commission's file became a part of the record with the exception of self-serving declarations and unstipulated medical reports.

STATEMENT OF THE CASE

This is a claim for reimbursement from the South Carolina Second Injury Fund (the Fund) by Yuasa Exide Incorporated, Employer, and Arrowpoint Capital Corporation, Carrier (collectively "Carrier"), pursuant to S.C. Code Ann. § 42-9-400. Carrier alleged that it incurred substantially greater liability for compensation and medical benefits when employee Mary McConico's (Claimant) alleged preexisting heavy metal poisoning, hypertension, and/or cardiovascular disease were either aggravated by or combined with her July 31, 1999 work-related injury to her brain, kidneys, cerebral vascular accident or stroke, and to his musculoskeletal, cognitive, neuropathic and cardiovascular systems, which was also caused by lead exposure. Carrier's Form 58.

Carrier alleged that Claimant's alleged preexisting conditions were a hindrance or obstacle to employment.

The Fund denied that Carrier met any of the requirement for reimbursement, specifically asserting that Claimant's heavy metal exposure, hypertension, and/or cardiovascular disease did not preexisting her lead exposure. The Fund further denied that the alleged preexisting conditions were permanent and serious enough to constitute a hindrance or obstacle to Claimant's employment as per S.C. Code Ann. § 42-9-400. The Fund also denied that the claim, contending it is barred by S.C. Code Ann. § 42-7-310 and its subsections, as well as § 42-7-320(B)(2).

The Fund objected to the inclusion and consideration of Carrier's APA Submission Number 10, Post Yuasa Medical Records, pages 95 – 169. The basis for the Fund's objection was that these documents were not submitted to the Fund on or prior to June 30, 2011, as required by § 42-7-320(B)(2). On June 30, 2011, Carrier did submit to the Fund a compact disc by which it intended to submit electronic copies of documentary material. The Fund took the position that the one file on the disc was a hyperlink that does not access any files. The Fund took the position that because there were no electronic copies of any documents on the disc, the documents were not timely submitted. Because the Carrier intended to submit the documents via disc, and because the disc was timely submitted to the Fund, the Fund's objection was overruled and the documents may be considered, and § 42-7-320(B)(2) does not act as a bar to Carrier's potential recovery.

EVIDENCE OF THE CASE

On July 31, 1999, Claimant sustained an alleged injury by accident to her brain, kidneys, "cerebral and vascular accident or stroke," and to her musculoskeletal, cognitive, neuropathic and cardiovascular systems when she was exposed to lead during the course of her employment with Yuasa Exide, Incorporated.

There are no medical records from any time preceding Claimant's employment with Defendant. Claimant's Initial Occupational History form, which is dated May 21, 1981, indicates that the Claimant worked with Employer for seven (7) years. Carrier's APA p. 18. Claimant's first day of work with Employer was March 4, 1974. Carrier's APA p. 178.

According to the Claimant's testimony, which was submitted by the Carrier via her deposition, the Claimant "didn't have any [health] problems until [she] went [to work]" with Employer. Carrier's APA p. 195; Claimant's Deposition, p. 11, ll. 2 - 3.

The first medical note comes from September 10, 1975, showing Claimant suffered a knee abrasion. Carrier's APA p. 68. In 1977 and 1980, the Claimant complained of headaches and/or dizziness. Carrier's APA p. 18, 170.

On March 19, 1979, Claimant filed a claim with employer for "accident and sickness weekly benefits." Carrier's APA p. 172. This was not a workers' compensation claim, but a benefit associated with Claimant's pregnancy. Dr. William H. Carpenter filled out an Attending Physician's Statement, in which he wrote: "I do not feel that this patient should be exposed to lead hazards at Exide and have recommended to patient that she longer work at Exide, From this date 3/9/79, until the day of her [child's] delivery." Carrier's APA p. 173. Regardless, at that time, the Employer made it clear

that it believed the Claimant was healthy enough to work. Dunbar P. Gibson, Jr., Manager, Employee Relations, denied Claimant's request for benefits. Fund's APA p. 3. He wrote, "the medical evidence supplied does not support a disability which prevents you from performing your job" Id. In fact, Mr. Thomas E. McGraw, Employer's Medical Director, wrote in a memo to Andrew Smith, Benefits Analyst for Employer, opined only about possible future maladies rather than those allegedly pre-existing:

Information submitted does not establish presence of a medical condition requiring this employee's absence for such an inordinately long period (3/7/79 thru approximately 10/15/79) for an uncomplicated pregnancy. I recommend that we proceed as directed in J. Snyder's Memo of Meeting, April 12, 1979.

...

Mrs. McConico's physician, Doctor Carpenter, has made up his mind and redereed his recommendation. I do not feel that we should attempt to influence Doctor Carpenter nor do I feel that a third doctor's opinion is warranted. All a third party can do is guess whether some ill health would accrue to Mrs. McConico in the future.

Fund's APA Submissions, p. 4 (emphasis added).

The Initial Occupational History from May 21, 1981, indicates that he had been exposed to lead and cadmium, but that she had not sustained any work injuries. Carrier's APA p. 18. An Occupational Health History Questionnaire, also completed on May 21, 1981, shows that, at that time or some unspecified time in prior, had been told once that she had high blood pressure, but she had never been turned down for life insurance. Carrier's APA p. 20 - 21. That questionnaire indicates that she was not on high blood pressure medicine at that time. Carrier's APA p. 21. That questionnaire also

indicates that she was a smoker for since 1962 or 1963. Carrier's APA pp. 21, 24. She smoked two (2) packs a day. Carrier's APA p. 24.

An Occupational Health History Questionnaire, this one completed on October 14, 1982, shows that Claimant was still not on blood pressure medication at that time. Carrier's APA p. 23. Another Occupational Health History Questionnaire, this once completed on July 12, 1984, or approximately one (1) decade after she began her employment with Employer, shows that Claimant was just then on medication for high blood pressure. Carrier's APA p. 25. This also showed that, for the first time in the records, Claimant was suffering from dizzy spells. Carrier's APA p. 26.

A physician's examination included in Yuasa's Health History documents shows that her blood pressure on July 12, 1984, was 110 over 78. Carrier's APA p. 27.

Another Occupational Health History Questionnaire, this once completed on May 2, 1985, indicates that Claimant was not on medication for high blood pressure. Carrier's APA p. 29. An Occupational Health History Questionnaire dated August 13, 1986, shows that the Claimant, having worked approximately twelve (12) years with Employer, was now developing anemia, bleeding tendencies, and eye problems. Carrier's APA p. 31. She was also again on medications for high blood pressure. Id. She was also showing more problems with her cardiovascular system, including racing heart, dizzy spells, and swollen feet or ankles. Carrier's APA p. 32. She continued to smoke cigarettes. Id.

On November 12, 1987, Claimant saw Employer's medical personnel, and it's noted that Claimant "[s]tates doctor [in Columbia] says that Exide won't let him do allergy testing." Carrier's APA p. 74.

An Occupational Health History Questionnaire from August 24, 1989, or approximately fifteen (15) years after she was first employed by Employer, show that she was then developing "chest pains", and that she was not on high blood pressure medications. Carrier's APA pp. 40 – 41. By August 20, 1990, the Claimant was again on high blood pressure medications. Carrier's APA p. 46.

By May 4, 1993, or after almost twenty (20) years of employment with Defendant, the records show that Claimant considered herself to be in poor health, and that she continued to smoke one (1) pack of cigarettes per day. Carrier's APA p. 52.

In 1998, after twenty-five (24) years of employment, the Claimant was transported by EMS to the hospital after suffering from left sided numbness in face, hand and foot for five minutes. Carrier's APA p. 70. Nevertheless, the Claimant returned to work. On March 10, 1998, Claimant requested disability following a stroke. Carrier APA p. 175.

On July 22, 1999, Claimant was transported to the hospital via ambulance after experiencing headache, neck pain and sudden dizziness. Carrier's APA p. 72. Claimant indicated that she only became unable to work because of illness or injury on July 23, 1999, which was her last day of employment with Defendant. Carrier's APA p. 178. She testified that she stopped working for Employer after having a stroke and an aneurysm. Carrier's APA p. 191; Claimant's Deposition, p. 7, ll. 1 – 3.

Following her employment with Defendant, Claimant developed "New onset diabetes." Carrier's APA p. 95; Hrg. Tr. p. 15, ll. 7 – 8. On December 17, 2007, a Duplex Lower Extremity Venous Study was normal. Carrier's APA 117. The Claimant

confirmed that she did not develop diabetes until 2001 through her testimony. Carrier's APA p. 196; Claimant's Deposition, p. 12, ll. 19 – 20.

On March 17, 2011, Claimant underwent a neuropsychological evaluation by L. Randolph Wald, Ph.D., in which he opined that her neurocognitive deficits were related to lead exposure and to "the residuals of an aneurysm/cerebral vascular accident". Carrier's APA pp. 4 – 7. Of course, the Claimant never returned to work after the stroke, which Dr. Wald attributed as one of the causes of her impairment. Dr. Wald did not address any SIF criteria, and he does not address the possible effect any pre-existing medical condition may have had on Carrier's subsequent liability for compensation and medical benefits or whether the pre-existing conditions (if there were any) constituted hindrances or obstacles to employment. See Id.

On December 3, 2009, Claimant underwent a psychological evaluation by Post Trauma Resources, which revealed that Claimant's emotional impairment was not related to work place lead exposure and further it could not be determined whether his cognitive complaints were related to work place lead exposure. Carrier APA p.10. In approximately 2009, Claimant was assigned a fifteen (15%) percent impairment rating due to toxic encephalopathy resulting from his heavy metal exposure. Carrier APA p.27.

On April 7, 2011, Claimant signed a statement indicating that she was aware that she had the following preexisting conditions: arthritis, diabetes (which she testified she actually developed in 2001), cerebral vascular accident (which actually occurred in 1999), chronic osteomyelitis and ankylosis of joints, heavy metal poisoning / lead (of

which there is no evidence preceding employment with Employer), brain damage, and deafness. Carrier's APA pp. 210 – 212.

On May 31, 2011, Dr. Eugene Shippen completed a questionnaire supporting Second Injury Fund reimbursement with respect to Claimant's preexisting heavy metal poisoning, bronchitis, stroke, degenerative joint disease, coronary artery disease, cerebral aneurysm, osteoarthritis and hypertension. Carrier's APA pp. 9 – 11. Interestingly, Dr. Shippen refers to each and every one of the foregoing conditions as "pre-existing conditions", and all of these conditions are considered as a whole. Carrier's APA p. 9. Dr. Shippen completed at least sixteen (16) other questionnaires for Carrier on that same day, May 31, 2011. Fund's APA pp. 5 – 52. Dr. Shippen was not a treating physician, and his curriculum vitae was not submitted by any party.

On June 26, 2011, Dr. Edward L. Baker, Jr., completed a questionnaire supporting Second Injury Fund reimbursement with respect to preexisting heavy metal poisoning, bronchitis, stroke, degenerative joint disease, coronary artery disease, cerebral aneurysm, osteoarthritis and hypertension. Carrier's APA pp. 12 – 14. Interestingly, Dr. Baker refers to each and every one of the foregoing conditions as "pre-existing conditions", and all of these conditions are considered as a whole. Carrier's APA p. 12. Dr. Baker completed at least sixteen (16) other questionnaires for Carrier on that same day, June 26, 2011. Fund's APA pp. 53 – 97. Dr. Baker was not a treating physician.

On March 17, 2011, J. Routt Reigart, M.D., completed a "Brief Health Evaluation of Mary McConico." Carrier's APA pp. 1 – 3. Dr. Reigart assigned an eighty-six percent (86%) impairment rating to the Claimant based on hypertensive cardiovascular disease,

osteoarthritis, and encephalopathy. Dr. Reigart notes that the impairment is "calculated for each of the health conditions attributable to lead exposure and physical demands at the Exide plant." Carrier's APA p. 2. Dr. Reigart does not address any SIF criteria, and he does not address the possible effect any pre-existing medical condition may have had on Carrier's subsequent liability for compensation and medical benefits or whether the pre-existing conditions (if there were any) constituted hindrances or obstacles to employment. See Carrier's APA pp. 1 – 3. Dr. Reigart was not a treating physician.

According to the Claimant's testimony, she was only placed in the medical removal program once during her tenure with Employer. Carrier's APA p. 192; Claimant's Deposition, p. 8, ll. 5 – 8.

Carrier filed its notice of claim in this matter with the Fund on or about December 15, 2010. Fund APA p. 1. Fund required further information for consideration of accepting this claim and notified Carrier of the same on April 25, 2011. Fund APA p. 2.

Bob Tummire, Manager of Desktop Support, South Carolina Budget and Control Board, Division of State Information Technology, reported that the compact disc submitted by Carrier on June 30, 2011, in an effort to comply with S.C. Code Ann. § 42-7-320(B)(2), contained only files with an ".nrl extension" and not electronic copies of documents. Fund's APA p. 2-B.

FINDINGS OF FACT

Based upon the foregoing, to include review of the Commission's file and all evidence submitted, I make the following findings of fact based upon the preponderance of the reliable, probative, and substantial evidence:

1. On July 31, 1999, Claimant sustained an occupational exposure to heavy metal/lead during the course of her employment with Yuasa Exide, Incorporated. This finding is based upon the totality of the records in evidence.

2. The Fund was placed on notice of this potential reimbursement claim on December 15, 2010. This is based on the parties' stipulations and Fund's APA p. 1.

3. Claimant did not have preexisting heavy metal poisoning, hypertension, or cardiovascular disease prior to her occupational exposure. The Carrier offers no evidence to support any such conclusion, and it is the Carrier's burden to prove compliance with the requirements of S.C. Code Ann. § 42-9-410. The Carrier offers no medical records antedating the Claimant's employment with Employer in 1974 and/or her subsequent exposure. The Claimant herself testified that she "didn't have any [health] problems until [she] went [to work]" with Employer. Carrier's APA p. 195; Claimant's Deposition, p. 11, ll. 2 - 3. In 1979, after she had been employed for approximately five (5) years, the Carrier's position was that the Claimant suffered no disability that would prevent her from working. Fund's APA pp. 3 - 4. Further, this is based on the totality of the medical evidence in the record.

4. I do not find persuasive Carrier's position that the occupational exposure to heavy metal is Claimant's both first and subsequent injuries. Claimant was exposed to lead over a twenty-five (25) year period of employment; and, as such, I find that the occupational or heavy metal exposure is one injury and there was no preexisting heavy metal exposure. This is based on the totality of the medical evidence in the record.

5. Even if Claimant's occupational exposure can be viewed as separate injuries, I find that it was not a hindrance or obstacle to her employment. Claimant

worked for this employer for twenty-five (25) years until suffering a stroke and/or aneurysm. This is based on the totality of the medical evidence in the record.

6. Since I find that there was no preexisting heavy metal exposure, I also find that there was no combination or aggravation of the preexisting condition by the subsequent injury to create substantially greater medical costs and permanent disability. In 1979, after she had been employed for approximately five (5) years and had been exposed to lead, the Carrier's position was that the Claimant suffered no disability that would prevent her from working. Fund's APA pp. 3 – 4. This finding is based on the totality of the evidence in the record.

7. Even if there were preexisting heavy metal exposure, the Carrier has only offered questionnaires to support substantially greater medical costs and permanent disability. Carrier's APA pp. 9 – 14. These questionnaires consider only heavy metal poisoning and coronary artery disease (not cardiovascular disease or hypertension) of the alleged preexisting conditions, and also consider other conditions (i.e., heavy metal poisoning, bronchitis, stroke, cerebral aneurysm) as equally causative of greater medical costs and permanent disability. Considering the entirety of the medical evidence presented, the other conditions cannot be reasonably said to have pre-existed the lead exposure. The finding is based on the totality of the evidence in the record.

8. Carrier failed to meet its burden in establishing all necessary elements for partial reimbursement pursuant to S.C. Code Ann. § 42-9-400. Accordingly, Carrier is not entitled to reimbursement from the South Carolina Second Injury Fund.

9. The Fund's objection to the inclusion and consideration of Carrier's APA Submission Number 10, Post Yuasa Medical Records, APA pages 95 – 169, is hereby

denied, and the Carrier's claim for reimbursement is not barred under S.C. Code Ann. § 42-7-320(B)(2). S.C. Code Ann. § 42-7-320(B)(2) reads:

An employer, self-insurer, or insurance carrier must submit all required information for consideration of accepting a claim to the Second Injury Fund by June 30, 2011. Failure to submit all required information to the fund by June 30, 2011, so that the claim can be accepted, compromised, or denied shall bar an employer, self-insurer, or insurance carrier from recovery from the fund

On June 30, 2011, Carrier submitted a compact disc to the Fund. By and through its counsel, Carrier submitted that it intended to submit electronic copies of documentary material on that compact disc. The Fund argued that the file on the disc was simply a hyperlink, and the hyperlink does not access files outside of Carrier's attorney's computer operating system. The Fund took the position that because there were no electronic copies of any documents on the disc, the documents were not timely submitted. However, even though the disc did not contain electronic copies of the medical records, because the Carrier intended to submit the documents via disc, and because the disc was submitted to the Fund on June 30, 2011, the Fund's objection was overruled and the documents may be considered. Therefore, S.C. Code Ann. § 42-7-320(B)(2) does not act as a bar to Carrier's potential recovery in this instance.

CONCLUSIONS OF LAW

Based upon the foregoing, and applicable statutory and case law, I conclude as a matter of law:

1. Reimbursement from the South Carolina Second Injury Fund is governed by S.C. Code Ann. § 42-9-400.
2. The right of Carrier to receive reimbursement from the South Carolina Second Injury Fund depends upon complete compliance with the requirements for

recovery. South Carolina Second Injury Fund v. American Yard Products, 330 SC 20, 496 S.E.2d 862 (1998).

3. The Fund's objection to the inclusion and consideration of Carrier's APA Submission Number 10, Post Yuasa Medical Records, APA pages 95 – 169, is hereby denied, and the Carrier's claim for reimbursement is not barred under S.C. Code Ann. § 42-7-320(B)(2). S.C. Code Ann. § 42-7-320(B)(2) reads:

An employer, self-insurer, or insurance carrier must submit all required information for consideration of accepting a claim to the Second Injury Fund by June 30, 2011. Failure to submit all required information to the fund by June 30, 2011, so that the claim can be accepted, compromised, or denied shall bar an employer, self-insurer, or insurance carrier from recovery from the fund.

On June 30, 2011, Carrier submitted a compact disc to the Fund. By and through its counsel, Carrier submitted that it intended to submit electronic copies of documentary material on that compact disc. The Fund argued that the file on the disc was simply a hyperlink, and the hyperlink does not access files outside of Carrier's attorney's computer operating system. The Fund took the position that because there were no electronic copies of any documents on the disc, the documents were not timely submitted. However, even though the disc did not contain electronic copies of the medical records, because the Carrier intended to submit the documents *via* disc, and because the disc was submitted to the Fund on June 30, 2011, the Fund's objection was overruled and the documents may be considered. Therefore, S.C. Code Ann. § 42-7-320(B)(2) does not act as a bar to Carrier's potential recovery in this instance.

4. To qualify for reimbursement, Carrier had the burden to prove that Claimant's had a preexisting condition that was permanent and serious enough to be a hindrance or obstacle to Claimant's employment. Carrier failed to meet its burden of

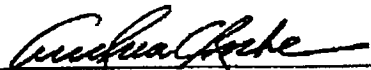
proof on this issue; and, therefore, failed to meet all requirements for reimbursement pursuant to S.C. Code Ann. § 42-9-400.

5. To qualify for reimbursement Carrier had the burden to prove that Claimant's preexisting condition was either aggravated by or combined with is work related injury to create substantially greater medical costs and permanent disability. Carrier failed to meet is burden of proof on this issue; and, therefore, failed to meet all requirements for reimbursement pursuant to S.C. Code Ann. §42-9-400.

6. Since Carrier did not meet all requirements for reimbursement pursuant to S.C. Code Ann. § 42-9-400, it is not entitled to reimbursement from the South Carolina Second Injury Fund, and its claim is denied.

AWARD

Based upon the foregoing Findings of Fact and Conclusions of Law, **IT IS SO ORDERED** that Carrier's claim for reimbursement pursuant to S.C. Code Ann. § 42-9-400 is **DENIED** and **DISMISSED** with prejudice subject to its statutory right to appeal.


Commissioner Andrea C. Roche

CERTIFICATE OF SERVICE

This is to certify the undersigned has this date served this order in the above entitled action upon all parties to this cause by sending an electronic copy hereof by electronic mail addressed to the attorney or attorneys for said parties or by depositing a copy hereof, postage paid, in the United States certified mail addressed to any unrepresented party.

December 19, 2012

By: Barbara Cheeseboro, Administrative Assistant to Commissioner Roche

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO: 9930459

MARY C. MCCONICO,

Employee,

Claimant,

vs.

YUASA-EXIDE, INC.,

Employer,

AND

ARROWPOINT CAPITAL/ARROWOOD
INDEMNITY COMPANY,

Carrier,

Defendants.

APPROVED

OCT 06 2011

S. C. Workers' Comp. Comm.

**DENIED AND DISPUTED SETTLEMENT
AGREEMENT AND RELEASE AND
ORDER**

received *W.C.C. 100*
10-13-11 *OTB*
03180.00211

SCANNED

WHEREAS, the undersigned, Mary C. McConico, hereinafter referred to as Claimant, allegedly sustained injuries to the brain; kidneys; liver; musculoskeletal, cognitive, pulmonary, neuropathy, and genitourinary systems; or contracted an occupational disease as a consequence of her employment duties, which culminated on or about October 30, 2000. Claimant allegedly contracted occupational diseases or sustained injuries to the aforesaid as a consequence of performing employment activities during the course and scope of her employment with Yuasa-Exide, Inc., hereinafter referred to as Employer.

Claimant asserts that as a consequence of chronic exposure to lead, chemicals, and other toxins, various health conditions were caused or aggravated by such.

Specifically, Claimant contends that she suffers with the following maladies: diabetes; hypercholesterolemia; osteoarthritis; vertigo, hypertension, gout; poor memory; lack of concentration; depression; coronary artery disease; and gastro esophageal reflux disease.

Dr. J. Routt Reigart evaluated Claimant on March 17, 2011 and assigned Claimant the following medical impairment ratings: seventy-five (75%) percent medical impairment to the heart due to cardiovascular disease accompanied by a stroke; twenty (20%) percent medical impairment to the upper and lower extremities osteoarthritis and gout; and thirty (30%) percent medical impairment to the brain due to toxic encephalopathy.

The following medical conditions constitute preexisting conditions:

- a. Heavy metal poisoning (exposure to lead);
- b. Stroke;
- c. Hypertension;
- d. Diabetes;
- e. Coronary artery disease;
- f. Gout.

WHEREAS, Arrowpoint Capital/Arrowood Indemnity, hereinafter referred to as Carrier, is the Insurance Carrier for the Employer; and

WHEREAS, all references to Yuasa-Exide, Inc. and/or Arrowpoint Capital/Arrowood Indemnity Company shall include said entities and their respective

predecessors, successors, assigns, parent companies, subsidiaries and/or related companies.

WHEREAS, the average weekly wage is \$488.68 and the compensation rate is \$325.80.

WHEREAS, all parties are operating under and are subject to the provisions of the South Carolina Workers' Compensation Act; and

WHEREAS, Claimant contends that she is entitled to a finding of compensability; and is in need of additional medical examination and medical treatment; and that she has sustained disability greater than the impairment ratings assigned by the evaluating physicians; and the Employer and Carrier deny that Claimant sustained an injury by accident, injuries by virtue of repetitive trauma, or contracted an occupational disease. The Employer and Carrier further deny that Claimant has suffered any disability or that Claimant is entitled to future medical treatment. The Employer and Carrier have secured expert medical evidence refuting Claimant's allegations. The Employer and Carrier also deny Claimant sustained compensable injuries as a consequence of her employment duties emanating from her exposure to lead or any chemicals and toxins with respect to allegations of the aforesaid injuries. The Employer and Carrier deny these contentions.

WHEREAS, there is a bona fide dispute between the Claimant and the Employer and Carrier as set forth above. Further disputes have arisen as to whether the Claimant suffered any other work-related injuries during the period of her employment with

Yuasa-Exide, Inc. either as a consequence of repetitive trauma or injury by accident; or by contraction of an occupational disease; and

WHEREAS, on account of the doubts that exist as to what benefits, if any, the Claimant would be adjudged to be entitled to recover under the Workers' Compensation Act, the Claimant and the Employer and Carrier, with the approval of the South Carolina Workers' Compensation Commission, have deemed it advisable, proper and in the best interests of all parties to compromise and settle all possible liabilities and controversies, known and unknown, between them, now and in the future. It is also the express intent of the parties to fully and finally end not only the aforementioned claims, but also any and all workers' compensation claims that the Claimant may have had as a result of her employment with Yuasa-Exide, Inc. The basis of such settlement being as follows:

WHEREAS, in consideration of the sum of One Hundred Ten Thousand Dollars and 00/100 (\$110,000.00), on a controverted, disputed and denied basis, the undersigned, Mary C. McConico, does hereby release and forever discharge Yuasa-Exide, Inc. and Arrowpoint Capital/Arrowood Indemnity and its predecessor and successor companies, entities, agents and representatives from any and all claims, demands, actions or causes of action under the South Carolina Worker's Compensation Act, and otherwise on account of any and all known, unknown and undiscovered injuries/diseases, disabilities, disfigurement, specific loss, mental/psychological injuries, depression, death, operations, medical, hospital or like expense, continuances, recurrences, aggravations, changes of condition, ailments, illnesses, and diseases or other damages, consequences or results, past, present or future in any way connected

with, or arising from the injuries sustained by Claimant on or about October 30, 2000, as well as any and all other injuries by accident and diseases sustained by Claimant during her employment tenure. Claimant does hereby acknowledge that Yuasa-Exide, Inc. and Arrowpoint Capital/Arrowood Indemnity have fully, finally and completely paid and discharged each and every of their obligations, liabilities and responsibilities under the South Carolina Workers' Compensation Act and that the sum set forth above is being paid to, and received by, the undersigned, Mary C. McConlco, in full and final satisfaction of all claims whatsoever and that Yuasa-Exide, Inc. and/or Arrowpoint Capital/Arrowood Indemnity shall not henceforth be liable for the payment of any amount whatsoever; and

The Claimant hereby requests this Commission to approve the allocation of the aforementioned proposed settlement sum as follows: Thirty-Eight Thousand Eight Hundred Sixteen and 11/100 (\$38,816.11) Dollars towards attorneys fee and costs; and Seventy-One Thousand One Hundred Eighty-Three and 89/100 (\$71,183.89) Dollars in compromise settlement of disputed past and future disability compensation benefits at the rate of Two Hundred Ninety-Four and 83/100 (\$294.83) Dollars per month commencing on the date of this agreement for a period of Two Hundred Forty-One and 44/100 (241.44) months thereafter, which is the life expectancy of the Claimant under the Mortuary Table pursuant to Section 19-1-150 of the 1976 Code of Laws of South Carolina, as amended, and pursuant to Section 42-9-10 and 42-9-20 of the 1976 Code

of Laws of South Carolina, as interpreted by the South Carolina Supreme Court decision of Utica-Mohawk Mills v. Orr, 227 S.C. 226, 87 S.E.2d 589.

Claimant, Employer and Carrier agree that this Settlement Agreement, Release and Order shall not be construed or considered to be an admission by Yuasa-Exide, Inc. or Arrowpoint Capital/Arrowood Indemnity of guilt or non-compliance with any federal, state or local statute, public policy, tort law, contract law, common law, or any other wrong doing.

Claimant understands and agrees that this Settlement Agreement, Release and Order, nor anything contained therein shall, in any way, be construed or considered to be an admission by Yuasa-Exide/EnerSys of guilt or non-compliance with any federal, state, or local statute, public policy, tort law, contract law, common law, or any other wrong doing, whatsoever.

WHEREAS, the Employer and Carrier expressly deny liability and responsibility to pay for any past, present or future medical treatment and expenses allegedly incurred as a consequence of the denied October 30, 2000 work-related incident. The parties further agree that the Employer and Carrier are not responsible for any payments whatsoever.

WHEREAS, Claimant is a present recipient of Social Security Disability benefits and Medicare and/or Medicaid benefits. Consequently, there is a requirement that this settlement be approved by CMS and the potential that a Medicare Set Aside Custodial Fund be established to resolve claims for past due and future medical treatment, since

this settlement does meet the criteria for a potential Medicare Set Aside arrangement under Medicare Set Aside policy;

WHEREAS, it is not the intention of the Employer and Carrier, nor the Claimant, to shift the responsibility for paying any purported future medical expenses related to the Claimant's admitted injuries to the Federal Government. The parties have considered Medicare's interest in this case and agree that a MSA is potentially needed to fully resolve this case. The Employer and Carrier have agreed to submit the necessary paperwork for submission to CMS for approval of a proposed Medicare Set Aside Trust Agreement. Specifically, ~~the parties agree that if the amount of funding necessary for CMS approval is viewed as too onerous by the Defendants, the Settlement Agreement reached between the parties shall be considered null and void and the terms of the Settlement Agreement shall be mutually rescinded by the parties.~~ Conversely, if the amount of funding necessary, if any, for the Medicare Set Aside Trust Agreement is ~~acceptable by the parties, and approved by CMS, shall be henceforth binding with respect to the terms of this agreement.~~

WHEREAS, the parties are of the opinion that Medicare has not paid for any medical treatment obtained by Claimant, which could ostensibly be linked to lead exposure; and

No money is being set aside to cover future medical expenses which Medicare would otherwise cover in this case because no medical expenses have been paid to date and this matter has been settled on a denied and disputed basis; and

In addition, the Employer and Carrier are solely responsible to determine, negotiate, and if necessary, repay any amounts owed to Medicaid, Medicare or any governmental entity for past or conditional Medicare or other payments, so as to ensure that the Claimant's Medicare or other entitlements are not delayed, jeopardized or stopped.

The Claimant hereby waives any and all private causes of action which may exist against the Defendants under the Medicare Secondary Payer Statute related to the injuries alleged in connection with this claim; and

The Claimant hereby agrees to fully cooperate with the Defendants regarding any and all requests for information or documentation needed to comply with the Medicare Secondary Payer Act, including but not limited to the Claimant's Social Security number and /or Medicare number. The Claimant specifically agrees to provide such documentation and/or information timely and to execute any and all documents necessary for Medicare Secondary Payer Act compliance; and

WHEREAS, this Settlement Agreement and Release is full, final and complete regardless of whether Claimant is able to keep any employment whatsoever, or is able to earn any wages at any time in the future; and

WHEREAS, full and complete medical reports are on file with the South Carolina Workers' Compensation Commission and these are duly considered by it in approving this Settlement Agreement and Release.

WHEREAS, Claimant represents that she has been fully advised of her rights under the South Carolina Workers' Compensation Act and that she is of the opinion that the proposed settlement is reasonable and fair, and requests that the South Carolina Workers' Compensation Commission approve this settlement as set forth in this Settlement Agreement and Release. The parties acknowledge that the Commission relies upon the representation of counsel for the Claimant that the Claimant has been fully apprised of her rights under the laws of the South Carolina Workers' Compensation

Act and that she believes the settlement is reasonable and fair and thus requests that the South Carolina Workers Compensation Commission approve this settlement as set forth herein.

NOW THEREFORE, upon approval of this settlement by the South Carolina Workers' Compensation Commission, Claimant hereby relinquishes and releases each and every claim against Yuasa-Exide, Inc. and Arrowpoint Capital/Arrowood Indemnity related to this accident, which she now has, or may hereafter have, so that she shall not henceforth have any other or future claim or demand related to this accident, nor shall anyone on her behalf or claiming by, through or under her or as dependent, have any claim or demand on account of this accident or any other accident; and

The undersigned further acknowledges that the consideration herein expressly recited is the sole and only consideration for the execution hereof, and that no promise, agreement or suggestions of any other or additional consideration has been made to, or received by, me with respect to the worker's compensation settlement.

The undersigned further acknowledges that the consideration herein expressly recited is the sole and only consideration for the execution hereof, and that no promise, agreement or suggestions of any other or additional consideration has been made to, or received by, me with respect to the worker's compensation settlement.

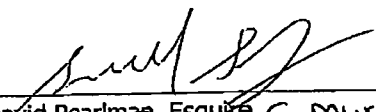
IN WITNESS WHEREOF, I have hereunto set my hand and seal at Sumter,
South Carolina, this 20 day of September, 2011.

Mary C McConico
Mary C. McConico

ATTORNEY'S CERTIFICATE

I, ~~David Pearlman~~, Esquire, a practicing attorney of Charleston, South Carolina, do hereby certify that I represent Mary C. McConico and as her attorney and with her approval, I negotiated and secured the foregoing Agreement for the payment of the amount recited therein, on the conditions and terms and for the reasons therein stated, and that as attorney for Mary C. McConico it is my opinion that such disposition is for the best interest of Mary C. McConico, under all circumstances and that the consideration as recited in Agreement is full and adequate under the circumstances, and that as her attorney, I approve the Agreement, and I further certify that, before Mary C. McConico signed and executed the above Agreement, the same was read over and explained to her and understood by her, and was executed freely and voluntarily on her part, and that the consideration therein recited is the sole and only consideration for the execution thereof.

Dated at Sumter, South Carolina, this 20th day of September, 2011.


~~David Pearlman, Esquire~~ G. Murrell Smith, Jr.
Attorney for Claimant

ORDER AND AWARD

Upon examination and consideration of the foregoing Agreement and Release, the Attorney's Certificate of David Pearlman, Esquire, and the Workers' Compensation Commission File No. 9930459, and it appearing that the settlement set forth in the Agreement and Release is proper and complies with the requirements of the South Carolina Workers' Compensation Act;

Further, upon representation of Claimant and her counsel that her rights have been fully explained to her and that she understands them, that the settlement is reasonable and fair, and that it is the Claimant's desire that the settlement as set forth herein be approved;

IT IS ORDERED AND AWARDED that the Settlement Agreement and Release be, and the same hereby is, approved and made the Order and Award of the South Carolina Workers' Compensation Commission, and that upon the payment of the amount recited, the Employer, Yuasa-Exide, Inc., and the Carrier, Arrowpoint Capital/Arrowood Indemnity, be, and are forever discharged from each and every liability or responsibility under the South Carolina Workers' Compensation Act on account of the Claimant's injuries on or about October 30, 2000, whether for compensation, disfigurement or for medical or related services or for any account whatsoever and each and every consequence or result thereof, past, present or future, whether for continuation, aggravation, recurrence or otherwise as a result of this accident.

The sum set forth in the Settlement Agreement and Release shall be paid to the Claimant in a lump sum without commutation; whereupon, the Employer and Carrier

are authorized to close their files in this matter and the Commission's files shall be, and they are hereby finally closed.

All orders, awards, and opinion heretofore issued by the South Carolina Workers' Compensation Commission in this case are hereby set aside, abrogated, and nullified. The voluntary settlement entered into by the parties constitutes a final and binding settlement document; and it is not subject to review under any circumstances or conditions.

Dated at Columbia, South Carolina on this 12th day of Oct. 2011.

SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

BY: [Signature]
Commissioner

FEE SUBJECT TO FORM 61

I certify this to be a true and correct copy.
[Signature]

By: _____
Commissioner

By: _____
Commissioner

By: _____
Commissioner

I CONSENT:

[Signature]
Vernon F. Dunbar
Attorney for Employer and Carrier

South Carolina Workers' Compensation Commission
1612 Marion St.
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723



WCC File #: 9930459

Carrier File #: 715001289300

Carrier Code #:

Employer FEIN #:

Claimant's Name: Mary C. McConico SSN: [REDACTED] Employer's Name: Yuasa-Exide, Inc.
Address: [REDACTED] Address: 1990 Corporate Blvd.
City: [REDACTED] State: [REDACTED] Zip: [REDACTED] City: Sumter State: SC Zip: 29150
Home Phone: [REDACTED] Work Phone: [REDACTED] Insurance Carrier: Arrowpoint Capital
Preparer's Name: Vernon F. Dunbar, Esq. Law Firm: Turner Padgett Graham & Laney P.A. Preparer's Phone #: (864) 552-4601

Compensation Paid:	Number of Weeks	From (m/d/yyyy)	To (m/d/yyyy)	Amount
1. Number of Weeks T.T.				\$ 0.00
2. Number of Weeks T.P.				\$ 0.00
3. Number of Weeks P.P.				\$ 0.00
4. Disfigurement				\$ 0.00
5. Agreement and Final Release				\$ 110,000.00
Total Compensation Paid				\$ 110,000.00
6. Total Medical Benefits* Paid				\$ 0.00
7. Funeral Benefits				\$ 0.00

☐ Case Denied

Date of Injury: 7/31/1999
(m/d/yyyy)

By signing this receipt, I acknowledge that I have received the compensation shown above.

By: Mary C. McConico
Claimant

By: _____
Employer's Representative

Date: _____
(m/d/yyyy)

Mary C. McConico

Print or type the name of the person, other than the claimant, receiving benefits and sign below.

By: _____

Report of Additional Fees and Recoupment

- A. Carrier Reimbursement by Third Party _____ \$ _____
- B. Attorney's Fee Paid by Employer _____ \$ _____
- C. Attorney's Fee Paid by Claimant _____ \$ _____
(Non-contingent fees)

File this form with the Claims Department according to R.87-414 and R.87-1204. A person, other than the claimant, receiving benefits should sign on the line provided. * Do not include as medical costs fees paid for expert testimony, fees for determining carrier's liability, costs of autopsy, birth and death certificates and impartial examination. Form 19 must be filed within 16 days of final payment of compensation. Form 19 must be filed when a claim is denied.

WCC Form # 19
Rev. Date 3/96

19

STATUS REPORT AND COMPENSATION RECEIPT

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
Post Office Box 1715
Columbia, South Carolina 29202-1715
803-737-5723



WCC File #: Unknown
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Mary C. McConico SSN: [REDACTED] Employer's Name: Yuasa-Exide, Inc.
Address: [REDACTED] Address: c/o Enersys, Inc., 1990 Corporate Way
City: [REDACTED] State: [REDACTED] Zip: [REDACTED] City: Sumter State: SC Zip: 29151
Home Phone: [REDACTED] Work Phone: _____ Insurance Carrier: Arrowpoint Capital
Preparer's Name: Malcolm M. Crosland, Jr., Esquire Law Firm: The Steinberg Law Firm Preparer's Phone #: (843) 720-2800

Complete each information blank. To request a hearing, check Box 13b, indicate the kinds of benefits claimed by checking the box(es) at Lines 6, 7, 8, and 9, and file this form in duplicate.

A claim for workers' compensation benefits is made based on the following grounds:

Date of Injury or Illness: July 31, 1999

- ☒ Injury ☐ Illness ☐ Repetitive Trauma
- 1a. The claimant sustained an injury to the brain; kidneys; liver; musculoskeletal system; cognitive system; pulmonary system; neuropathic system (Part(s) of Body Injured) on July 31, 1999 in Sumter County, State of South Carolina.
- 1b. Body part(s) affected are: brain; kidneys; liver; musculoskeletal system; cognitive system; pulmonary system; neuropathic system
Briefly describe how the accident occurred. The Claimant experienced an exposure to lead and other toxic chemicals on the job.
2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of the injury.
3. The relationship of employer and employee existed at the time of the injury.
4. At the time of the injury the claimant was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the Employer Discovery Rule applies in the following manner: WCC Form No. 50.
- ☒ 6. Due to injury, the claimant is in need of (check one):
☐ (a) medical examination and treatment for: _____
☒ (b) additional medical examination and treatment for: injuries listed above.
- ☒ 7. Due to injury, the claimant requests temporary disability benefits because of lost compensable time from work and wages for the period of: To be determined.
- ☒ 8. Due to the injury, the claimant has permanent disability of the following nature and extent (check one):
☒ (1) General Disability: ☒ Total ☐ (2) Specific Disability: ☒ Total
☐ (3) Wage Loss ☐ Partial ☐ Partial
- ☒ 9. Due to the injury, the claimant has a serious bodily disfigurement consisting of: None known at this time
- 10a. At the time of the injury, the claimant was paid weekly wages of \$Form 20 requested, and demands accounting of days worked and wages earned as provided by law.
- 10b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident:
Employer herein; and/or to be determined.
- 11a. Further grounds or unusual aspects of claim: To provide all benefits under the Act.
- 11b. List names and addresses of all physicians or other medical specialists who have seen or treated the claimant as a result of the accident:
- 11c. To the best of your knowledge, did you have any prior permanent disability? No.
If yes, describe: _____
12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.
- ☒ 13a. I am filing a claim. I am not requesting a hearing at this time.
- ☐ 13b. I am requesting a hearing. A \$25 fee is required.
14. Estimated time needed for hearing: _____

I verify the contents of this form are accurate and true to the best of my knowledge.

[Signature]
Preparer's Signature

Attorney for Claimant
Title

mcrosland@steinberglawfirm.com
E-Mail

11/16/10
Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Claims Department.

WCC Form # 50
Revised 9/07

50

Employee's Notice of Claim and/or
Request for Hearing

South Carolina Workers' Compensation Commission
1612 Marion St.
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723



WCC File #: 9930459
Carrier File #: 715001289300
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Mary C. McConico SSN: [REDACTED] Employer's Name: Yuasa-Edde, Inc.
Address: [REDACTED] Address: 1990 Corporate Blvd.
City: [REDACTED] State: [REDACTED] Zip: [REDACTED] City: Sumter State: SC Zip: 29150
Home Phone: [REDACTED] Work Phone: _____ Insurance Carrier: Arrowpoint Capital
Preparer's Name: Vernon F. Dunbar, Esq. Law Firm: Turner Padgett Graham & Laney P.A. Preparer's Phone #: (864) 552-4601

Check applicable claims and complete all blanks.

- Brain, kidneys, liver and muscular skeletal, cognitive, pulmonary, neuropathic and cardiovascular systems
- The employee sustained a compensable accidental injury to the _____ on 7/31/1999 in Sumter (county), State of South Carolina (state).
 - That the Second Injury Fund was put on notice of the claim on December 15, 2010 (date).
 - That the carrier concluded the disability claim by ☐ Award ☒ Agreement on October 6, 2011 (date).
 - That the subsequent injury combined with or was aggravated by the below-named permanent impairment under S.C. Code Section 42-9-400 (d):
 - Listed Impairment - (1) - (33) Heavy metal poisoning, brain damage (stroke), diabetes, cardiovascular disease, arthritis
 - (34) (a) Hypertension, coronary artery disease, gout
 - (34) (b) Hypertension, coronary artery disease, gout
 - ☒ a. That the Impairment preexisted;
☒ b. That the Impairment was permanent; and
☒ c. That the Impairment is a physical condition.
 - ☒ That the prior Impairment combined with or was aggravated by the subsequent injury.
 - ☒ That the combination/aggravation substantially increased the liability of the carrier for: ☐ disability ☐ medical or ☒ both.
 - ☒ That the impairment was a hindrance or obstacle to employment or re-employment.
 - ☒ a. That the employer has knowledge of the prior impairment;
☒ b. That the impairment was unknown to the employee and the employer; or
☒ c. That the employee concealed the prior impairment from the employer.
 - ☒ That the subsequent injury would not have occurred "but for" the prior impairment.
 - That the above claim qualifies for reimbursement under S.C. Code Section 42-9-410 because:
South Carolina Supreme Court's holding in the case of *Elison v. Frigidaire Home Products*, 371 S.C. 159, 638 S.E.2d 664 (2006)
 - Other grounds for claim: Plaintiff reserves the right to amend its Form 54 to allege additional grounds for recover/reimbursement.

Parti
received
11/02/11
03100.00211

Signature

Vernon F. Dunbar

October 31, 2011
Date (m/d/yyyy)

SCANNED

WCC Form # 54
Rev. 6/90

54

Employer's Notice of Claim and/or
Request for Hearing

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5675



WCC File #: 9930459
Carrier File #: 715001289300
Carrier Code #:
Employer FEIN #:

Claimant's Name: Mary C. McConico SSN: [REDACTED] Employer's Name: Yuasa-Exide, Inc.
Address: [REDACTED] Address: 1990 Corporate Blvd.
City: [REDACTED] State: [REDACTED] Zip: [REDACTED] City: Sumter State: SC Zip: 29150
Home Phone: [REDACTED] Work Phone: [REDACTED] Insurance Carrier: Arrowpoint Capital
Preparer's Name: Timothy B. Killen Law Firm: SCSIF Preparer's Phone #: 803 798 2722

The Second Injury, in answer to the claim, respectfully shows:

Date of Injury: 7/31/1999

1. It is ☐ acknowledged ☒ denied that the employee sustained a compensable accident; the Carrier maintains its denial of compensability and claim is being investigated.
2. It is ☐ acknowledged ☒ denied that the notice was given to the Second Injury Fund; _____
3. It is ☐ acknowledged ☒ denied that the disability claim has been concluded.
4. It is ☐ acknowledged ☒ denied that the Impairment is: as alleged or any permanent physical impairment serious enough to be a hindrance or obstacle to employment.
5. a. It is ☐ admitted ☒ denied that the impairment pre-existed.
b. It is ☐ admitted ☒ denied that the impairment was permanent.
c. It is ☐ admitted ☒ denied the impairment is physical.
6. It is ☐ admitted ☒ denied that the impairment combined with or was aggravated by the subsequent injury.
7. It is ☐ admitted ☒ denied that the combination/aggravation substantially increased the carrier's liability for
☐ disability ☐ medical or ☒ both: _____
8. It is ☐ admitted ☒ denied that the impairment was a hindrance or obstacle to employment or re-employment.
9. a. It is ☐ admitted ☒ denied that the employer had knowledge of the impairment.
b. It is ☐ admitted ☒ denied that the impairment was unknown to the employee and employer.
c. It is ☐ admitted ☒ denied that the employee concealed the impairment.
10. It is ☐ admitted ☒ denied that the subsequent injury would not have occurred "but for" the prior impairment.
11. It is ☐ admitted ☒ denied that the claim qualifies for reimbursement under S.C. Code Section 42-9-410;
12. The Carrier's claim is barred by the Statute of Limitations pursuant to S.C. Code Section 42-15-40;
13. Other grounds for denial: The Second Injury Fund denies that Carrier has submitted all necessary file material on or prior to June 30, 2011, as required by S.C. Code Ann. Section 42-7-320(B)(2). As such, Carrier is barred from recovery. Further, Fund pleads all affirmative defenses, including estoppel, statute of limitations per 15-3-600, intervening trauma, laches, fraud, negligence, injuries not work related and not compensable, intoxication; and, if mental injury, it did not arise from unusual or extraordinary circumstances of employment; failure to pay assessment per 42-7-310.

[Signature]
Signature on behalf of the Second Injury Fund

11/18/2011
Date (m/d/yyyy)

South Carolina Workers' Compensation Commission
12 Marion St.
J. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723



PRE-HEARING BRIEF
WCC File No: 9930459
SIF No.: 147569

Claimant's Name: Mary C. McConico
Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip: [REDACTED]
Home Phone: [REDACTED] Work Phone: [REDACTED]

Employer's Name: Yuasa-Exide, Inc.

Address: 1990 Corporate Blvd.

City: Sumter State: SC Zip: 29150

Carrier: Arrowpoint Capital

Preparer's Phone #: (864) 552-4601

Preparer's Name: Vernon F. Dunbar, Esq.

A claim for workers' compensation benefits is made based on the following grounds:

1. Compensation Rate: \$325.80 2. AWW: \$488.68 Date of Injury: 7/31/1999
3. Type of Injury and body part(s): Brain, kidneys, muscular skeletal, cognitive, neuropathy, cerebral and vascular accident or stroke caused by heavy metal poisoning.
4. Facts in controversy: Whether Yuasa-Exide, Inc. is entitled to Second Injury Fund reimbursement. Relevancy and admissibility of post Yuasa employment medical records.
5. Legal issues involved: To determine whether Mary McConico had a preexisting permanent physical impairment that was aggravated by her acute and chronic occupational exposure to lead; and/or whether claimant's last injurious exposure to lead combined with claimant's preexisting and/or current conditions to render her permanent and totally disabled pursuant to Section 42-9-400 of the S.C. Code of Laws.
6. Unusual aspects: What constitutes a permissible exposure to lead and what amount of lead is necessary to constitute an injury or aggravate an underlying and preexisting disease or condition.
7. Witnesses (designate if expert):* Timmy Rimel, Ron Whetsel, Malcolm Crostland or David Pearlman. Plaintiff reserves the right to add additional witnesses.
8. Exhibits: Mary McConico's deposition testimony, SIF Claimant's Knowledge Affidavit, and/or medical affidavits of Drs. Eugene Shippen and Edward L. Baker. Court and Commission Decisions regarding the case Lee Ernest Franklin. Last, literature regarding Permissible exposure limits to lead.
9. Medical evidence (Indicate report pursuant to R.67-612; deposition or appearance): See APA submissions.
10. Name, address, and specialty, if any, of the treating physician: Yuasa-Exide's in-house medical department. Medical treatment supplied by Drs. Eric Byrd and A. W. Hursey.
11. Impairment rating(s); body part(s); physician and date of opinion: On March 17, 2011, Dr. J. Roult Relgart, assigned claimant a 75% medical impairment to the heart; 20% medical impairment to the upper and lower extremities due to osteoarthritis; and 30% medical impairment to the brain.
12. I am amending my Form 50/51 in the following manner: N/A.

I verify the contents of this form are accurate and true to the best of my knowledge.

Signature: Vernon F. Dunbar, Esq.

Date of hearing: 8/13/2012

Email: VDunbar@TurnerPadgett.com

Time needed for hearing: 1 hour

On behalf of ☐ Claimant ☒ Employer/Plaintiff

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.

* Commissioners reserve the right to admit expert witnesses at hearings.
WCC Form # 58
Rev. 9/07

58

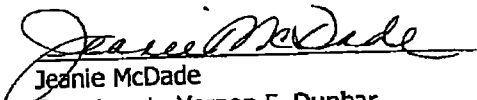
PRE-HEARING I

PROOF OF SERVICE

The undersigned certifies that she is an employee at TURNER, PADGET, GRAHAM & LANEY, P.A., and that the attached Pre-Hearing Brief and Notice of Witnesses and Written Medical Reports to be Introduced as Direct Evidence on Behalf of Employer / Plaintiff were served upon Timothy B. Killen, Esquire, the attorney for defendant, South Carolina Second Injury Fund, this 27th day of July, 2012, in accordance with Regulations 67-210, 67-211, 67-213, 67-214, and 67-215 and such other law as may be applicable, by depositing a copy of same in the United States Mail, postage prepaid, addressed to:

Andrea P. Roche, Commissioner
SC Workers' Compensation Commission
P. O. Box 1715
Columbia, SC 29202-1715

Timothy B. Killen, Esquire
SC Second Injury Fund
100 Executive Center Drive
Santee Building, Suite 101
Columbia, SC 29210


Jeanie McDade
Secretary to Vernon F. Dunbar

South Carolina Workers' Compensation Commission
P.O. Box 1715
Columbia, South Carolina 29202-1715
(803)737-5700

WCC File # 9930459

webbier File # 147569

webbier Code # 00123

Employer FEIN

MARY C. MCCONICO
Claimant's Name

Address City State Zip

Home Phone # Work Phone #

LISA C. GLOVER TIM KILLEN

Preparer's Name

Address

YUASA-EXIDE, INC.

Employer's Name

1990 CORP. BLVD., SUMTER, SC 29150

Address City State Zip

ARROWPOINT CAPITAL CORPORATION

Insurance webbier

803 798-2722 EXT.

Phone #

Provide the information requested in the space provided. Use an additional sheet, if necessary. Type or print all information.

☐ Injury by Accident ☐ Occupational Disease ☒ Both Injury by Accident and Disease ☐ Other

1. Date of accident: 07/31/1999 2. AWW: \$ UNKNOWN Comp. Rate: \$ UNKNOWN

3. Type of Injury and body part(s) Lead exposure.

4. Facts in controversy: Whether Carrier has met the requirements of 42-9-410; whether

Carrier has met the requirements of 42-7-320(B)(2); whether Carrier

IV: ex can prove combination/aggravation leading to increased costs.

5. Legal issues involved: See Number Four (4), above.

6. Unusual problems: Carrier has failed to submit medical records (outside of company nurse notes) substantiating conditions and/or combination/aggravation.

7. Witnesses (designate if expert) None.

8. Exhibits: See attached Notice of Evidence.

9. Medical evidence: (Indicate report pursuant to R.67-612; deposition or appearance) None. None submitted to Fund.

10. Name, address, and specialty, if any, of the treating physician: Unknown. No treating physician records submitted to Fund.

11. Impairment rating(s); body part(s); physician and date of opinion: Claimant refers to Carrier's submissions showing Claimant's IME reports.

DATE OF HEARING: 8/13/12

TIME OF HEARING: 11:30 a.m.

SIGNATURE

DATE 08/02/2012

On behalf of ☐ Claimant ☐ Employer ☒ SC Second Injury Fund

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.
* Commissioners reserve the right to admit expert witnesses at hearings.

58

WCC FORM # 58 Rev 3/96

PRE-HEARING BRIEF

STATE OF SOUTH CAROLINA

COUNTY OF RICHLAND

*
*
*

CERTIFICATE OF SERVICE

(S. 20-2-2012)

The undersigned employee of the South Carolina Second Injury Fund, 100 Executive Center Drive, Suite 101, Columbia, South Carolina, 29210, does hereby certify that he or she has served the following named individual(s) with a copy of the pleading indicated below by mailing a copy of same to them in the United States mail, with sufficient postage affixed thereto and return address clearly marked on the date indicated below:

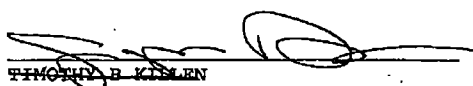
COUNSEL SERVED:

VERNON DUNBAR
TURNER, PADGET
PO BOX 1509
GREENVILLE, SC 29602

PLEADING:

FORM 58 - SECOND INJURY FUND'S
PRE-HEARING BRIEF

NOTICE OF WITNESSES AND
WRITTEN MEDICAL REPORTS


TIMOTHY B. KELLEN

JOYCE DEATRICK

August 2, 2012

Columbia, South Carolina

South Carolina Workers' Compensation Commission
1612 Marion St.
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723



WCC File #: 9930459

Carrier File #:

Carrier Code #:

Employer FEIN #:

Claimant's Name: Mary C. McConico SSN: [REDACTED] Employer's Name: Yuasa-Edde, Inc.
Address: [REDACTED] Address: 1990 Corporate Blvd.
City: [REDACTED] State: [REDACTED] Zip: [REDACTED] City: Sumter State: SC Zip: 29154
Home Phone: [REDACTED] Work Phone: [REDACTED] Insurance Carrier: South Carolina Second Injury Fund
Preparer's Name: Vernon F. Dunbar, Esq. Law Firm: Turner Padgett Graham & Laney P.A. Preparer's Phone #: (864) 552-4601

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☐ claimant ☒ employer (check one) Date of injury: 7/31/1999

The undersigned makes application for review of the findings of the Commissioner in the above-captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages if necessary).

1. The Hearing Commissioner erred in finding as a fact and concluding as a matter of law that claimant did not have preexisting conditions of heavy metal poisoning, hypertension, anemia, cardiovascular disease, arthritis, coronary artery disease, osteoarthritis, or any other health problems prior to the date of admitted accidental injury of July 31, 1999, the error being that the aforesaid preexisting conditions predated claimant's date of accident of July 31, 1999.

2. The Hearing Commissioner erred in finding as a fact and concluding as a matter of law that claimant did not have any impairment that preexisted the lead exposure, the error being that the lead exposure continued during the entire course of claimant's employment from 1974 to 1999 (25 years).

(Check one) Oral argument ☒ is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.

I certify that I have served this document pursuant to R.67-211 by delivering a copy to:

Timothy B. Killen, Esquire
SC Second Injury Fund
100 Executive Center Drive
Santee Building, Suite 101
Columbia, SC 29210

Ms. Virginia Crocker, Judicial Director
South Carolina Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

SCWCC

JAN 03 2013

JUDICIAL

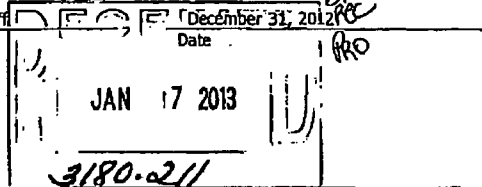
on the 31st day of December, 2012 by ☒ first class mail ☐ personal service ☐ certified mail.

Preparer's Signature: Vernon F. Dunbar

Attorney for Plaintiff
Title

Date: December 31, 2012

Check this box if you are not represented by an attorney. ☐



If the claimant appeals and is representing himself or herself, the Judicial Department will prepare the additional copies of this form and serve this form on the opposing party. R.67-701B. Otherwise, file the original and four copies of this form with the Judicial Department. The appeal must be postmarked no later than 14 days from the date of service of the Hearing Commissioner's decision. R.67-701 and R.67-205. Attach the filing fee to this form. Attach a Form 32 if you are unable to pay the filing fee. Refer to R.67-701 through R.67-711 for additional information.

WCC Form # 30
Rev. 4/2012

30

SCANNED

REQUEST FOR COMMISSION REVIEW

3. The Hearing Commissioner erred in finding as a fact and concluding as a matter of law and abused her discretion that even though evidence supports claimant having preexisting medical conditions consisting of heavy metal poisoning, coronary artery disease (cardiovascular disease), hypertension, osteoarthritis, etc., predating July 31, 1999, the error being that the aforesaid medical conditions continued to worsen after continuous acute and chronic exposures to varying levels of lead, which aggravated a preexisting and underlying condition or combined with the preexisting conditions to render claimant disabled.

4. The Hearing Commissioner erred in finding as a fact and concluding as a matter of law and abused her discretion in finding that the medical questionnaires submitted on behalf of the employer and carrier are not supported by medical evidence in the record, the error being that the questionnaires were completed by a competent and imminently qualified physicians who opined and concluded that the lead to which claimant was continuously exposed aggravated the aforesaid underlying health maladies or combined with the aforesaid or aforementioned health maladies to render claimant disabled.

5. The Hearing Commissioner erred in finding as a fact and concluding as a matter of law that claimant's heavy metal exposure over a 25 year period constitutes one injury, the error being that such a finding is against the greater weight of the evidence and is contrary to South Carolina law.

6. The Hearing Commissioner erred in finding as a fact and concluding as a matter of law that the employer and carrier failed to prove that there was no combination or aggravation of the aforesaid preexisting conditions by any subsequent injury or exposure to lead to create substantially greater medical costs and permanent disability, the error being that this finding is totally contrary to the evidence contained in the record and also constitutes an abuse of discretion.

7. The Hearing Commissioner erred in finding as a fact and concluding as a matter of law that claimant's preexisting conditions were not permanent nor serious enough to be a hindrance or obstacle to employment or re-employment, the error being that claimant was eventually declared disabled because of the preexisting conditions in combination with the lead exposure to render claimant disabled from working as of July 31, 1999. Moreover, claimant's aforesaid health maladies are listed conditions under *Section 42-9-400*, which would constitute a presumptive hindrance or obstacle to employment and re-employment and increased medical costs and increased disability.

8. The Hearing Commissioner legally erred and abused her discretion in denying the employer and carrier's claim for reimbursement in view of the recently promulgated cases of *Carolinas Recycling Group and Employers Insurance of Wausau v. South Carolina Second Injury Fund* and *Bernett v. City of Greenville*, both promulgated by the South Carolina Court of Appeals, the error being that the Commissioner's decision to ignore the only evidence in the case constitutes an abuse of discretion and error of law.

9. The Hearing Commissioner erred in finding as a fact and concluding as a matter of law that claimant did not suffer an injury by accident or failed to prove the occurrence of an injury by accident with regards to claimant's continuous exposure to lead beginning in 1974 and ending on July 31, 1999, the error being that the cumulative and cascading effect of lead exposure constituted an injury by accident according to *Grayson v. Gulf Oil*, 292 S.C. 528, 357 S.E.2d 479 (1987).

10. The Hearing Commissioner erred in finding as a fact and concluding as a matter of law that the carrier did not meet all necessary elements for reimbursement pursuant to *Section 42-9-400*, et. seq., the error being that such a finding is against the greater weight of the evidence and contrary to South Carolina law.

If the claimant appeals and is representing himself or herself, the Judicial Department will prepare the additional copies of this form and serve this form on the opposing party. R.67-701B. Otherwise, file the original and four copies of this form with the Judicial Department. The appeal must be postmarked no later than 14 days from the date of service of the Hearing Commissioner's decision. R.67-701 and R.67-205. Attach the filing fee to this form. Attach a Form 32 if you are unable to pay the filing fee. Refer to R.67-701 through R.67-711 for additional information.

WCC File #: 9930459
Carrier File #: 715001289300.
Carrier Code #: 00123
Employer FEIN #: .
SCUEF/SCSIF #: 147569

Claimant's Name: Mary C. McConico SSN: [REDACTED] Employer's Name: Yuasa-exide, Inc.
 Address: _____ Address: 1990 Corp. Blvd.
 City: _____ State: _____ Zip: _____ City: Sumter State: SC Zip: 29150
 Home Phone: _____ Work phone: _____ Insurance Carrier: Arrowpoint Capital Corporation
 Preparer's Name: Lisa C. Glover Law Firm: _____ Preparer's Phone #: _____

REQUEST FOR COMMISSION REVIEWRequest for Commission Review by ☐ SCSIF ☐ SCUEF (check one) Date of Injury: 07/31/1999 (m/d/yyyy)

The undersigned makes application for review of the findings of the Commissioner in the above-captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages if necessary).

The Single Commissioner erred in considering medical evidence not timely submitted under 42-7-320(b)(2). She further erred in failing to find that Carrier's claim was barred by 42-7-320(b)(2). She further erred by failing to sustain Fund's objection to such medical evidence (APA 10). She further erred in Finding of Fact 9, Conclusion of Law 3, in that she ruled APA 10 and Carrier's claim was not barred by 42-7-320(b)(2).

(Check one) Oral argument ☒ is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.

I certify that I have served this document pursuant to R.67-211 by delivering a copy to Vernon Dunbar
Name
Turner, Padgett, Po Box 1508, Greenville, So 29602

on the 29th day of December, 2012 by ☒ first class mail ☐ personal service ☐ certified mail

Preparer's Signature

STAFF ACTY

Deputy General Counsel
Title

12/26/12
Date

Check this box if you are not represented by an attorney. ☐

If the claimant appeals and is representing himself or herself, the Judicial Department will prepare the additional copies of this form and serve this form on the opposing party. R.87-701B. Otherwise, file the original and four copies of this form with the Judicial Department. The appeal must be postmarked no later than 14 days from the date of service of the Hearing Commissioner's decision. R.87-701 and R.87-203. Attach the filing fee to this form. Attach a Form 32 if you are unable to pay the filing fee. Refer to R.87-701 through R.87-711 for additional information.

WCC Form # 30
Rev. 03/1997

30

REQUEST FOR COMMISSION REVIEW

STATE OF SOUTH CAROLINA

*
*
*

CERTIFICATE OF SERVICE

COUNTY OF RICHLAND

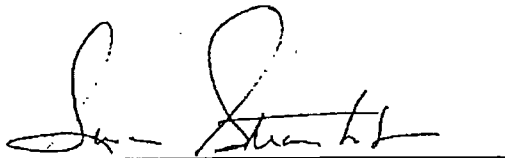
The undersigned employee of the South Carolina Second Injury Fund,
100 Executive Center Drive, Suite 101, Columbia, South Carolina, 29210,
does hereby certify that he or she has served the following named
individual(s) with a copy of the pleading indicated below by mailing
a copy of same to them in the United States mail, with sufficient
postage affixed thereto and return address clearly marked on the date
indicated below:

COUNSEL SERVED:

VERNON DUNBAR, ESQ.
TURNER, PADGET
PO BOX 1509
GREENVILLE, SC 29602

PLEADING:

FORM 30 - SECOND INJURY FUND'S
REQUEST FOR COMMISSION REVIEW



SUSAN STRAUSBAUGH

December 31, 2012

Columbia, South Carolina

 **COPY**

SOUTH CAROLINA WORKERS' COMPENSATION HEARING
FULL COMMISSION APPELLATE HEARING

ARROW POINT CAPITAL INSURANCE,

First Appellant

-VS-

SC SECOND INJURY FUND,

Second Appellant

In Re of MARY C. McCONICO

-VS-

YUASA-EXIDE, INC.

WCC FILE NO.
9930459

VFD

REC

OCT 8 2013

3180.211

SCANNED

Pursuant to Notice of the Appellate Hearing taken on the 16th day of September 2013, heard before the South Carolina Workers' Compensation Commission Full Commission Appellate Panel including; Honorable Susan S. Barden, Gene McCaskill, Melody James, Aisha Taylor, Avery Wilkerson, and T. Scott Beck, Chair, and commencing at the hour of 2:22 p.m. in Columbia, South Carolina.

C. Tatum Court Reporting
P.O. Box 248
Edgefield, SC 29824
706.207.5483
ctatumcr@gmail.com

APPEARANCES

Vernon Dunbar, Esq.
Turner Padget Graham & Laney, PA
PO Box 1509
Greenville, SC 29602
843.552.4613
jmcdade@turnerpadget.com
REPRESENTING THE FIRST APPELLANT

Tim Killen, Esq.
Willson Jones Carter & Baxley, PA
4500 Fort Jackson Blvd.
Columbia, SC 29209
803.227.2894
tbkillen@wjlaw.com
REPRESENTING THE SECOND APPELLANT

INDEX

PROCEEDINGS	4
FIRST APPELLANT ARGUMENT BY MR. KILLEN	4
SECOND APPELLANT ARGUMENT BY MR. DUNBAR	11
FIRST APPELLANT REPLY BY MR. KILLEN	18
SECOND APPELLANT REPLY BY MR. DUNBAR	20
REPORTER CERTIFICATE	23

OBJECTIONS:

(None)

EXHIBITS

<u>NUMBER</u>	<u>DESCRIPTION</u>	<u>PAGE</u>
(None Offered)		

LEGEND OF THE TRANSCRIPT

dashes [--] intentional or purposeful interruption
 [ph] denotes phonetically written
 [sic] written as said

This transcript may contain quoted material. Such material is reproduced as read or quoted by the speaker.

PROCEEDINGS

COURT REPORTER: Today is September 16, 2013. This is South Carolina Worker's Compensation Case Number 9930459. This is the case of Arrow Point Capital Insurance versus South Carolina Second Injury Fund, in Re of Mary C. McConico versus Yuasa-Exide, Inc.

This is a Cross Appeal. The First Appellant is the Defendant represented by Tim Killen. The Second Appellant is the Defendant represented by Vernon Dunbar.

Each side is allowed eight minutes for oral argument and then each side three minutes in reply. You are requested to argue the grounds of exception and stay within the record.

COMMISSIONER BECK: Mr. Killen.

FIRST APPELLANT ARGUMENT

MR. KILLEN: Thank you very much, your Honor. May it please the Commission. Good afternoon. I am Tim Killen representing the Second Injury Fund in this Cross Appeal.

Though the claim for reimbursement was denied, the Fund hereby appeals the single Commissioner's order that the Carrier's claim was not barred by South Carolina Code Section 42-7-320(b) (2), as well

1 as her order allowing into evidence certain records
2 that weren't timely submitted per that section.

3 The matter was heard by Commissioner Roche on
4 August 13, 2012. At the hearing we asserted that
5 the 42-7-320 (b) (2) stood as a bar for Carrier's
6 claim for reimbursement.

7 Alternatively, we objected to the inclusion
8 and consideration of Carrier's APA submission
9 number 10, post-Yuasa medical records, pages 95
10 through 169. The basis for our position and
11 objection was that those documents were not timely
12 submitted on or prior to June 30, 2011, as required
13 by the plain language of the statute.

14 On that day, June 30, 2011, the last possible
15 day to submit materials according to the
16 legislature, Carrier submitted a compact disk to
17 the Fund. Apparently, Carrier intended to submit
18 electronic copies of documentary material via the
19 disk. However, there was not a single copy of any
20 document on that disk. It only contained a single
21 one kilobyte, very small file. The file was a
22 simple hyperlink. Unfortunately, the hyperlink
23 goes nowhere, you put it in your computer, it just
24 comes up to a blank web page.

25 As we've since learned, if you're logged onto

1 the Turner Padget database you have access to those
2 documents there, but anyone outside of that, such
3 as the Fund, did not. Because there were no copies
4 of any documents of the disk we asserted that they
5 were not timely submitted, per the statute. The
6 Commissioner, however, ruled that the Carrier's
7 intention to submit the documents satisfied the
8 requirement. We've appealed that ruling.

9 We respectfully submit that the single
10 Commissioner erred in law and fact by failing to
11 abide by the governing statute. The Second Injury
12 Fund is a State agency created by the legislature
13 to encourage the employment of disabled or
14 handicapped persons without penalizing an employer
15 with greater liability if the employee is injured
16 because of their preexisting condition. However,
17 in 2007 the legislature enacted legislation to
18 effect the closure of the Fund, that's 42-7-320.

19 The language of 42-7-320(b) is mandatory.
20 Quote, The failure to submit all required
21 information by June 30, 2011 shall bar Carrier from
22 recovery. The documents that were not timely
23 submitted before June 30, 2011 were required before
24 the Fund could consider reimbursement and there
25 were narrative medical reports that could show

1 whether the Claimant's disability or medical
2 expenses were substantially increased due to the
3 alleged preexisting condition. And you can see
4 where we notified the Carrier of that requirement
5 via letter on April 25, 2011, and that's at our APA
6 two. Additionally, the inclusion of these
7 documents in this APA submissions indicates that
8 they were necessary.

9 By setting deadlines the legislature has
10 effected an orderly manor by which the agency
11 should be closed. The other subsections in that
12 statute set forth cutoff dates for recovery. The
13 Fund shall not consider a claim occurring after
14 July 1, 2008. 42-7-320(b)(1) sets forth the last
15 date that notice may be sent to the fund. Notice
16 sent after December 31, 2011 is not timely and
17 failure to provide notice, Quote, Shall bar an
18 employer from recovery.

19 **COMMISSIONER BECK:** Mr. Killen, just for
20 analogy purposes. If they had sent you something
21 using a program that the Fund didn't possess and as
22 a result of not possessing that particular program
23 couldn't open a disk that even had the information.
24 on it, would you still be taking the same position?

25 **MR. KILLEN:** Well, that's a good hypothetical

1 question, your Honor, and it's hard to say. It
2 depends on what the program was and whether it's
3 readily available, I would think. I think another
4 analogy would be if they had sent the documents in
5 the mail and there was an envelope and it said --
6 we got a cover letter and the cover letter says,
7 Here are your documents, but inside the envelope
8 there's nothing but the cover letter and no
9 documents. I think that's --

10 COMMISSIONER BECK: I don't know that that is
11 analogist, because in that example there's clearly
12 nothing there. On this particular example, when
13 they put them on there, when they tested it -- I
14 assume when they tested it in their office it
15 functioned properly.

16 MR. KILLEN: Yes, sir, I don't doubt that.

17 COMMISSIONER BECK: They sent it to you and it
18 didn't function properly. So when they looked at,
19 for all practical purposes, it's there. So I'm not
20 sure that I agree with the empty envelope analogy.

21 MR. KILLEN: Well, the documents actually on
22 the disk -- I mean, there were no documents on the
23 disk, it's a hyperlink, it's nothing that we can go
24 to. Had they put a PDF file on the disk and the
25 disk were corrupted for some reason that might be a

1 different story, but that's not what we have here.
2 There's just nothing there.

3 And also, this case involves statutory
4 construction. And the cardinal rule of statutory
5 construction is that the words used in the statute
6 should be given their plain and ordinary meaning
7 unless something in the statute requires a
8 different interpretation. This particular section
9 involves two words, shall and must, and the Supreme
10 Court, of course, says those are mandatory words.
11 The statute doesn't allow wiggle room for good
12 intention or error. According to the Supreme
13 Court, a court must abide by the plain meaning of
14 the words of the statute. When interpreting the
15 plain meaning of the statute courts should not
16 resort to subtle or forced construction to limit or
17 expand the statute's operation.

18 **COMMISSIONER JAMES:** If they had given you
19 access to their server, like I give you a program
20 to open a disk, would you not have been able to
21 open those documents?

22 **MR. KILLEN:** I'm sure we would have if we
23 would have accessed their server. The problem here
24 is they submitted the documents on the last day,
25 there was no time to correct a mistake. If they

1 had done it --

2 COMMISSIONER JAMES: But, along the same
3 lines of what Commissioner Beck was asking you,
4 isn't just a methodology to open what's on the
5 disk?

6 MR. KILLEN: No, Commissioner, because there
7 was no way to see -- there was no material on the
8 disk. What I'm saying is they have to submit
9 something to us. What they submitted to us was
10 nothing. There was no way we could possibly open
11 anything on the disk because there was nothing on
12 the disk to open.

13 COMMISSIONER JAMES: So if I have, on the
14 Commission website, all of -- in a secure place I
15 have a lot of documents and I say, Here's the link,
16 and then it's a, Oh, well, how do I get into the
17 link and you forgot -- you know, give me a password
18 and you can go in there. Then you're saying in
19 this electronic age that that's still not the same
20 thing as submission?

21 MR. KILLEN: That's a different situation,
22 your Honor. There you have access over the
23 internet, here there is -

24 COMMISSIONER JAMES: And that's what I'm
25 asking you. Could you not -- I mean, if you have

1 access to the secure server -- and that's what I'm
2 asking you, exactly what happened here.

3 MR. KILLEN: We had no access to their server.
4 We can't access their files, that would open up
5 their entire --

6 COMMISSIONER JAMES: Not necessarily, I don't
7 know that. I'm asking you about this particular
8 situation. It may be, it may not be, I don't know.
9 But there are cases where people could say, All
10 right, this is the secure site, here's the
11 hyperlink, sorry we forgot to give you the
12 password, here's the password, you go to this.

13 MR. KILLEN: And that might have been a
14 different situation, but that's not the facts that
15 happened here.

16 COMMISSIONER BECK: Any other questions?
17 Thank you.

18 Mr. Dunbar.

19 SECOND APPELLANT ARGUMENT

20 MR. DUNBAR: Thank you very much, your Honor.
21 And just for my purposes, I am to respond to
22 Mr. Killen's argument in my argument and then later
23 address the merits of my argument, because this is
24 a Cross Appeal?

25 COMMISSIONER BECK: Well, you've got eight

1 minutes now and three minutes later.

2 MR. DUNBAR: Okay. Thank you. With respect
3 to Mr. Killen's argument, looking at my brief, your
4 Honor, on page three, we indicate everything that
5 was submitted that the Fund had in order to
6 evaluate this case. In looking at the Second
7 Injury Fund statute in it's plain and ordinary
8 meaning, the only thing we have to prove, that
9 there was a preexisting condition and that the
10 preexisting condition was aggravated by a
11 subsequent accident.

12 The reports that he is arguing about, that's
13 the post-Yuasa-Exide medical records, candidly, I
14 did not have to produce those. The reason why is
15 because Yuasa's records, from the time that this
16 lady worked for over 23 years -- I'm sorry 25
17 years, establishes her preexisting conditions and
18 certainly the aggravations of such. With respect
19 to the post-Exide medical reports, simply shows how
20 her condition was. And if you look at those
21 reports it shows that she is a diabetic, that she's
22 recovering from a stroke, they are prescribing her
23 various medications.

24 This case was settled by virtue of settlement
25 agreement release, not for ongoing medicals. Now,

1 Mr. Killen may have an argument if we were asking
2 for medicals, because the Fund did not have -- they
3 could argue, We didn't have those medical records
4 to reimburse you for medical. But that's not the
5 point in this case. It's only for indemnity. We
6 did not settle these cases in terms of accepting
7 lifetime medical treatment. Which, in this case
8 would have been a permanent brain injury case
9 because the lady did have a stroke as a consequence
10 of her exposure to lead. So we take the position
11 that he is reading that statute entirely too
12 broadly.

13 He had more than enough -- or the Fund had
14 more than enough evidence by which to assess
15 whether we met the prerequisites for reimbursement.
16 Namely, was there a preexisting condition? That's
17 certainly established by APAs one through nine.
18 And whether it was aggravated by such. Again,
19 that's clearly established by over ninety-four
20 pages of medical reports. They're not objecting to
21 disability reports because we're showing that as a
22 result of her stroke she's disabled. We knew that,
23 they had that, they're not arguing about that. So
24 they knew about the stroke, they knew about the
25 blood lead levels, they knew about the heavy metal

1 poisoning, they knew about the cardiovascular
2 disease. Why did they know this? Because the
3 employment medical records from Exide and Yuasa-
4 Exide clearly establishes those preexisting
5 conditions.

6 Now, let's talk about Ms. McConico's
7 preexisting conditions. She has a history of
8 cardiac disease, cardiovascular disease,
9 hypertension, and kidney disease. Cardiac disease,
10 again, one of those listed ailments that entitles
11 us to a presumption. Heavy metal poisoning,
12 clearly she had that, as well. Her blood lead
13 levels ranged from nine to fifty-four. Again, like
14 most of these people, when they work for Exide
15 their blood lead levels were well above thirty-six
16 micrograms per deciliters of blood. And that's the
17 industry standard, that's Yuasa's standard that
18 they established in 1991. If you go and adopt the
19 Claimant's expert's standards it's well above
20 twenty, even before 1991. She had those.

21 And let's talk about, again, the purpose of
22 the Fund is to retain someone that has problems.
23 If you're Yuasa and you purchase this plant in 1991
24 you would not have kept Ms. McConico. Why? She's
25 already passed out before we even hired her, she

1 has severe hypertension, it's well above -- it goes
2 up to 234 over 116, uncontrolled hypertension. The
3 company doctor tells her it's uncontrollable. She
4 goes to her family doctor. She can never get it
5 under control because she's working in a lead laden
6 environment. So Yuasa knows this when they
7 purchase the plant. And keep in mind APA page 172
8 and 174 establishes that this plant was owned by
9 ESB well before Exide, then Exide purchased it, APA
10 pages 90 and 175, then Yuasa purchases it, APA
11 pages 179 and 182.

12 Her blood lead levels, again, were nine to
13 fifty-four. Is a stroke a hindrance or obstacle to
14 employment? It certainly is. Dr. Naso indicated
15 in his reports, APA pages 176 through 177, he's a
16 neurosurgeon who actually saw her as a result of
17 her stroke and said that she could no longer work.
18 Put her on disability because the heavy metal
19 poisoning combined with the stroke to render her
20 disabled. It combined. It also aggravated it. So
21 we prevail on both theories, aggravation, as well
22 as combination, again, pages 182 and 184 of the APA
23 submissions.

24 The Fund submitted nothing. Their whole
25 defense was, Well, APA ten shouldn't have been

1 admitted, should have been excluded. Well, if you
2 exclude it what do they argue about the other
3 ninety or a hundred some odd pages? You don't hear
4 anything from that. You don't hear anything --
5 that our expert said that clearly, working in a
6 lead environment didn't cause her to have cardiac
7 disease or cardiac disease wasn't preexisting. You
8 don't hear that. They present you with no evidence
9 whatsoever by which to reverse or side with them.
10 We have submitted more than substantial evidence.
11 More than substantial evidence, when this case is
12 reviewed, to support our position that this claim
13 certainly is entitled to reimbursement.

14 With respect to Ms. McConico, she worked there
15 and she had an episode before she had her final
16 stroke in 1998, I believe. She had one episode,
17 yet we kept her. She came back to work, continued
18 to work, wanted to work. That's the problem with
19 this employer, these people wanted to work because
20 it was one of the highest paying jobs in Sumter
21 County. She comes back and she later has a stroke.

22 Now, Yuasa, in hindsight, looking at this
23 lady's medical problems for over 25 years,
24 certainly shouldn't have retained her in
25 employment. But she wanted to work. They allowed

1 her to do that. And because they allowed her to do
2 that, the Second Injury Fund statute is there for
3 those employers, those Carriers, who allow those
4 people to come back to work and to continue working
5 despite a debilitating preexisting condition or
6 disability. And Ms. McConico had that in this
7 case. As a matter of fact, she worked until they
8 took her out on a stretcher. She went to Tumi
9 Hospital and later had brain surgery.

10 This is a case that was settled and the
11 settlement agreement is before you. We were really
12 afraid -- and this was when the Fund was involved
13 -- and the reason why I submitted all of the post
14 -Yuasa records is because when you settle a case
15 for the amount of money that we settled
16 Ms. McConico's case for the Fund could of attacked
17 it and said, Well, you settled this for too much,
18 we don't know why you settled it for this much. I
19 wanted them to see, despite the fact that we had
20 our records showing that she was disabled because
21 of a stroke, I wanted the Fund to have no qualms
22 about reimbursement. Because this lady has had a
23 stroke and she has not had a miraculous recovery,
24 that was the only purpose of those records, not to
25 perfect our claim. Our claim was perfected by

virtue of the in-house medical records, by virtue of the employment records, by virtue of her family physician's records that she gave our doctor while she was an employee of Yuasa-Exide. Thank you very much.

COMMISSIONER BECK: Mr. Killen.

FIRST APPELLANT REPLY

MR. KILLEN: Thank you, Commissioner. It was never the intention of the legislature for the Fund to operate as a safety net for employers who, as a part of their business, placed their employees in unsafe work conditions. In this case the Employer and Carrier want reimbursement from the Fund for conditions that were caused by the exposure that was the very heart of it's business. If reimbursement is granted in this case the Employer and Carrier will assume to no liability, even though it was wholly responsible for the entire -- for all the alleged maladies and conditions suffered by the Claimant.

For a Carrier to be entitled to reimbursed from the Fund it must prove that the Claimant's preexisting condition either was aggravated or combined with the subsequent injury to increase disability or medical costs. In this case the

1 Carrier asserted the first and second injuries were
2 the same, the exposure to lead, and that's in the
3 hearing transcript at page 18. The Carrier's
4 position was that the lead caused the Claimant's
5 conditions and subsequent to the development of
6 those conditions she was further exposed to lead.
7 Per the Carrier, the further exposure resulted in
8 additional and/or worsening maladies. Thus, it
9 argues it's entitled to reimbursement for payment
10 of a lump sum of cash that represents neither
11 medical payments nor indemnity. It was settled on
12 a doubtful and disputed basis.

13 As the Commissioner found, the Carrier
14 presented no evidence of the alleged preexisting
15 condition. The Claimant's first day of work was in
16 March 4, 1974. The Carrier presented no medical
17 records preceding that time. The Claimant's
18 initial occupational history form was dated May 21,
19 1981 and it indicates that the Claimant had worked
20 for the employer for seven years. The Employer, at
21 the hearing, agreed that this was one entity and in
22 their Form 30, in paragraph two, agreed that the
23 Claimant had worked there for 25 years under the
24 Employer.

25 According to the Claimant's testimony, which

1 was submitted via deposition, she didn't have any
2 health problems until she went to work for the
3 Employer. The first medical note comes from
4 September 10, 1975. It shows the Claimant
5 suffering a knee abrasion. In '77 and '80 she
6 complained of headaches and dizziness. And March
7 1979, when the Claimant was pregnant, she filed an
8 application for accident and sickness weekly
9 benefits. This was denied by the Employer. The
10 Employer wrote -- let's see -- that (As Read): The
11 medical evidence supplied does not support a
12 disability which prevents you from doing your job,
13 and that's at the Fund's APA number three. And
14 otherwise, I'll just rely on my brief. Thank you.

15 COMMISSIONER BECK: Thank you, sir.

16 Mr. Dunbar, you have three minutes.

17 SECOND APPELLANT REPLY

18 MR. DUNBAR: Thank you very much, your Honor.
19 Mr. Killen makes the argument that because this
20 Employer allowed her to work in a lead laden
21 environment that you should punish him. That's not
22 the law. That argument's never been made and even
23 it does so it runs contrary to the law.

24 Now, let me say this, this is a no fault
25 system. And in this particular case Ms. McConico

1 worked and she was placed in a medical removal
2 program more in her seven years that she worked at
3 Yuasa-Exide than she ever had when she worked at
4 Exide from 1974 to 1991. So they were cognizant of
5 safety, and advised her, and took her out of that
6 program, and made great improvements with respect
7 to protective gear, protective clothing to minimize
8 lead exposure. If that's the case then a law,
9 office certainly is susceptible to that because we
10 have people that lift boxes and they hurt their
11 back and maybe we shouldn't get reimbursed.
12 Because I was part of a reimbursement and I had to
13 testify because we hired someone in the file room.
14 We caused that. But we got Second Injury Fund
15 reimbursement for that because the person had a
16 preexisting condition. Yes, we caused it, but this
17 is not the purpose of punishing any employer,
18 whatsoever. And if anyone should be punished that
19 employer is not here, that's the Exide Corporation.
20 And even to a fault, they didn't know how hazardous
21 lead was until 1983 when OSHA promulgated its
22 guidelines.

23 Now, with respect to the medical removal
24 program. Starting at page 87 of my APA you'll see,
25 as noted, in 1995 she was removed, she was removed

1 in 1991. You will note that throughout the entire
2 evidence that's been submitted.

3 With respect to Ms. McConico, she had suffered
4 stroke-like symptoms in 1977, two years after she
5 started working not for Yuasa or Yuasa-Exide, but
6 at the Exide Corporation. And later she became
7 disabled due to hypertension. She had a
8 hypertension problem, a cardiac problem, which no
9 one disputes, from 1977 on. The Carrier knew it,
10 the Employer knew it, yet we retained her in
11 employment, did not fire her, and that is the sole
12 purpose of the Fund in it's simple fashion. That's
13 the way the legislature created it, is to
14 compensate employers and carriers who retain or
15 employ someone with a disability. And if
16 Ms. McConico did not have a cardiac problem with
17 hypertension well above the normal of 120 over 70 I
18 don't know who does, because if you look at her
19 hypertensive levels, they were dangerous well
20 before she had that stroke and she ultimately
21 succumbed to such. Thank you.

22 COMMISSIONER BECK: Thank you, sir. That will
23 conclude this proceeding.

24 *

25 (Whereupon, the hearing concluded at 2:46 p.m.)

STATE OF SOUTH CAROLINA

CERTIFICATE

Be it known that I, Christine Tatum, a Professional Court Reporter and Notary Public, did hear the appellate matter of *Arrow Point Capital Insurance -vs- South Carolina Second Injury Fund, in Re of Mary C. McConico -vs- Yuasa-Exide, Inc.*, Workers' Compensation File No. 9930459 on Monday, September 16, 2013, in Columbia, South Carolina, before the South Carolina Workers' Compensation Commission Full Commission Appellate Panel including; Honorable Susan S. Barden, Gene McCaskill, Melody James, Aisha Taylor, Avery Wilkerson, and T. Scott Beck, Chair;

That the foregoing pages constitute a true and accurate transcription of the testimony given at that time and place aforesaid to the best of my skill and ability;

I further certify that I am not counsel or kin to any of the parties to this cause of action, nor am I interested in any matter of its outcome.

In Witness whereof, I have hereunto set my hand this 30th Day of September 2013.


Christine Tatum
Notary Public For South Carolina
My Commission Expires December 29, 2021

1

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 0030459

ARROWOOD INDEMNITY
COMPANY,

v.

THE SOUTH CAROLINA
SECOND INJURY FUND,

IN RE:

MARY McCONICO,

CLAIMANT,

v.

YUASA BATTERY,

EMPLOYER,

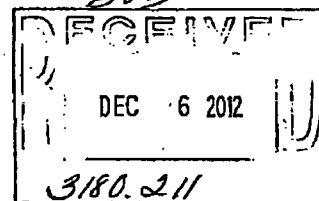
HEARING
BEFORE COMMISSIONER
ANDREA C. ROCHE

TRANSCRIPT

 **COPY**

THE WORKERS' COMPENSATION HEARING, TAKEN
BEFORE CORA ELLIS BRUTON, A NOTARY PUBLIC IN AND FOR
THE STATE OF SOUTH CAROLINA, COMMENCING AT THE HOUR OF
12:00 PM., MONDAY, AUGUST 13, 2012, SUMTER CITY
HALL/OPERA HOUSE, 21 NORTH MAIN STREET, SUMTER, SOUTH
CAROLINA 29151.

CORA ELLIS BRUTON
COURT REPORTER
131 BROWNING COURT
LEXINGTON, SOUTH CAROLINA 29073
803-397-0189



SCANNED

APPEARANCES

FOR THE CARRIER, ARROWOOD INDEMNITY COMPANY
 VERNON F. DUNBAR, ESQUIRE
 TURNER, PADGET, GRAHAM & LANEY, P.A.
 POST OFFICE BOX 1509
 GREENVILLE, SOUTH CAROLINA 29602
 864-552-4600

FOR THE SOUTH CAROLINA SECOND INJURY FUND
 TIMOTHY B. KILLEN, ESQUIRE
 THE SOUTH CAROLINA SECOND INJURY FUND
 100 EXECUTIVE CENTER DRIVE, SUITE 101 SANTEE BUILDING
 COLUMBIA, SOUTH CAROLINA 29210
 803-798-2722

REPORTED BY
 CORA ELLIS BRUTON
 COURT REPORTER
 131 BROWNING COURT
 LEXINGTON, SOUTH CAROLINA 29073
 803-397-0189

INDEX

BY MR. DUNBAR	5
BY MS. KILLEN	21
BY MR. DUNBAR	26
CERTIFICATE	30

EXHIBITS
 (No Exhibits Proffered)

CORA ELLIS BRUTON - COURT REPORTER
 131 BROWNING COURT - LEXINGTON, SOUTH CAROLINA 29073
 803-397-0189

1 THE COURT: Today's date is August the 13th,
2 2012. This is WCC File Number 9930459. This is the
3 case of Arrowood Indemnity Company versus The South
4 Carolina Second Injury Fund; In Re: Mary McConico
5 versus Yuasa Battery.

6 Timothy B. Killen is here on behalf of The Second
7 Injury Fund and Vernon F. Dunbar is here on behalf of
8 the Carrier.

9 We're here today to determine the issues as set
10 forth in the Forms 54 and 55.

11 Are there any objections to APAs, jurisdiction,
12 venue or any other items?

13 MR. DUNBAR: None from the Plaintiff, Your Honor.

14 THE COURT: And do I have some APAs?

15 MR. DUNBAR: Yes.

16 MR. KILLEN: And Commissioner, I do have an
17 objection. We'll object to APA number 10 that is --
18 what Mr. Dunbar is -- has entitled Post Yuasa Exide
19 Medical Records from 1/18/2001 to 8/24/2010. The
20 ground for our objection on -- for that is that those
21 medical records were not submitted to The Second
22 Injury Fund on or before June 30th, 2011, that they
23 can't be considered by The Second Injury Fund in this
24 reimbursement matter.

25 THE COURT: Mr. Dunbar?

CORA ELLIS BRUTON - COURT REPORTER
131 BROWNING COURT - LEXINGTON, SOUTH CAROLINA 29073
803-397-0189

1 MR. DUNBAR: Your Honor, we would like for you to
2 reserve ruling on that objection until you're heard
3 from our witness on that. We did submit the medical
4 records on a disc; they were illegible. Once The Fund
5 notified us some time in September that they could not
6 read it we did make the necessary corrections,
7 submitted a new disc to them where they could read the
8 same records. Those records have not been
9 substituted, so we take the position that they were
10 submitted, however, they were illegible; it was a
11 technical error and would ask that you reserve, until
12 at least we present witnesses on that particular --

13 THE COURT: I mean, I trust you if you tell me
14 that's what happened. I mean, you're an Officer of
15 The Court. So if he tells me he submitted records
16 then are y'all saying he's not telling the truth about
17 that or --

18 MR. KILLEN: He did not submit records,
19 Commissioner, he submitted a compact disc with a
20 hyperlink on it. The hyperlink -- and this is dealt
21 with in our APA 2B. The hyperlink was to -- directly
22 to the Turner, Padget database so when someone at
23 Turner, Padget put the disc in their computer it just
24 -- it went right to their -- their mainframe or
25 database or whatever they have. Anything outside of

CORA ELLIS BRUTON - COURT REPORTER
131 BROWNING COURT - LEXINGTON, SOUTH CAROLINA 29073
803-397-0189

1 their database you have a one kilobit link on a disc

2 --

3 THE COURT: Let's go off the record.

4 (Off the record at 12:06 p.m.)

5 (On the record at 12:11 p.m.)

6 THE COURT: We'll go back on the record. We did
7 have a discussion about the APA number 10 and over Mr.
8 Killen's strenuous objection and pointing out that the
9 Statute is a complete bar if they don't have the
10 records to them by the date of June 30th, but I think
11 everybody would agree that the intent was to submit
12 the records, that the disc, for whatever reason The
13 Fund could not retrieve the records from the disc, but
14 I think that the records were submitted even though
15 The Fund, at the time, could not read them off the
16 disc, so I am going overrule the objection. Mr.
17 Killen's objection is noted for the record so he can
18 appeal that if he needs to. Okay. Now, Mr. Dunbar,
19 I'll hear from you.

20 BY MR. DUNBAR: Thank you, Your Honor. We have
21 four of these lead exposure cases, so in order to
22 present an accurate and adequate records, Your Honor,
23 if you will just indulge me to give you an overview of
24 the Yuasa Exide Industry's Battery operation here in
25 South Carolina and also about the perils of lead

CORA ELLIS BRUTON - COURT REPORTER
131 BROWNING COURT - LEXINGTON, SOUTH CAROLINA 29073
803-397-0189

1 exposure upon the human body. Your Honor, there is no
2 doubt that persons working at Yuasa Exide were exposed
3 or ingestion by biting their nails, and you'll see
4 that in a lot of the medical reports. The first set
5 of APAs that I've given, that's APAs 1 through 10,
6 show records dealing with the person's or Ms.
7 McConico's employment at Yuasa Exide. She had worked
8 there a number of years and eventually ceased working
9 there as a result of a stroke or aneurysm in 1998.
10 During her entire employment tenure she was exposed to
11 lead. Now Yuasa Exide began its manufacturing
12 operations here in Sumter County somewhere around 1964
13 or 1965. Prior to that it was a battery manufacturing
14 operation, but they didn't use lead until late 60's;
15 they used nickel. However, when they started using
16 lead OSHA had not propagated any permissible exposure
17 limits to lead whatsoever. There basically was an
18 industry operating carte blanche. So you will see
19 earlier cases where individuals were exposed to lead
20 and their blood lead levels were in the hundreds.
21 Claimant's experts and I think the CDC as well, and I
22 do have a document here I'd like to hand you if
23 there's no objection, talked about lead, but --
24 MR. KILLEN: I've got to object to a Wikipedia
25 article coming into evidence, Commissioner.

CORA ELLIS BRUTON - COURT REPORTER
131 BROWNING COURT - LEXINGTON, SOUTH CAROLINA 29073
803-397-0189

1 MR. DUNBAR: Well, it's just for --

2 MR. KILLEN: I don't know that --

3 THE COURT: Yes, and I --

4 MR. KILLEN: -- we have any indicia of
5 reliability for it.

6 MR. DUNBAR: All right. Well, it's supported by
7 the OSHA Regulations as well. In any event, the
8 average person's blood lead level according to the
9 Centers for Disease Control is five micrograms per
10 deciliter of blood. When you look at the blood lead
11 levels of Mary McConico they were ten times greater,
12 11 times, 12 times greater than the normal average
13 blood lead level, so there is no doubt that Ms.
14 McConico was exposed to heavy lead poisoning. As a
15 matter of fact the cases stand for that proposition in
16 terms of the findings in the case of Lee Ernest
17 Franklin which is part of my -- in the notebook
18 attachment that's been handed to you. But more
19 importantly, lead poisoning is heavy metal poisoning
20 pursuant to the Statute 42-9-400 paragraph 22. In the
21 Lee Ernest Franklin case The Fund admitted that Mr.
22 Franklin was admit -- had heavy metal poisoning. We
23 take the position that The Fund is bound by that. He
24 was exposed -- or she was exposed to heavy metal
25 poisoning. What is most interesting is what

CORA ELLIS BRUTON - COURT REPORTER
131 BROWNING COURT - LEXINGTON, SOUTH CAROLINA 29073
803-397-0189

1 permissible exposure limit the Commission will
2 utilize. In the case of Lee Ernest Franklin, which is
3 the most -- the only case that's ever been litigated
4 with respect to these lead exposure cases, the
5 Commission rejected without any discussion the OSHA
6 Regulations as being a guidance in terms of what
7 constitutes an injurious exposure, what constitutes
8 heavy metal poisoning. I submit even under OSHA's
9 standards Mary McConico would have been subject to
10 heavy metal poisoning. And Your Honor, I've cited a
11 -- and it's tabbed in your notebook Tab 2A it talks
12 about OSHA's Regulations. OSHA says that when a
13 person's blood lead level reaches 60 micrograms per
14 deciliter of blood they have to immediately be removed
15 from the workplace. It's called a Medical Removal
16 Program because that's the only treatment for lead is
17 to remove them, because that's the toxic level. Tab
18 2A talks about what that type of exposure to lead will
19 cause; hypertension, cardiovascular disease, renal
20 failure, cognitive dysfunction, peripheral neuropathy,
21 anemia and gout. With respect to Yuasa Exide they had
22 an industry standard. Their standard was even less
23 than OSHA's which meant that if a person's blood lead
24 level reached 44 micrograms per deciliter of blood
25 they had to be taken out of the environment. If over

CORA ELLIS BRUTON - COURT REPORTER
131 BROWNING COURT - LEXINGTON, SOUTH CAROLINA 29073
803-397-0189

1 a six month period it measured 36 micrograms or
2 greater they had to be removed. Under OSHA's
3 standards if there was a sustained level where a
4 person's lead levels reached 50 micrograms per
5 deciliter of blood they had to be removed. Looking at
6 Ms. McConico's blood lead levels, particularly pages
7 76 through pages 94 of my APA, you will see blood lead
8 levels that far exceed the sustained standard as well
9 as the acute standard of 60 or 50 or 44 and 36. Be
10 that as it may, the Commission still wasn't persuaded
11 by either OSHA standards or industry standards. What
12 the Commission was persuaded by was Claimant's
13 experts. Dr. Howard Hugh, Dr. Richard Wedeen, both
14 Harvard trained clinicians testified under oath and
15 also submitted some literature and articles that I
16 have submitted there with respect to the Lee Ernest
17 Franklin case that lead levels exceeding ten
18 micrograms per deciliter of blood can cause the same
19 damage or at least aggravate preexisting conditions.
20 So clearly OSHA talks about how dangerous lead is.
21 You are well aware lead is no longer utilized in
22 paint, can't be utilized in production of children's
23 toys. As a matter of fact when lead is removed from a
24 house if you're undergoing renovations and it does
25 contain lead paint you have to wear a respirator

CORA ELLIS BRUTON - COURT REPORTER
131 BROWNING COURT - LEXINGTON, SOUTH CAROLINA 29073
803-397-0189

1 because it is a dangerous, nasty substance; there is
2 no doubt about that. So in 1983 OSHA enacted its
3 regulations regarding permissible exposure limits. As
4 a matter of fact, Yuasa Exide went so far as to, in
5 their post employment physical examination, if
6 someone's blood lead level before they even entered
7 the plant was greater than ten micrograms per
8 deciliter of blood they would refuse to hire them.
9 They disqualified them from employment because they
10 knew that person would be exposed to great -- great
11 amounts of lead. Now in the Lee Ernest Franklin,
12 case, Your Honor, and I have that in the notebook,
13 Tabs 3 A&B, the Commission looked at that particular
14 case and in that case The Fund denied the claim based
15 upon the ten year Statute of Limitations. They also
16 indicated that the hypertension had not been
17 aggravated. They sort of used the same defense that I
18 had used in defending these cases; the OSHA standard
19 and the industry standards. But the Commission again
20 rejected the OSHA standards and the industry standards
21 and applied the Claimant's expert standards. In other
22 words anything above 19 micrograms per deciliter of
23 blood either caused injuries or aggravated injuries.
24 In this particular case Mr. Lee Ernest Franklin came
25 to Yuasa Exide with a clean bill of health; no

CORA ELLIS BRUTON - COURT REPORTER
131 BROWNING COURT - LEXINGTON, SOUTH CAROLINA 29073
803-397-0189

1 hypertension, no renal kidney failure. After working
2 there for a number of years developed hypertension
3 that was uncontrollable because he was constantly
4 exposed to lead, also developed renal kidney failure.
5 In an effort to comply with The Second Injury Fund
6 they accommodated him, and how do you accommodate
7 someone that has lead exposure; you take him out and
8 place him in the medical removal program; you give
9 them air controlled respirators, but more importantly
10 you move them to different parts of the plant. That's
11 what happened in Ms. Mary McConico's situation, that's
12 what happened in Lee Ernest Franklin's situation. In
13 the Commission's Findings they indicated that they
14 were not bound by OSHA; they rejected it and that's on
15 page 5 of the Lee Ernest Franklin Order. More
16 importantly, in The Second Injury Fund matter that was
17 heard by Commissioner Funderburk some important
18 Findings of Fact and that's starting on page 14. It
19 talked about renal kidney failure caused by heavy
20 metal lead poisoning making the claim in and of itself
21 subject to reimbursement, because no one can deny that
22 these persons were poisoned by lead. The second
23 argument that they made is that every time the person
24 entered into the plant that was a subsequent accident;
25 an aggravating situation to a preexisting condition,

CORA ELLIS BRUTON - COURT REPORTER
131 BROWNING COURT - LEXINGTON, SOUTH CAROLINA 29073
803-397-0189

1 because oftentimes they would go into a different part
2 of the plant the -- the blood -- the air lead levels
3 would be different in various parts of the plant. So
4 the Commissioner determined, it's sort of like
5 repetitive trauma, every time you walk into a plant --
6 into the plant you are aggravating a preexisting
7 condition. What's important is that The Fund appealed
8 Mr. Lee Ernest Franklin's case to the South Carolina
9 Supreme Court. We take the position that because
10 those Findings of the Commissioner were affirmed that
11 Mr. Franklin suffered heavy lead -- lead poisoning
12 that the lead aggravated a preexisting renal kidney
13 disease or dysfunction and also aggravated preexisting
14 hypertensive condition it was subject to
15 reimbursement. It was appealed and that case is also
16 tabbed 3-E; it's the Transportation Insurance Company
17 or Second Injury Fund versus Transportation Insurance
18 Company. That case was -- was affirmed by the South
19 Carolina Supreme Court. Now in terms of Mary McConico
20 in particular, she had preexisting cardiovascular
21 disease and that was established early, early on in
22 the APAs. Pages 20 through 21 shows elevated
23 hypertension. Pages 23, 25, 29, 31, 35 she completed
24 a lot of these medical health history questionnaires,
25 but more importantly Yuasa Exide had a physician on

CORA ELLIS BRUTON - COURT REPORTER
131 BROWNING COURT - LEXINGTON, SOUTH CAROLINA 29073
803-397-0189

1 staff; one was by the name of Dr. A. W. Hersey, his
2 real name is Archibald Hersey and the other one is Dr.
3 Eric Byrd, B-Y-R-D. You have to have a physician
4 onsite when you operate a lead manufacturing facility;
5 they had that. You will see in the reports that I've
6 submitted that she certainly had some severe problems
7 with hypertension. On page 42, to show you how severe
8 it was at one point, it was 170 over 114. I don't
9 think that anyone can deny that that is a very severe
10 hypertensive level. On page 140 -- on page 44 of my
11 APA she had blood pressure of 170 over 104. On page
12 48, Your Honor, 162 over 102. And I know you will
13 read it, Your Honor, so I'm not going to belabor the
14 point, but at one point her blood lead level was 200
15 plus over 100 and I can tell you that, but I'm looking
16 at page 56, it's 182 over 120. She's taking her
17 medications 99 percent of the time. There are some
18 instances where she forgets to take it, but she is
19 taking her medications. So clearly the lead is
20 aggravating her hypertensive condition. She also
21 complains about peripheral neuropathy, that's again
22 page 21. She shows these as preexisting factors; she
23 undergoes some tests and checks off what tests are
24 normal or abnormal. On page 23 she completes a health
25 history questionnaire, she has some cardiovascular

CORA ELLIS BRUTON - COURT REPORTER
131 BROWNING COURT - LEXINGTON, SOUTH CAROLINA 29073
803-397-0189

1 problems because she says her breathing tests are
2 abnormal. More importantly, Your Honor, I believe 76
3 through 94 are her blood lead levels. The blood lead
4 levels clearly show someone whose blood levels were in
5 excess of OSHA standards, industry standards and
6 certain Claimant's expert standards. They were ten,
7 12 times higher than a normal individual and some
8 experts say that the average blood lead level in an
9 individual probably -- such as everyone sitting around
10 this table is usually around three; so it may be even
11 higher than that. She was placed in medical removal
12 program which also shows that she suffered lead
13 poisoning; that's page 81 through 89. And Your Honor,
14 if you need these evidentiary references I do have a
15 copy of them and I'll be happy to share them with you.
16 But she had these preexisting conditions and those
17 preexisting conditions are all referenced in the
18 evidence that The Fund has no objection to. Those are
19 the records that The Fund got on the date of June 29th
20 or June 30th; they got those records and they showed
21 these preexisting conditions. And they don't have the
22 lead poisoning or metal -- heavy metal poisoning,
23 cardiovascular problems, hypertension, peripheral
24 neuropathy; no doubt about that. Now later after she
25 has an aneurysm on the job she's rushed to the

CORA ELLIS BRUTON - COURT REPORTER
131 BROWNING COURT - LEXINGTON, SOUTH CAROLINA 29073
803-397-0189

1 hospital, she never comes back to work, she's declared
2 disable, so we knew she had an aneurysm. She never
3 comes back to work; she's on Social Security
4 Disability. The records that they object to on the
5 disc show basically medical compliance, going to a
6 doctor, getting her medicines, getting a mammogram,
7 but also being treated for diabetes; she develops
8 diabetes after she last worked for us. Now we don't
9 have to show that she had the diabetes before because
10 this is a 2001 claim and the unknown factor or unknown
11 preexisting condition was still a listed element at
12 that point in time, so we don't even have to show
13 knowledge of that. The records that were submitted on
14 the disc just in essence was my attempt to defend
15 these cases by getting updated medical reports maybe
16 to find out whether the diabetes is the proximate
17 cause of renal kidney failure, but to find out whether
18 she's HIV positive or has AIDES or whether she has
19 some severe cardiovascular problems that can't be
20 linked to lead. I submit those records do not show
21 such defense. What also The Fund was able to get and
22 got those reports are the expert reports that the
23 Claimant submitted, and Your Honor, that's under Tab 1
24 of my evidence and that's the medical evaluation of
25 Mary McConico, what we would utilize to settle these

CORA ELLIS BRUTON - COURT REPORTER
131 BROWNING COURT - LEXINGTON, SOUTH CAROLINA 29073
803-397-0189

1 cases. The Steinberg Law Firm sends people out, she
2 has not worked with us since 1998; we utilized these
3 reports in disposing of over 800 cases or tried to
4 dispose of 800 cases. The Fund was a party to the
5 initial mediation but chose not to participate. But
6 in any event, these medical reports were given to us
7 prior to the mediation and were utilized to evaluate
8 the value of these cases. But APA 1 shows that she
9 had a stroke in 1999. We knew about that, she was
10 still employed with us. That is what rendered her
11 permanently and totally disabled. It talks about the
12 blood lead levels ranging from nine to 54. Actually,
13 if you look at her blood lead levels it reached a high
14 of 55. That's ten times -- 11 times higher than the
15 average person if you utilize a blood lead level of
16 five. Talks about coronary artery disease; we have
17 evidence of that because of her cardiovascular
18 problems and her checklist while she worked at Yuasa
19 Exide. So at the time we submitted the medical
20 records from Yuasa Exide Claimant's expert report
21 which is from Dr. Reigart and their report is
22 supplemented by what's in your notebook, that was
23 sufficient information for The Fund to make a decision
24 in this particular case. More importantly we
25 submitted a neuropsychological evaluation from Dr.

CORA ELLIS BRUTON - COURT REPORTER
131 BROWNING COURT - LEXINGTON, SOUTH CAROLINA 29073
803-397-0189

1 Wade. Why that's important, The Fund recognized that
2 we were dealing with potential brain injury cases.
3 This lady had a cerebral aneurysm. We believe that
4 because of some other factors that are contained in
5 the medical reports that we got from Sumter post her
6 employment at Yuasa Exide we were able to put a cap on
7 a lot of damages, because this is a potential brain
8 damage case. The Lee Ernest Franklin case which The
9 Fund now has, he -- it's my understanding it's a
10 kidney transplant has taken place and another kidney
11 transplant that may take place in the future. These
12 cases are nasty. We're clinchering these cases to the
13 benefit of all. We also submitted for The Fund's
14 review Second Injury Fund Medical Questionnaires, and
15 that's under Tab 3, and the doctors talk about her
16 preexisting conditions and what was aggravated and
17 what combined with it and that was from Drs. Eugene
18 Shippen and also Dr. Reigart or Dr. Baker, they both
19 examined Ms. McConico. And that's under Tab 4. Your
20 Honor, I've highlighted some blood lead levels because
21 sometimes there aren't written reports not in the
22 stack on certain pages, but the PB shows the amount of
23 lead that one was exposed to. With regard to The
24 Fund's position we take the position that this case
25 certainly, clearly is subject to reimbursement for the

CORA ELLIS BRUTON - COURT REPORTER
131 BROWNING COURT - LEXINGTON, SOUTH CAROLINA 29073
803-397-0189

1 following reasons: One, we've established preexisting
2 conditions by evidence that The Fund has not objected
3 to, un-refuted.

4 THE COURT: And those are the hypertension and
5 the cardiovascular disease?

6 MR. DUNBAR: Yes, sir -- yes, ma'am.

7 THE COURT: You have some of those before she
8 started getting lead exposure?

9 MR. DUNBAR: That's correct.

10 THE COURT: Okay.

11 MR. DUNBAR: At the time she started working
12 there she had those ailments, the hypertension, that
13 is correct, and it got increasingly worse and
14 sometimes the lead caused her to develop other
15 problems or exacerbated. And the literature that the
16 Commission or Commissioner Funderburk as well as three
17 other Commissioners relied upon is set forth in our
18 notebook regarding the health effects of chronic lead
19 exposure. That's under Tab 1-A, B, C, D & E. More
20 importantly, Tab 2 OSHA itself admits and concedes the
21 type of ailments that --

22 THE COURT: Your lead exposure is the injury that
23 you're seeking -- is the second injury that you're
24 seeking?

25 MR. DUNBAR: It is the second injury, correct,

CORA ELLIS BRUTON - COURT REPORTER
131 BROWNING COURT - LEXINGTON, SOUTH CAROLINA 29073
803-397-0189

1 and is also the aggravating injury. Now the
2 Commission also took the position --

3 THE COURT: How can it be the aggravating injury?
4 It's the second injury.

5 MR. DUNBAR: They also took the position -- that
6 was my argument as a defense attorney, how can it be
7 aggravating, but they looked at it from a repetitive
8 trauma standpoint. They said you give them --

9 THE COURT: And as much as I appreciate you
10 telling me what the other Commissioners -- it's not --

11 MR. DUNBAR: I understand, and it was just for
12 information purposes only. So we certainly
13 established that, the heavy lead -- metal poisoning as
14 well as the hypertension and the cardiovascular
15 problems, because she talked about heart problems as
16 well and she also had coronary artery disease; she has
17 a family history of it. Your Honor, this community
18 and the work environment at Yuasa Exide was comprised
19 predominantly of African Americans. I've put in some
20 literature, and this was part of my defense which was
21 not successful, that African Americans are predisposed
22 to hypertension. I know that for a fact even without
23 working in the lead environment, but because of the
24 predisposition genetically or from heredity the lead,
25 according to Claimant's experts and according to the

CORA ELLIS BRUTON - COURT REPORTER
131 BROWNING COURT - LEXINGTON, SOUTH CAROLINA 29073
803-397-0189

1 evidence in the file was certainly aggravated by every
2 subsequent exposure and entry into the plant, unless
3 they were taken away and put in the secretary's or
4 front office. And because she was working in
5 production she was never placed on the front line or
6 in the secretary's station. The other reason why this
7 claim is subject to reimbursement, we believe that the
8 law of the case is --

9 THE COURT: Did y'all settle this underlying
10 claim? Is this --

11 MR. DUNBAR: Yes.

12 THE COURT: Ms. McConico's case has been settled?

13 MR. DUNBAR: It's been settled.

14 THE COURT: Okay.

15 MR. DUNBAR: The other reason why we believe the
16 law of the case is set forth in The Second Injury Fund
17 versus Transportation Company. The third reason is --
18 the third reason is simply there is no evidence that
19 The Fund can point to for you to be able to hang your
20 hat on -- that is Judge Finney commonly says, as a
21 judge you can hang your hat on to deny this case.
22 They have not presented any evidence to refute Dr.
23 Shippen, Dr. Reigart, Dr. Hugh, nor the medical
24 reports that are currently in your possession. And
25 Your Honor, we believe that when The Fund got the

CORA ELLIS BRUTON - COURT REPORTER
131 BROWNING COURT - LEXINGTON, SOUTH CAROLINA 29073
803-397-0189

1 information they had a right to do three things;
2 accept the case, reject it, or compromise. That does
3 not take away our right to present evidence to show
4 that we're entitled to reimbursement. If it did I
5 think it would violate our Constitutional right to due
6 process and I think that goes back to the disc
7 argument and you've already ruled on that so I'm not
8 going to belabor that point. So we believe that for
9 those reasons we are subject to reimbursement and I
10 believe you're familiar with a case that has recently
11 come out, Carolina Cycling Group versus The Second
12 Injury Fund. I have a copy of that if you'd like. In
13 which, again, The Fund presented no evidence to refute
14 what was contained in the record and the Appellate
15 Courts are going to look at substantial evidence and
16 we believe that in this particular case we have
17 presented adequate information, substantial
18 information, overwhelming evidence for you to grant
19 reimbursement.

20 THE COURT: All right. Mr. Killen.

21 BY MR. KILLEN: Thank you, Commissioner. The
22 Fund has denied this case for a number of reasons.
23 First, I'd like to go ahead and try to, if I can,
24 offer this actual disc into evidence.

25 THE COURT: Sure.

CORA ELLIS BRUTON - COURT REPORTER
131 BROWNING COURT - LEXINGTON, SOUTH CAROLINA 29073
803-397-0189

1 MR. KILLEN: This is the disc that you supplied
2 to me.

3 MR. DUNBAR: No problem.

4 MR. KILLEN: And it will show that there is
5 nothing but a hyperlink on there. And secondly, the
6 Lee Ernest Franklin case is -- is not relevant to this
7 case. The Supreme Court in that case didn't decide
8 the merits of the case, they just found that The Fund
9 did not come to substantial evidence, ruled that the
10 blood lead levels were not before the Supreme Court
11 and what -- what other Commissioners did -- I know
12 you've addressed this so I'll be very brief on this.
13 And another case has no application to this case.
14 This case should be decided on its own and the
15 evidence that was presented in that case has not been
16 presented here. There is a notebook that Mr. Dunbar
17 has handed up, but it's not listed as an APA
18 submission so I'm not sure on what grounds that's
19 being used in this case. Now, there are a number of
20 --

21 THE COURT: Mr. Dunbar, were these things listed
22 on the APAs or listed as evidence?

23 MR. DUNBAR: Yes, Your Honor. As a matter of
24 fact I sent that to Mr. Killen along with my Pre-Trial
25 Brief, just to know that there were various exhibits

CORA ELLIS BRUTON - COURT REPORTER
131 BROWNING COURT - LEXINGTON, SOUTH CAROLINA 29073
803-397-0189

1 that I would be introducing and therefore I would just
2 -- I listed it as an exhibit --

3 THE COURT: He's got it listed as a Court exhibit
4 regarding the case of Lee Ernest Franklin. Okay. Go
5 ahead, Mr. Killen.

6 MR. KILLEN: Okay. And my references and the
7 company doctor's notes to heart disease, hypertension,
8 diabetes, but these are all -- they're coming from the
9 Claimant herself. There are the -- they do take blood
10 pressure measurements, but there's nothing in those
11 records that shows treatment for these conditions.
12 There's nothing to show that they're permanent
13 conditions that she needed -- she needed treatment
14 for. There's no -- well, the medical records we're
15 objecting to are the subsequent medical records and
16 those are what's needed to substantiate the
17 combination or aggravation. There are questionnaires
18 from two experts that whose CVs were not included.
19 There's nothing to show what records they relied on in
20 coming to their decisions. I mean these are exhibits
21 4 and 5 from Mr. Dunbar and it's a Dr. Eugene Shippen
22 who I have no indication that he's a treating
23 physician. I have no -- he lives in -- somewhere in
24 Pennsylvania. Another Dr. Edward Baker and there's no
25 indication that he was a treating physician. He -- I

CORA ELLIS BRUTON - COURT REPORTER
131 BROWNING COURT - LEXINGTON, SOUTH CAROLINA 29073
803-397-0189

1 don't know where he's from but there's nothing to show
2 what records they reviewed in formulating their
3 positions as outlined in those questionnaires. I
4 would point to The Fund's APA submissions which show
5 that both of these experts or apparent experts filled
6 out 16 -- 15 or 16 other questionnaires on the very
7 same day they filled out the questionnaires in this
8 case. Those cases aren't before you but I think this
9 goes to these apparent experts' credibility. I have
10 no idea how long they looked at anything or what they
11 looked at before checking "yes" on the questionnaire.
12 We have no opinions from the treating physicians in
13 regards to this. There are no experts here other than
14 these two guys. There's nothing to directly relate
15 the lead exposure to her conditions. The diabetes, if
16 -- if you are going to look at these post Yuasa
17 medical records came on in 2001 after her employment
18 had ended. That's at his APA page 95. Tab Number 1
19 which is from Dr. Reigart doesn't address Second
20 Injury Fund criteria such as combination, aggravation.
21 Tab 3 -- excuse me -- and one thing Mr. Dunbar is
22 trying to do is to shift the burden of proof onto The
23 Second Injury Fund. I think Mr. Dunbar needs to show
24 that these experts, if that's what they are, are
25 reliable. Needs to show what they relied upon in

CORA ELLIS BRUTON - COURT REPORTER
131 BROWNING COURT - LEXINGTON, SOUTH CAROLINA 29073
803-397-0189

1 coming to those decisions. Needs to show their
2 background and I am not sure what role race plays in
3 all this; Mr. Dunbar brought this up, but I don't know
4 that there's any evidence in the record to support the
5 contentions he made along those lines. Lastly, to
6 award reimbursement to a company that repeatedly and
7 knowingly exposes its employees to unsafe conditions I
8 don't think would comport with the statutory schemes
9 to -- for The Second Injury Fund which was to allow
10 companies to hire disabled people to come work for
11 them, not to make them disabled and keep them on staff
12 while they continually exposed them. And also, we
13 have a -- besides the 42-7-320(b2) which is a failure
14 to submit all the required information to The Fund by
15 June 30th acts as a bar. We have a 42-7-320(b)
16 argument that this case can't be heard at this point
17 in time because of the Statutory Sunset Provisions.
18 And I think that wraps up my position, Commissioner.

19 THE COURT: All right. Mr. Dunbar, anything in
20 reply?

21 MR. DUNBAR: Yes, ma'am. With respect to our
22 proof, the qualifications of Dr. Baker are set forth
23 under Tab 1-A of my notebook, pages 3. But just to
24 let you know medical degree from Baylor College of
25 Medicine in Houston, Texas; received a Master of

CORA ELLIS BRUTON - COURT REPORTER
131 BROWNING COURT - LEXINGTON, SOUTH CAROLINA 29073
803-397-0189

1 Public Degree in 1989 and a Master of Science Degree
2 in Epidemiology from Harvard School of Public Health.
3 Completed an Occupational Neurology in Department of
4 -- Department of Neurology at the Boston University
5 Medical Center. Dr. Howard Hugh, whose name is also
6 mentioned is also Harvard trained. The other
7 individual is Dr. John Reigart licensed in the State
8 of South Carolina, graduate of Dartmouth College,
9 Dartmouth Medical School, Harvard Medical School and
10 is a blood expert. Dr. Eugene Shippen, I concede that
11 we did not put his CV there, but he is referenced in
12 the Lee Ernest Franklin case. He was the company
13 physician, the expert -- the industry expert for lead
14 and consulted with industries and Yuasa Exide. We did
15 visit the plant, looked over Dr. Byrd's medical
16 records and Dr. Hersey's medical records who made
17 recommendations with respect to treatment and getting
18 peoples' blood pressures under control and how to
19 better prevent further damage and harm to these
20 individuals. We do rely upon the medicals and let me
21 tell you what the doctors relied upon. It's set forth
22 under Tab 1 APA page 1. Dr. Reigart sets forth that
23 he interviewed Ms. McConico. He looked at Tuomey
24 Regional Medical Center's records, records from Dr.
25 Harry Jordan and records from Sumter Family Health

CORA ELLIS BRUTON - COURT REPORTER
131 BROWNING COURT - LEXINGTON, SOUTH CAROLINA 29073
803-397-0189

1 Center. We provided those records so that The Fund
2 could have access to those and examine those and if
3 they had any problems with Dr. Reigart's findings, Dr.
4 Reigart's qualifications, Dr. Baker's qualifications,
5 they certainly had the right to depose Dr. Baker from
6 June -- I'll say July 1st at least until two weeks ago
7 and I have not been consulted by anyone at The Fund
8 indicating that they wished to depose any of the
9 experts. I know, sitting here, as a defense attorney
10 typically if I have questions about a doctor's
11 qualifications, concerns about his opinions, the first
12 thing I do is notice his or her deposition. He
13 indicated that we could not prove that there were no
14 permanent conditions. Ms. McConico was taking blood
15 pressure medication for over ten, 15 years. If that's
16 not a permanent condition I don't know what is; it's
17 evidenced by the fact that she was taking meds. Dr.
18 Byrd, Dr. Hersey always asked her, "Are you compliant
19 with your medications? If not, go see your family
20 doctor, make certain you are compliant." And Your
21 Honor, with respect to Yuasa Exide's community
22 responsibility, if you took The Fund's argument at
23 face value nuclear power would not be existent, SCE&G,
24 Duke Power, why even build a nuclear power plant? We
25 saw what went on in Japan as a result of the tsunami,

CORA ELLIS BRUTON - COURT REPORTER
131 BROWNING COURT - LEXINGTON, SOUTH CAROLINA 29073
803-397-0189

1 but people -- advances in medi -- in modern science,
2 in medication allows people to work in dangerous
3 environments. Yuasa Exide wanted some people to quit
4 their employment because of an inability to control
5 their blood lead levels or hypertension or any other
6 ailments. In the case of Mr. Franklin, he refused.
7 They were represented by a union. So much an employer
8 can do when there's union representation, but when a
9 person wants to work, and I believe the Commission's
10 -- there's a form where the Commission -- the
11 Commission allows people to waive and continue to work
12 and subject themselves to hazardous environments. We
13 certainly didn't want that to happen. Remember, this
14 plant has changed ownership numerous times and the
15 last two owners have implemented safety regulations,
16 rules and safety measures far beyond that in 1965, far
17 beyond that in 1980, far beyond that in 1988. So the
18 last employer, unfortunately, Enersys is burdened by
19 the sins of the prior owners and thus we believe that
20 The Fund's argument that Enersys or Yuasa Exide was
21 not a good community partner is irrelevant and
22 prejudicial and untrue.

23 THE COURT: All right. That concludes the
24 hearing.

25 MR. DUNBAR: Your Honor, forgive me for not

CORA ELLIS BRUTON - COURT REPORTER
131 BROWNING COURT - LEXINGTON, SOUTH CAROLINA 29073
803-397-0189

1 saying one thing.

2 THE COURT: Okay.

3 MR. DUNBAR: Mr. Killen did talk about Section
4 42-7-320(b). I don't think it bars the Commission
5 from hearing a claim. If The Fund decided not to pay,
6 as they did in this instance, or not pay enough, I
7 think that's what the Commission is legally obligated
8 to do is to adjudicate claims. Your Honor, since
9 you've already ruled on the, I'll call it post
10 employment medicals, I had Tierney Rimel, my paralegal
11 to talk about what she had done to make certain those
12 records were there, but since you have already ruled I
13 don't see any need to call her unless you think I need
14 to.

15 THE COURT: No, I don't think so.

16 MR. DUNBAR: Thank you, ma'am.

17 THE COURT: That concludes the hearing.

18 (The hearing concluded at 12:49 p.m.)

19

20

21

22

23

24

25

CORA ELLIS BRUTON - COURT REPORTER
131 BROWNING COURT - LEXINGTON, SOUTH CAROLINA 29073
803-397-0189

STATE OF SOUTH CAROLINA)
) CERTIFICATE
 COUNTY OF LEXINGTON)

BE IT KNOWN THAT I TOOK THE FOREGOING
 WORKERS' COMPENSATION HEARING;

THAT I WAS THEN AND THERE A NOTARY PUBLIC IN
 AND FOR THE STATE OF SOUTH CAROLINA-AT-LARGE;

THE FOREGOING TRANSCRIPT CONSISTING OF 29
 TYPEWRITTEN PAGES REPRESENTS A TRUE, ACCURATE AND
 COMPLETE TRANSCRIPTION OF THE TESTIMONY SO GIVEN AT
 THE TIME AND PLACE AFORESAID TO THE BEST OF MY SKILL
 AND ABILITY;

THAT I AM NOT RELATED TO NOR AN EMPLOYEE OF
 ANY OF THE PARTIES HERETO, NOR A RELATIVE OR EMPLOYEE
 OF ANY ATTORNEY OR COUNSEL EMPLOYED BY THE PARTIES
 HERETO, NOR INTERESTED IN THE OUTCOME OF THIS ACTION.

WITNESS MY HAND AND SEAL THIS 30TH DAY OF
 NOVEMBER, 2012.

 CORA ELLIS BRUTON
 NOTARY PUBLIC FOR SOUTH CAROLINA
 MY COMMISSION EXPIRES JANUARY 18, 2015

CORA ELLIS BRUTON - COURT REPORTER
 131 BROWNING COURT - LEXINGTON, SOUTH CAROLINA 29073
 803-397-0189

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 9930459

MARY C. MCCONICO,

Employee,

Claimant,

vs.

YUASA-EXIDE, INC.,

Employer,

AND

ARROWPOINT CAPITAL,

Carrier,

Defendants.

**NOTICE OF WITNESSES AND
WRITTEN MEDICAL REPORTS TO BE
INTRODUCED AS DIRECT EVIDENCE
ON BEHALF OF DEFENDANTS**

**TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND DAVID T.
PEARLMAN, ESQUIRE:**

YOU ARE NOTIFIED that the Defendants, pursuant to the provisions of the South Carolina Workers' Compensation Act and Section 1-23-330 of the South Carolina Code of Laws (Cum. Supp. 1988) submit the following medical records and other documents as evidence:

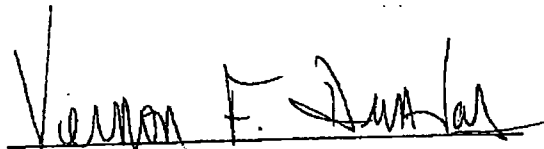
APA#	NAME OF PROVIDER/OTHER	DATE(S) OF RECORD(S)	PAGE NUMBERS
1.	Evaluation of J. Routt Reigart, MD	3/17/2011	1-3
2.	Evaluation of L. Randolph Waid, Ph.D.	3/17/2011	4-8
3.	Eugene Shippen, M.D. - Second Injury Fund Medical Questionnaire	5/31/2011	9-11

4.	Edward L. Baker, Jr., MD – Second Injury Fund Medical Questionnaire	6/26/2011	12-14
5.	Employee Personal Consultation	4/19/1994	15-17
6.	Yuasa Exide Initial Occupational History	5/21/1981	18-19
7.	Yuasa Exide's Health History Documents	5/21/1981 – 4/18/1999	20-67
8.	Yuasa Exide's Medical Intake Records	9/10/1975- 8/30/1988	68-76
9.	Claimant's Blood Lead Levels	10/20/1983- 1/8/1996	77-94
10.	Post Yuasa Exide Medical Records	1/18/2001- 8/24/2010	95-169
11.	Disability Records	11/08/1977- 11/6/2000	170-184
Exhibits:			
A.	Claimant's Deposition Transcript	3/11/2011	185-209
B.	Employee/Claimant Knowledge Affidavit	4/7/2011	210-212

YOU ARE FURTHER NOTIFIED that you have the right to cross-examine or otherwise oppose this evidence and, should you desire to exercise this right, you are to promptly schedule the deposition of any provider whose records are submitted, for the purposes of cross-examination, or otherwise promptly submit opposing medical records into evidence.

YOU ARE FURTHER NOTIFIED that these records, or photocopies of the same, will be provided to the South Carolina Workers' Compensation Commission for insertion in their file and for consideration as evidence on behalf of the Defendants.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants:

A handwritten signature in black ink, appearing to read "Vernon F. Dunbar", is written over a horizontal line.

Vernon F. Dunbar, Esq.

TURNER PADGET GRAHAM & LANEY P.A.

P.O. Box 1509

Greenville, SC 29602

(864) 552-4601

Attorneys for the Employer/Carrier

Greenville, SC

July 27 2012

Brief Health Evaluation of Mary McConico

I. Medical Evaluation

A. Occupational History:

Dates	Area of plant	Job Title	Duties
1974-75	Plate cleaning	Plate cleaner	Cleaning excess lead from plates
1975-79	Tubing room	Tubing machine operator	Put tubing on rod on burner
1979-99	Plate wrapping	Wrapper	Wrapping plates with plastic

B. Blood lead levels: His blood lead levels ranged from 9-54 mcg/dl. These blood lead levels are significant in that recent research has shown that lead-related health effects, such as hypertension and kidney damage, have been noted in individuals with blood lead levels in the range of 10-19 mcg/dl (levels previously thought to be free of significant lead-related health effects). Neurocognitive deficits caused by lead exposure have also been noted at lower blood lead levels than previously recognized as being hazardous.

C. Records reviewed: I personally interviewed Ms. McConico

1. Tuomey Regional Medical Center
2. Harry Jordan, MD
3. Sumter Family Health Center

D. Medical History

1. Current Medical History: (DOB [REDACTED])

1. Stroke 1999 due to cerebral aneurysm, has been totally disabled since
2. Diabetes
3. Hypercholesterolemia
4. Back pain/arms/knees diagnosed with osteoarthritis
5. Vertigo
6. Hypertension
7. Gout
8. Poor memory, concentration, depression
9. Skin eruption started as response to solvents at Exide, has continued to be a problem
10. Hematuria
11. Coronary artery disease
12. Gastroesophageal reflux disease
13. Plantar fasciitis

2. Past Medical History:

1. Stroke 1999
2. Bronchitis 2001

Path
received via email
03/21/11 TNR
03/18/00211

A. Laboratory

1. X-ray degenerative joint disease right knee 2007
2. X-ray degenerative spine disease lumbar spine 2006

B. Health conditions attributable to occupation

Ms. McConico has experienced health conditions which are caused, aggravated, or accelerated by his occupational lead exposure and physical demands at the Exide plant:

1. Stroke 1999 due to cerebral aneurysm, has been totally disabled since
2. Diabetes
3. Hypercholesterolemia
4. Back pain/arms/knees diagnosed with osteoarthritis
5. Vertigo
6. Hypertension
7. Gout
8. Poor memory, concentration, depression
9. Skin eruption started as response to solvents at Exide, has continued to be a problem
10. Coronary artery disease

III. Functional Impairment

(Using the AMA Guides to the Evaluation of Permanent Impairment (5th Edition), impairment ratings were calculated for each of the health conditions attributable to lead exposure and physical demands at the Exide plant:

1. Cardiovascular system: Class 4- 75% impairment due to hypertensive cardiovascular disease with stroke
2. Upper and lower extremities: 20% impairment due to osteoarthritis and gout
3. Brain: 30% impairment due to encephalopathy (neurobehavioral testing recommended)

Combined rating: 86% impairment of the whole person

IV. Impact on ability to work or perform activities of daily life

The health conditions noted above preclude Ms. McConico from working. She is totally disabled since her stroke. She is limited in performing activities of daily living in so far as these activities require physical effort.

VI. Prognosis and need for ongoing medical care

The conditions noted above are permanent and will increase in severity over time. As a result, her health status will deteriorate in the future. She will require continued medical care of the type that she now is receiving; her medical care costs will increase over time as her health situation

deteriorates. She will experience a further deterioration of her ability to perform activities of daily living and will require assistance in performing these activities.

VII. Summary

Ms. McCutcheon experienced significant exposure to lead as a result of performing her normal job duties at the Exide plant. Her blood lead concentrations were elevated to levels known to be associated with significant health problems. She suffered physical injury from the physical demands of her work, resulting in serious joint injury and osteoarthritis. She experienced health problems that are attributable to her occupation. These include the diagnoses recorded above. As a result of these health conditions, she is totally disabled. Her ability to perform activities of daily life are limited. These conditions are not reversible and will become more severe over time. As a result, she will be even less able to perform activities of daily living in the future and will continue to need assistance in doing so. She will require ongoing medical care that will become increasingly expensive as the need for medical treatment increases. The injuries from lead and the physical environment that she experienced as an employee of the Exide plant are significant contributors, accelerating factors, direct causes or aggravating factor for the medical problems identified above.

I hold these views to a reasonable degree of medical certainty and reserve the right to revise this report as more information becomes available.

J. Roult Reigart, MD

March 17, 2011

L. Randolph Waid, Ph.D.
Licensed Clinical Psychologist

The Oaks Business Center
1459 Susan Engels Blvd.
Suite 204-A
Mt. Pleasant, S.C. 29464

Telephone
(843) 881-2770
Fax
(843) 881-6878

PRELIMINARY NEUROPSYCHOLOGICAL EVALUATION
Confidential For Professional Use Only

Name: Mary McConico
Age: 65
Sex: Female
Handedness: Right
Education: Completed the 8th grade

Date of Evaluation: March 17th, 2011

E-MAILED
3/31/11

Identifying Information/Background: Mary McConico is a 65-year-old, married, African American female who was employed for 25 years (1974-1999) at the Exide Battery Plant. Ms. McConico served in various capacities at the plant including lubing and plate wrapping. Ms. McConico left employment capacities in 1999 as she suffered a stroke/neurysm which she identified as being in the left frontal region. At that time, she was also diagnosed with diabetes and hypertension. Ms. McConico reported her belief that she was exposed to lead and other toxins during her varied employment capacities at Exide. Review of records revealed Ms. McConico's blood lead levels ranged from 9-54 mcg/dl during the course of her employment capacities at Exide. These blood lead levels are significant in that recent research has shown that lead related health effects such as hypertension and kidney damage can occur in individuals with blood lead levels in the range of 10-19 mcg/dl. Chronic exposure to lead in occupational settings can also result in neurocognitive impairments as well as potential for progressive cognitive decrements with advancing age.

Ms. McConico presented appropriately attired. She related that she continues with diabetes and hypertension as well as residuals from her aneurysm/stroke. Ms. McConico is on an extensive medication regimen to assist her with hypertension and diabetes including use of insulin. She also has difficulties with youth. Ms. McConico remains married and has been so for 31 years. She had three children, though one has passed away. Ms. McConico remains on Social Security Disability. She grew up in the Clarendon County and Sumter County area with limited years of formal education (8th grade).

Current Clinical Presentation: In interview, Ms. McConico reported that she continues to cope with her diabetes and hypertension as well as experiencing atrial fibrillation. Ms. McConico complained of being significantly compromised in her capacities to attend, concentrate, and remember information. She was noted to walk with the assistance of a cane. Ms. McConico is a large, somewhat obese individual who engaged well with the evaluative procedures.

A structured evaluation failed to reveal any complaints by Ms. McConico with regard to sensory perceptual functioning. Motor functioning revealed complaints that the "right leg will give out." There are coordination/balance problems. Ms. McConico complained of muscle spasms affecting the back of her legs. There are paresthesias affecting the bottom of her feet.

Ms. McConico reported experiencing residual pain in the cervical region. Occasionally, she will experience a headache, generally located in the left frontal region. There are episodic bouts of dizziness. Ms. McConico denied history for seizures.

SCANNED

Path
received via
03/31/11
03/30/2021

With regard to cognitive functioning, Ms. McConico complained of attention/concentration difficulties as well as an easy distractibility. Thinking was described as being slow (bradyphrenia). There was also complaint of executive difficulties including problems effectively expressing her ideation. There is complaint of memory problems.

With regard to psychological functioning, Ms. McConico reported experiencing episodic bouts of depression. There is an easy fatigability resulting in excessive sleep. There was report of an ease in which she can become irritable and angry. There was no report of hallucinatory activity or evidence of psychotic symptomatology.

Ms. McConico remains active in church. She denied having any significant problems getting along with family or friends. Review failed to reveal any history for head injury. Other than repair of aneurysm and need for rehabilitation, there has been no involvement in surgical procedures.

Ms. McConico has not been involved in psychiatric treatment for emotional problems. She does not use alcohol or illicit drugs. There has been no history for formal substance abuse treatment. She does not use tobacco products.

Procedures: Ms. McConico was administered a battery of tests designed from the Pittsburgh Occupational Experiences Test Battery. Tests administered included the Stroop Test, Controlled Oral Word Association Test, Trail Making Test, Wechsler Memory Scale-III (abbreviated form), Digit Span, Symbol Search, and Coding Tests from the Wechsler Adult Intelligence Scale-IV, Block Design, and Similarities Tests from the Wechsler Abbreviated Scale of Intelligence, Test of Memory Malingering, and the Beta-III.

Examination Results: Most test scores in this report are expressed in statistical terms including *Standard Scores (SS), T-Scores, Scaled Scores, Percentile Rankings (Pile), and Composite/Index Scores*. The following is a general guide to assist in interpretation:

<u>Standard Score</u>	<u>T-Scores</u>	<u>Composite/Index Score</u>	<u>Scaled Score</u>	<u>%ile</u>	<u>Descriptor</u>
130+	70+	130+	18+	98+	Very Superior
120-129	63-69	120-129	16-17	90-97	Superior
110-119	57-62	110-119	13-15	75-89	High Average
90-109	44-56	90-109	8-12	25-74	Average
80-89	37-43	80-89	7	10-24	Low Average
70-79	31-36	70-79	3-6	3-9	Borderline
<70	<31	<70	<3	<3	Deficient

Ms. McConico presented appropriately attired with good personal hygiene. She was observed to ambulate with the assistance of a cane. Affect was euthymic and sensorium was clear. Ms. McConico engaged well though has obvious neurocognitive impairments. She was assessed as providing good testing effort and this was confirmed via her performance on a symptom validity test (Test of Memory Malingering). The obtained test results appear to be a reasonable assessment of Ms. McConico's current functioning.

Language Functions: Ms. McConico's speech was prosodic, of slow rate but normal tone, without disruptive dysarthria or paraphasic errors. Ms. McConico did not demonstrate disruptive aphasic or agnostic symptoms. She was generally responsive to the examiner's inquiries without tangentiality or derailment. She did appear to have an ease in which she would lose her train of thought. Ms. McConico's performance on an executive functioning test involving phonemic verbal fluency was in the moderate impairment range (T=29) for an individual of her age and limited years of education. There was no evidence of receptive language dysfunction.

Attention/Speed of Processing/Memory: Ms. McConico was assessed as oriented, alert, and able to register information. On the Stroop Test, Ms. McConico's performance revealed slow/impaired processing speed for word (T=16) and color (T=15) stimuli. She remained slow but without added distraction on the Stroop divided attention test (T=32). Ms. McConico's performance on a working memory test involving digit span was below average. Ms. McConico performed below average on the digit span forward test (16th percentile) and was less efficient on the digit span backward test (5th percentile).

Ms. McConico was administered the processing speed cluster of the Wechsler Adult Intelligence Scale-IV. Ms. McConico was deficient in her performance on the processing speed cluster, attaining a composite score of 63 placing her at the 1st percentile. Ms. McConico was deficient in her performance on the symbol search test (0.1 percentile) and coding test (5th percentile), which demands rapid psychomotor coding of symbolic stimuli.

Ms. McConico was administered the abbreviated form of the Wechsler Memory Scale-III (WMS-III) to assess anterograde memory. Ms. McConico was deficient in her performance on a WMS-III test assessing immediate learning and recall of orally presented narrative passages (1st percentile). She demonstrated a low average ability to retain and recall previously learned narrative passages after a period of delay (percent retention =63/25th percentile). Ms. McConico's performance on a visual memory test involving free recall of family pictorial stimuli placed her at the 9th percentile. She had considerable difficulties retaining and recalling previously learned family pictorial stimuli after a period of delay (percent retention =32/1st percentile).

Executive/Higher Reasoning and Problem Solving Abilities: Ms. McConico was slow and had difficulties inhibiting and sequencing fine motor movements on go-no go types of tasks. On Trail Making Test-Part A, a visuospatial sequencing test involving the serial processing of numbers, Ms. McConico's performance was in the mild to moderately impaired range (T=32) for an individual of her age and educational level. When the task became more demanding, involving alternations between numbers and letters in sequential fashion, Ms. McConico was not able to meet the set shifting skill demands of the test and the test was discontinued to avoid excessive frustration.

Ms. McConico was administered verbal and nonverbal tests from the Wechsler Abbreviated Scale of Intelligence (WASI). Ms. McConico performed significantly below average on WASI verbal tests assessing her vocabulary skills (T=20) as well as her ability to find a common construct between disparate items (T=33). Ms. McConico also performed below average on a WASI nonverbal test demanding analysis and construction of spatial relations (T=34).

Ms. McConico was administered the Beta-III which assesses various facets of nonverbal intelligence including visual information processing, processing speed, spatial and nonverbal reasoning, and aspects of fluid intelligence. The Beta-III consists of five tests: Coding, Picture Completion, Clerical Checking, Picture Absurdities, and Matrix Reasoning. Below are the raw scores, scale scores, and percentiles for each of the Beta tests as well as the Beta I.Q. and percentile.

Test	Raw Score	Scale Score	Percentile
Coding	31	06	09
Picture Completion	05	06	09
Clerical Checking	24	07	16
Picture Absurdities	06	05	05
Matrix Reasoning	06	07	16
Beta I.Q.	76		
Percentile	05		

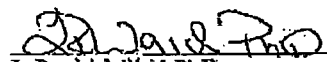
Emotional/Behavioral Functioning: Mrs. McConico has experienced significant compromise in her functioning due to an aneurysm and stroke sustained in 1990. Since that time, she has continued to attempt to manage her volatile diabetes and hypertension via use of extensive medications. Mrs. McConico reported that she continues to experience problems with sadness/depression. Mrs. McConico responded on the Beck Depression Inventory-II and the obtained score (24) was consistent with moderately severe depressive symptomatology. Obviously, it also reflects compromises associated with her health difficulties.

Summary/Impairments: Mrs. Mary McConico is a 60-year-old, African American female, who experienced significant exposure to lead as the result of performing her job capacities at the Esso Plant over a 25-year period. Review revealed that blood lead concentrations were persistently elevated to levels known to be associated with significant health problems. Indeed, Mrs. McConico left employment capacities at Esso in 1999 due to an aneurysm and stroke that she stated occurred in the left frontal region. At that time, she was diagnosed with diabetes and hypertension that have continued to be treatable with need for use of an extensive regimen of medications.

The current evaluation revealed Mrs. McConico to be significantly compromised in her neurocognitive functioning. Evaluation revealed compromised capacities for the sustained ability to attention/concentration with slow mental/psychomotor processing speed, executive dysfunction, as well as compromise in learning/memory capacities. It appears evident that Mrs. McConico is experiencing serious neurocognitive impairments associated with a history of being exposed to lead and other toxins in the workplace as well as the sequelae of a vascular accident (aneurysm and continuing volatility with regard to diabetes and hypertension). Certainly, there is concern regarding Mrs. McConico experiencing a progressive decline in neurocognitive functioning with advancing age.

Utilizing the AMA Guides to the Evaluation of Permanent Impairment-5th Edition, Mrs. McConico would be assessed as experiencing seriously compromising neurocognitive impairments. Indeed, these appear to be reflective of a class-II to class-III impairment level with resulting estimated 30% impairment of the whole person due to residual neurocognitive impairments. Neurocognitive impairments are due to multiple etiologies including the residuals of an aneurysm/cerebral vascular accident as well as exposure to lead and other toxins during the course of a 25 year history of being employed at the Esso Plant.

I express these views and opinions to a reasonable degree of neuropsychological certainty. I reserve the right to reverse this report if more information becomes available or if there is pursuit of a more comprehensive neuropsychological evaluation. Please feel free to contact me if you are in need of any further information with regard to the evaluation conducted on Mrs. McConico.


L. Randolph Ward, Ph.D.
Licensed Clinical Psychologist
Clinical Associate Professor in Psychiatry/Neurology, MUSC

LRW/cmf

B

Rimel, Tierney N.

From: Susan Christiano [schristiano@steinberglawfirm.com]
Sent: Monday, March 21, 2011 5:17 PM
To: Dunbar, Vernon F.
Cc: David T. Pearlman; Malcolm M. Crosland; Rimel, Tierney N.
Subject: 03180.00211 Mary C. McConico vs. Yuasa-Exide, Inc.: Dr. Waid Expert Evaluation Reports (EXIDE Round 2)

Attachments: 20110321165622760.pdf



2011032116562276
0.pdf (3 MB)

Mr. Dunbar:

Attached please find the reports from Dr. Waid on the following Round 2 Claimants:

- 1) David Bugker
- 2) John Carter
- 3) Allen Clemmons
- 4) Joe Nathan Conyers
- 5) Roger Conyers
- 6) Centry Gamble
- 7) James Hampton
- 8) Julius Hannibal
- 9) Mary McConico
- 10) Joseph Sherman
- 11) Johnnie Lee Taylor
- 12) Ronnie Welch

Sincerely,
Susan Christiano
Paralegal to David T. Pearlman and Malcolm M. Crosland The Steinberg Law Firm
61 Broad Street
Charleston, SC 29401
Ph 843-720-2800
Fx 843-722-1190

CONFIDENTIALITY NOTICE

This electronic mail transmission and any accompanying documents contain information belonging to the sender which may be confidential and legally privileged. This information is intended only for the use of the individual or entity to whom it is addressed. If you are not the intended recipient, any disclosure, copying, distribution, or action taken in reliance on the contents of the information contained in this transmission is strictly prohibited. If you received this transmission in error, please notify the sender at (843) 720-2800 and delete the message and its contents. Thank you.

SECOND INJURY FUND MEDICAL QUESTIONNAIRE

Re: Claimant: Mary McConico
Employer: Yuasa-Exide, Inc.
WCC File No.: 9930459
Date of Accident: July 31, 1999

1. Did Mary McConico have preexisting conditions of heavy metal poisoning, bronchitis, stroke, degenerative joint disease, coronary artery disease, cerebral aneurysm, osteoarthritis and hypertension?

☒ Yes ☐ No

Please comment if necessary:

2. Were the preexisting conditions as stated above serious conditions which would constitute a hindrance or obstacle to employment or reemployment?

☒ Yes ☐ No

Please comment if necessary:

3. Did Mary McConico's exposure to levels of lead either aggravate or combine with her underlying preexisting conditions and render her permanently disabled?

☒ Yes ☐ No

Please comment if necessary:

4. Because Mary McConico had the aforesaid preexisting conditions, did these conditions cause her to lose substantially more time from work or to be disabled from work than she would have solely from the last exposure to lead on July 31, 1999.

☒ Yes ☐ No

Please comment if necessary:

5. Because Mary McConico suffered from preexisting diseases, maladies and conditions as set forth above, did these conditions result in her having a substantially higher percentage of permanent disability than she would have had from the last known exposure to lead? The last exposure to lead occurred on July 31, 1999?

☒ Yes ☐ No

Please comment if necessary:

6. Have the medical costs in this case been substantially increased due to the existence of the preexisting factors/conditions as set forth above and in the medical records of Mary McConico?

☒ Yes ☐ No

Please comment if necessary:

7. Does your review of Mary McConico's blood lead level reports, medical files and other medical reports reflect she had suffered with heavy metal poisoning prior to July 31, 1999?

☒ Yes ☐ No

Please comment if necessary:

8. Because Mary McConico had suffered with heavy metal poisoning prior to July 31, 1999, did her last exposure to lead on or about July 31, 1999 constitute a new accidental injury by virtue of this last exposure and aggravate the preexisting conditions as set forth above?

☒ Yes ☐ No

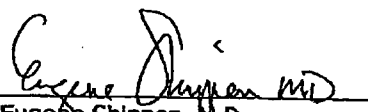
Please comment if necessary:

9. Did Mary McConico's July 31, 1999 work related accident which exposed her to lead result in disability that was substantially greater by reason of the combined effects of the preexisting conditions and heavy metal poisoning or by aggravation of the preexisting conditions including heavy metal poisoning than would have resulted solely from the July 31, 1999 accidental injury?

☒ Yes ☐ No

Please comment if necessary:

By:


Eugene Shippen, M.D.

Lead Toxicology Consultant
1124 Old Mill Road
Wyomissing, PA 19610

May 31, 2011

SECOND INJURY FUND MEDICAL QUESTIONNAIRE

Re: Claimant: Mary McConico
Employer: Yuasa-Exide, Inc.
WCC File No.: 9930459
Date of Accident: July 31, 1999

1. Did Mary McConico have preexisting conditions of heavy metal poisoning, bronchitis, stroke, degenerative joint disease, coronary artery disease, cerebral aneurysm, osteoarthritis and hypertension?

X Yes _____ No

Please comment if necessary:

2. Were the preexisting conditions as stated above serious conditions which would constitute a hindrance or obstacle to employment or reemployment?

X Yes _____ No

Please comment if necessary:

3. Did Mary McConico's exposure to levels of lead either aggravate or combine with her underlying preexisting conditions and render her permanently disabled?

X Yes, _____ No

Please comment if necessary:

Her preexisting conditions, including hypertension and stroke, were aggravated by her lead exposure rendering her permanently disabled.

4. Because Mary McConico had the aforesaid preexisting conditions, did these conditions cause her to lose substantially more time from work or to be disabled from work than she would have solely from the last exposure to lead on July 31, 1999.

X Yes _____ No

Please comment if necessary:

5. Because Mary McConico suffered from preexisting diseases, maladies and conditions as set forth above, did these conditions result in her having a substantially higher percentage of permanent disability than she would have had from the last known exposure to lead ? The last exposure to lead occurred on July 31, 1999?

X Yes _____ No

Please comment if necessary:

6. Have the medical costs in this case been substantially increased due to the existence of the preexisting factors/conditions as set forth above and in the medical records of Mary McConico?

X Yes _____ No

Please comment if necessary:

7. Does your review of Mary McConico's blood lead level reports, medical files and other medical reports reflect she had suffered with heavy metal poisoning prior to July 31, 1999?

X Yes _____ No

Please comment if necessary:

8. Because Mary McConico had suffered with heavy metal poisoning prior to July 31, 1999, did her last exposure to lead on or about July 31, 1999 constitute a new accidental injury by virtue of this last exposure and aggravate the preexisting conditions as set forth above?

X Yes _____ No

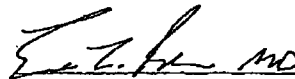
Please comment if necessary:

9. Did Mary McConico's July 31, 1999 work related accident which exposed her to lead result in disability that was substantially greater by reason of the combined effects of the preexisting conditions and heavy metal poisoning or by aggravation of the preexisting conditions including heavy metal poisoning than would have resulted solely from the July 31, 1999 accidental injury?

X Yes _____ No

Please comment if necessary:

By:



Edward L. Baker, Jr., MD, MPH, MSc

June 26, 2011

EMPLOYEE PERSONAL CONSULTATION

NAME: Mary M. Loria DEPT. 44 SUPV. Ruppert LAST BLD PB 44
 SS NO. [REDACTED] JOB CLASS Pb-Wrap ^{K751} LAST AIR PB 11.5 Aug
 CLOCK NO. 1944 SHIFT 1st ^{K755} OTHER _____

I. PERSONAL HYGIENE

- A. Daily Shower ☒ YES ☐ NO
 B. Wash-up:
 Face ☒ YES ☐ NO
 Forearms ☒ YES ☐ NO
 Hands ☒ YES ☐ NO
 C. Fingernails
 Trimmed ☒ YES ☐ NO *could trim a little more*
 Scrubbed YES ☐ NO
 D. Shampoo Daily YES ☒ NO *Wear head cover*
 E. Work Clothing
 Vacuumed ☒ YES ☐ NO
 Shoes/Boots YES ☐ NO *Sometime*
 F. Other Protective Apparel ☒ YES ☐ NO
 G. Personal Articles in Plant YES ☒ NO

II. PERSONAL LIFE STYLE/HABITS

- A. Second Job YES ☒ NO
 B. Nail Biter Sometime YES ☐ NO
 C. Hobbies YES ☒ NO
 D. Alcohol Consumption YES ☒ NO
 E. Smoke Cigarettes 1 pack ☒ YES ☐ NO
 F. Use Tobacco YES ☒ NO
 G. Chew Gum Sometime YES ☐ NO
 H. Eat a Meal
 Before and/or During Work YES ☒ NO
 Cannot eat before 7:00

Mud-Pb On Hands and fingers
when tested with Delfite Spray
Encouraged to wash hands and arms with
green and pink soap and use scrub brush.

III. WORK HABITS**A. Ventilation Checks**

Start ☒ YES NO
 Breaks ☒ YES NO
 Lunch ☒ YES NO

B. Material Handling

Generation of Pb Dust YES ☒ NO

C. Organization ☒ YES NO

V. OVERTIME

A. Approx. Weekly (hr.) 8
 B. Approx. Monthly (hr.) _____
 C. Job Classification Same ☒ YES NO

VII. RESPIRATOR WEAR

Type Surviva-In
 Quad F.T. (Date) 4-19-94

Facial Hair YES ☒ NO
 Shave, Daily YES ☒ NO
 Folliculitis YES NO

IV. HOUSEKEEPING PROGRAM

A. Dry Sweep YES ☒ NO
 B. Vacuum YES ☒ NO
 C. Wet Clean *Sometime* YES ☒ NO
 USE mop

VI. OTHER JOB ASSIGNMENTS

Daily _____
 Weekly _____
 Monthly _____
Pre-wraps Plaster ON
non ventilated Table
Has boot container, plaster and screen over
down draft vent; suggested she clear table
Rec Pb dust and
chips all over pallets,
floor and work station
Handle wax paper
free of Pb dust; chips

VII. PROTECTIVE APPAREL

A. Disposable Coveralls YES ☒ NO
 B. Apron YES ☒ NO
 C. Sleevelets YES ☒ NO
 D. Gloves YES ☒ NO
 Type Leather

Wears an apron
work clothes; shoes covered in
lead dust

Check Resp. Condition
and Maint. Daily

☒ YES NO

Frequent Daily Seal Test

☒ YES NO

IX. COMPREHENSION

of Pb Standard

☒ YES NO

X. COMPREHENSION

of Yuasa Exide Policy

☒ YES NO

***VIOLATION OF POLICY WILL RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION.**

EMPLOYEE SIGNATURE

Mary McConico 4-19-94

"More ventilation over table she's working on" per Mary
"More air conditioning so that resp. can be
work more comfortably" per Mary

John Sullivan

DOWNDRAFT BLOCKED OFF W/ MATRONS

5/13

NS Sullivan
27 May '94

INCO EE MEDICAL MANUAL

INITIAL OCCUPATIONAL HISTORY

NAME Mary Camilla McLoonie DATE 5-21-81
 ADDRESS [REDACTED] PHONE [REDACTED]
 CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]
 SENIORITY 1 yd DATE OF BIRTH [REDACTED]
 PRESENT JOB TITLE Mach. Op. TIME WORKED AT PRESENT JOB 5 yd

J O B S : LIST MOST RECENT FIRST.

TYPE OF WORK OR JOB TITLE	DURATION YEARS									
		LEAD	ARSENIC	MERCURY	CADMIUM	MANGANESE	ASBESTOS	SULFURIC ACIDIC	X-RAY	OTHER - IDENTIFY BELOW
(Present job)		✓			✓					

Occupational exposures not listed above.

- 1.
- 2.
- 3.

Have you ever been unable to get or hold a job because of:

1. sensitivity or allergy
2. inability to perform certain motions
3. inability to lift heavy weights
4. inability to assume certain positions
5. other reasons

Have you ever used a brace? no

Have you ever had an illness caused by your work? no Explain: _____

Have you received workmen's compensation for illness or injury? _____

Explain: _____

Are you required to wear a respirator at work? no. Explain: _____

Occupational Health History Questionnaire

IDENTIFICATION DATA Fill in the following information. PLEASE PRINT.

Name McConico Mary C.
Last First Initial
 Social Security No. [REDACTED] Employee No. 1944
 Home address [REDACTED]
[REDACTED]
 Home telephone [REDACTED]
(area code)

Date 5-21-81 Plant
No. Day Year Location
 Date of birth [REDACTED] [REDACTED] [REDACTED] Sex (circle) M (E)
No. Day Year
 Married [REDACTED] Separated [REDACTED] Divorced [REDACTED] Widowed [REDACTED] Single
 Education: ✓ years Elementary ✓ years High School
 years College, Technical, Business, etc.
 Job title Mach. O.P.

FAMILY HISTORY: Follow the lines across the page and mark an X in those boxes which indicate the present state of health (good, poor), or the death (Indicate the cause) of your mother and father and any illnesses they or your blood relatives (grand-parents, brothers, sisters, children) have ever had.

FAMILY HISTORY: Follow the lines across the page and mark an X in those boxes which indicate the present state of health (good, poor), or the death (Indicate the cause) of your mother and father and any illnesses they or your blood relatives (grandparents, brothers, sisters, children) have ever had.																					
	Health			Cause of death			Aneurysm or atherosclerosis	Bleeding tendencies	Apendix	Cancer or tumor	Diabetes	Epilepsy	Glaucoma	Hearing trouble	Heart trouble	High blood pressure	Kidney or bladder trouble	Lung disease	Nervous breakdown	Rheumatism or arthritis	Stomach/duodenal ulcer
	Good	Poor	Dead	Age at death	Cancer	Lung Disease															
Father	X																				
Mother			X	72								X									
Blood relatives (mark an X for illnesses only)																					

YOUR HEALTH HISTORY: Mark an X in the box next to any of the following illnesses you now or ever have had.

☐ Anemia	☐ Emphysema	☐ Hemorrhoids	☐ Malaria	☐ Polio
☐ Asthma	☐ Epilepsy	☐ Hernia	☒ Measles	☐ Rheumatic fever
☐ Bleeding tendencies	☐ Eye problems	☒ High blood pressure	☐ Mononucleosis	☐ Rheumatism/arthritis
☐ Bronchitis	☐ Glaucoma	☐ Hives or rashes	☒ Mumps	☐ Skin disease
☐ Cancer or tumor	☐ Hay fever or allergies	☒ Kidney/bladder trouble	☐ Neuritis/neuritis	☐ Venereal disease
☐ Diabetes	☐ Hearing trouble	☐ Liver disease/hepatitis	☐ Nervous breakdown	☐ Yellow jaundice
☐ Diphtheria/tetanus	☐ Heart trouble	☐ Lung disease	☐ Pneumonia	☐ Other _____

Have you ever been turned down for life insurance, military service, or employment because of health problems? (circle) _____ Yes ☒ No ☐

Have you ever received a blood transfusion? (circle) _____ Yes ☒ No ☐

Major Hospitalizations: If you have ever been hospitalized for any serious medical illness or operation, write in your most recent hospitalizations below. Check this box ☐ if you have had more than three such hospitalizations.

(Do not include

normal pregnancies)	Year	Reason for Hospitalization	Name of Hospital	City and State
1st hospitalization	1977	PREGNANCY	Tomey	Sumter S.C.
2nd hospitalization	19			
3rd hospitalization	19			

Tests: Mark an X next to those which you have had.
Enter the year when you last were given the test.

Mark an X after those tests which you know had abnormal results.

Year	Abnormal
19 <u>80</u> chest X-ray	☐
19 _____ kidney X-ray	☐
19 _____ GI series	☐
19 _____ colon X-ray	☐
19 _____ gallbladder X-ray	☐
19 <u>80</u> electrocardiogram	☐
19 _____ electrocardiogram with exercise	☐
19 <u>80</u> breathing test	☐
19 <u>80</u> breathing test	☐
19 _____ biopsy	☐
19 <u>80</u> hearing test	☐
19 _____ other	☐

Medicines: Mark an X in the box next to any medicines that you are now taking or that you are allergic to.

taking	allergic to?	taking	allergic to?
☐	☐ aspirin	☐	☐ high blood pressure medicine
☐	☐ penicillin	☐	☐ Dilantin/anticonvulsants
☐	☐ sulfa	☐	☐ birth control pills
☐	☐ codeine	☐	☐ diuretics/water pills
☐	☐ antibiotics	☐	☐ blood thinners (anticoagulants)
☐	☐ sedatives	☐	☐ cortisone-type drugs
☐	☐ stimulants	☐	☐ insulin/diabetic pills
☐	☐ Demerol	☐	_____
☐	☐ laxatives	☐	_____
☐	☐ cold tablets	☐	_____
☐	☐ diet pills	☐	_____
☐	☐ heart medicines	☐	_____

Name McLonic May C.
Last First Initial
Date 5 1 31 19 81
Month Day Year
Soc. Sec. #
Employee No. 19422

Special Problem

HEAD AND NECK
_____ frequent headaches
_____ neck pains
_____ neck lumps or swelling

EYES
_____ wears glasses
_____ eyesight worsening
_____ sees double
_____ sees halo

EARS
_____ others notice hearing problem
_____ has hearing problem

_____ decreased hearing after trauma
_____ earaches
_____ ringing ears
_____ buzzing in ears
_____ motion sickness

MOUTH
_____ swellings on gums or jaws
_____ sore tongue
_____ taste changes

NOSE and THROAT
_____ congested nose
_____ running nose
_____ sneezing spells
_____ sore throat
_____ hoarse voice
_____ skin/neck X-ray

RESPIRATORY
_____ wheezes or gasps
_____ shortness of breath
_____ coughing spells
_____ coughs up phlegm
_____ coughed up blood
_____ chest colds
_____ excessive sweating, night sweats

CARDIOVASCULAR
_____ high blood pressure W - 140/90
_____ racing heart
_____ chest pains - none
_____ dizzy spells
_____ shortness of breath at night
_____ more pillows to breathe
_____ swollen feet or ankles
_____ leg cramps
_____ heart murmur
_____ inflamed veins or blood clots in legs

NEUROLOGICAL
_____ slurred or less speech
_____ temp. loss of sight

_____ numbness one side of body xx polygraph
_____ weakness one side of body
_____ faintness X
_____ numbness
_____ convulsions
_____ trembles newswoman

DIGESTIVE
_____ heartburn
_____ bloated stomach
_____ belching
_____ stomach pains
_____ nausea
_____ vomited blood
_____ difficulty swallowing
_____ change in bowel habits
_____ black stools
_____ rectal surgery
_____ rectal bleeding

URINARY
_____ night frequency
_____ day frequency
_____ poor bladder control
_____ burning on urination X
_____ brown, black, or bloody urine
_____ difficulty starting urine
_____ urgency

MALE GENITAL
_____ weak urine stream
_____ prostate trouble
_____ burning or discharge
_____ lumps on testicles

FEMALE GENITAL
_____ menstrual trouble X
_____ breakthrough bleeding
_____ heavy bleeding
_____ bleeding after intercourse
_____ premenstrual tension X
_____ hot flashes X
_____ birth control pill X
_____ lumps in breasts
_____ vaginal discharge

PAP smear 11 39
last period 5 15

PREGNANCIES
_____ gravida 2
_____ miscarriages 0
_____ stillbirths 0
_____ premature births 1
_____ peris 3
_____ cesareans 1
_____ abortion

MUSCULOSKELETAL

X _____ aching muscles or joints occ.
_____ swollen joints
_____ back or shoulder pains
_____ back problem
_____ painful feet
_____ handicapped

SKIN
_____ skin problems
_____ blisters easily
_____ bruises easily

MOOD

_____ nervous with strangers
_____ difficulty in making decisions
_____ lack of concentration or memory
_____ lonely or depressed
_____ hopeless outlook
X _____ difficulty relaxing
_____ worries a lot
_____ frightening dreams or thoughts
_____ shy or sensitive
X _____ loses temper
_____ work or family problems
X _____ sexual difficulties
_____ considered suicide
_____ desired psychiatric help

GENERAL

_____ weight gain
_____ weight loss
_____ special diet
X _____ hands to be hot or cold
_____ always hungry
_____ more thirsty lately
_____ sugar in system
_____ loss of interest in eating
X _____ fatigue
_____ sleeping difficulties
_____ amputations or groin swelling
X _____ lack of exercise
X _____ smokes cigarettes
X _____ no. packs cig./day
X _____ no. of years smokes cig.
_____ used to smoke cig.
_____ no. packs cig./day
_____ no. years smoked cig.
_____ 19 _____ year stopped cig.
_____ smokes cigars/pipe a day
_____ no. cigars/pipe a day
_____ no. yrs. smokes cigars/pipe
_____ used to smoke cigars/pipe
_____ no. cigars/pipe a day
_____ no. years smoked cigars/pipe
_____ 19 _____ year stopped cigars/pipes
_____ 2 alcoholic drinks daily
_____ 4 alcoholic drinks daily
_____ heavy coffee or tea drinker
_____ marijuana
X _____ heroin, LSD, similar drugs
X _____ doesn't use safety belts
_____ visited in last 6 months

McLonic
Signature

1. <u>GENERAL</u> Pallor Cyanosis Jaundice Skin Rash	YES NO YES NO	2. <u>HEAD</u> Head Eyes Ears Nose Throat Mouth Lips Tongue Palate Pharynx Larynx Trachea Bronchi Lungs Heart Aorta Ventricles Septum Diaphragm Stomach Intestines Liver Spleen Pancreas Gallbladder Bladder Uterus Vagina Penis Prostate Testes Epididymis Vas Deferens Seminal Vesicle Utricle Gland Penis Prostate Testes Epididymis Vas Deferens Seminal Vesicle Utricle Gland	YES NO YES NO	3. <u>NECK</u> Cervical Thoracic Abdominal Pelvic Genital Rectal Sigmoid Colon Small Intestine Stomach Liver Spleen Pancreas Gallbladder Bladder Uterus Vagina Penis Prostate Testes Epididymis Vas Deferens Seminal Vesicle Utricle Gland	YES NO YES NO
4. <u>EYES</u> Pupils - Regular Equal React to Light React to Acc Sclera Iris Conjunctiva Cornea Lacrimal Gland Eyelids Eyebrows Eyelashes Nose Mouth Throat Lips Tongue Palate Pharynx Larynx Trachea Bronchi Lungs Heart Aorta Ventricles Septum Diaphragm Stomach Intestines Liver Spleen Pancreas Gallbladder Bladder Uterus Vagina Penis Prostate Testes Epididymis Vas Deferens Seminal Vesicle Utricle Gland	YES NO YES NO	5. <u>THYROID</u> Thyroid Parathyroid Thymus Lymph Nodes Spleen Liver Spleen Pancreas Gallbladder Bladder Uterus Vagina Penis Prostate Testes Epididymis Vas Deferens Seminal Vesicle Utricle Gland	YES NO YES NO	6. <u>THYROID</u> Thyroid Parathyroid Thymus Lymph Nodes Spleen Liver Spleen Pancreas Gallbladder Bladder Uterus Vagina Penis Prostate Testes Epididymis Vas Deferens Seminal Vesicle Utricle Gland	YES NO YES NO
7. <u>THYROID</u> Thyroid Parathyroid Thymus Lymph Nodes Spleen Liver Spleen Pancreas Gallbladder Bladder Uterus Vagina Penis Prostate Testes Epididymis Vas Deferens Seminal Vesicle Utricle Gland	YES NO YES NO	8. <u>THYROID</u> Thyroid Parathyroid Thymus Lymph Nodes Spleen Liver Spleen Pancreas Gallbladder Bladder Uterus Vagina Penis Prostate Testes Epididymis Vas Deferens Seminal Vesicle Utricle Gland	YES NO YES NO	9. <u>THYROID</u> Thyroid Parathyroid Thymus Lymph Nodes Spleen Liver Spleen Pancreas Gallbladder Bladder Uterus Vagina Penis Prostate Testes Epididymis Vas Deferens Seminal Vesicle Utricle Gland	YES NO YES NO
10. <u>THYROID</u> Thyroid Parathyroid Thymus Lymph Nodes Spleen Liver Spleen Pancreas Gallbladder Bladder Uterus Vagina Penis Prostate Testes Epididymis Vas Deferens Seminal Vesicle Utricle Gland	YES NO YES NO	11. <u>THYROID</u> Thyroid Parathyroid Thymus Lymph Nodes Spleen Liver Spleen Pancreas Gallbladder Bladder Uterus Vagina Penis Prostate Testes Epididymis Vas Deferens Seminal Vesicle Utricle Gland	YES NO YES NO	12. <u>THYROID</u> Thyroid Parathyroid Thymus Lymph Nodes Spleen Liver Spleen Pancreas Gallbladder Bladder Uterus Vagina Penis Prostate Testes Epididymis Vas Deferens Seminal Vesicle Utricle Gland	YES NO YES NO
13. <u>THYROID</u> Thyroid Parathyroid Thymus Lymph Nodes Spleen Liver Spleen Pancreas Gallbladder Bladder Uterus Vagina Penis Prostate Testes Epididymis Vas Deferens Seminal Vesicle Utricle Gland	YES NO YES NO	14. <u>THYROID</u> Thyroid Parathyroid Thymus Lymph Nodes Spleen Liver Spleen Pancreas Gallbladder Bladder Uterus Vagina Penis Prostate Testes Epididymis Vas Deferens Seminal Vesicle Utricle Gland	YES NO YES NO	15. <u>THYROID</u> Thyroid Parathyroid Thymus Lymph Nodes Spleen Liver Spleen Pancreas Gallbladder Bladder Uterus Vagina Penis Prostate Testes Epididymis Vas Deferens Seminal Vesicle Utricle Gland	YES NO YES NO
16. <u>THYROID</u> Thyroid Parathyroid Thymus Lymph Nodes Spleen Liver Spleen Pancreas Gallbladder Bladder Uterus Vagina Penis Prostate Testes Epididymis Vas Deferens Seminal Vesicle Utricle Gland	YES NO YES NO	17. <u>THYROID</u> Thyroid Parathyroid Thymus Lymph Nodes Spleen Liver Spleen Pancreas Gallbladder Bladder Uterus Vagina Penis Prostate Testes Epididymis Vas Deferens Seminal Vesicle Utricle Gland	YES NO YES NO	18. <u>THYROID</u> Thyroid Parathyroid Thymus Lymph Nodes Spleen Liver Spleen Pancreas Gallbladder Bladder Uterus Vagina Penis Prostate Testes Epididymis Vas Deferens Seminal Vesicle Utricle Gland	YES NO YES NO
19. <u>THYROID</u> Thyroid Parathyroid Thymus Lymph Nodes Spleen Liver Spleen Pancreas Gallbladder Bladder Uterus Vagina Penis Prostate Testes Epididymis Vas Deferens Seminal Vesicle Utricle Gland	YES NO YES NO	20. <u>THYROID</u> Thyroid Parathyroid Thymus Lymph Nodes Spleen Liver Spleen Pancreas Gallbladder Bladder Uterus Vagina Penis Prostate Testes Epididymis Vas Deferens Seminal Vesicle Utricle Gland	YES NO YES NO	21. <u>THYROID</u> Thyroid Parathyroid Thymus Lymph Nodes Spleen Liver Spleen Pancreas Gallbladder Bladder Uterus Vagina Penis Prostate Testes Epididymis Vas Deferens Seminal Vesicle Utricle Gland	YES NO YES NO
22. <u>THYROID</u> Thyroid Parathyroid Thymus Lymph Nodes Spleen Liver Spleen Pancreas Gallbladder Bladder Uterus Vagina Penis Prostate Testes Epididymis Vas Deferens Seminal Vesicle Utricle Gland	YES NO YES NO	23. <u>THYROID</u> Thyroid Parathyroid Thymus Lymph Nodes Spleen Liver Spleen Pancreas Gallbladder Bladder Uterus Vagina Penis Prostate Testes Epididymis Vas Deferens Seminal Vesicle Utricle Gland	YES NO YES NO	24. <u>THYROID</u> Thyroid Parathyroid Thymus Lymph Nodes Spleen Liver Spleen Pancreas Gallbladder Bladder Uterus Vagina Penis Prostate Testes Epididymis Vas Deferens Seminal Vesicle Utricle Gland	YES NO YES NO
25. <u>THYROID</u> Thyroid Parathyroid Thymus Lymph Nodes Spleen Liver Spleen Pancreas Gallbladder Bladder Uterus Vagina Penis Prostate Testes Epididymis Vas Deferens Seminal Vesicle Utricle Gland	YES NO YES NO	26. <u>THYROID</u> Thyroid Parathyroid Thymus Lymph Nodes Spleen Liver Spleen Pancreas Gallbladder Bladder Uterus Vagina Penis Prostate Testes Epididymis Vas Deferens Seminal Vesicle Utricle Gland	YES NO YES NO	27. <u>THYROID</u> Thyroid Parathyroid Thymus Lymph Nodes Spleen Liver Spleen Pancreas Gallbladder Bladder Uterus Vagina Penis Prostate Testes Epididymis Vas Deferens Seminal Vesicle Utricle Gland	YES NO YES NO
28. <u>THYROID</u> Thyroid Parathyroid Thymus Lymph Nodes Spleen Liver Spleen Pancreas Gallbladder Bladder Uterus Vagina Penis Prostate Testes Epididymis Vas Deferens Seminal Vesicle Utricle Gland	YES NO YES NO	29. <u>THYROID</u> Thyroid Parathyroid Thymus Lymph Nodes Spleen Liver Spleen Pancreas Gallbladder Bladder Uterus Vagina Penis Prostate Testes Epididymis Vas Deferens Seminal Vesicle Utricle Gland	YES NO YES NO	30. <u>THYROID</u> Thyroid Parathyroid Thymus Lymph Nodes Spleen Liver Spleen Pancreas Gallbladder Bladder Uterus Vagina Penis Prostate Testes Epididymis Vas Deferens Seminal Vesicle Utricle Gland	YES NO YES NO

LIST ALL POSITIVE FINDINGS OR ANY DIAGNOSIS INDICATED FROM ANSWERS TO THE ABOVE OR PREVIOUS PAGE.

McCormick Mary

Ht: 67.5

Wt: 142.5

Hsk:

Hct

Good Panel

And Ph

AUDIO 5/21/81

VISUAL 5/21/81

DEULT And Stom

Labst. X

Blood Large Hct

Protein 30+

ph 6

Needs 1) Pres. function studies

4) Repeat SGOT, SGPT, LDH

Chol. Skip only 8-9-81

analysis

3) 3 Day Bp check

Occupational Health History Questionnaire

IDENTIFICATION DATA Fill in the following information. PLEASE PRINT.

Name McConico May C.
 Last First Initial
 Date 10-14-82 10-14-82 Plant Location
 Mo. Day Year
 Date of birth 10-14-82 Sex (circle) M ☒ F
 Ma. Day Year
 Soc. Sec. No. Employee No. 1944
 Home address
 Home telephone (area code)
 Education: 6 years Elementary 2 years High School
 years College, Technical, Business, etc.
 Job title Helper

FAMILY HISTORY: Follow the lines across the page and mark an X in those boxes which indicate the present state of health (good, poor), or the death (indicate the cause) of your mother and father and any illnesses they or your blood relatives (grandparents, brothers, sisters, children) have ever had.

	Health	Good	Poor	Dead	Age at death	Cause of death	Other	Allergies or asthma	Bleeding tendencies	Cancer or tumor	Diabetes	Epilepsy	Glaucoma	Hearing trouble	Heart trouble	High blood pressure	Kidney or bladder trouble	Nervous breakdown	Rheumatism or arthritis	Stomach/duodenal ulcer
Father		X																		
Mother				X	22															
Blood relatives (mark an X for illnesses only)																				

YOUR HEALTH HISTORY: Mark an X in the box next to any of the following illnesses you now or ever have had.

☐ Anemia	☐ Emphysema	☐ Hemorrhoids	☐ Malaria	☐ Polio
☐ Asthma	☐ Epilepsy	☐ Hernia	☐ Measles	☐ Rheumatic fever
☐ Bleeding tendencies	☐ Eye problems	☐ High blood pressure	☐ Mononucleosis	☐ Rheumatism/arthritis
☐ Bronchitis	☐ Glaucoma	☐ Hives or rashes	☐ Mumps	☐ Skin disease
☐ Cancer or tumor	☐ Hay fever or allergies	☐ Kidney/bladder trouble	☐ Neuralgia/neuritis	☐ Venereal disease
☐ Diabetes	☐ Hearing trouble	☐ Liver disease/hepatitis	☐ Nervous breakdown	☐ Yellow jaundice
☐ Diverticulosis	☐ Heart trouble	☐ Lung disease	☐ Pneumonia	☐ Other _____

Have you ever been turned down for life insurance, military service, or employment because of health problems? (circle) No Yes No

Have you ever received a blood transfusion? (circle) No Yes No

Major Hospitalizations: If you have ever been hospitalized for any serious medical illness or operation, write in your most recent hospitalizations below. Check this box ☐ if you have had more than three such hospitalizations.

(Do not include normal pregnancies)	Year	Reason for hospitalization	Name of Hospital	City and State
1st hospitalization	19			
2nd hospitalization	19			
3rd hospitalization	19			

Tests: Mark an X next to those which you have had. Enter the year when you last were given the test.

Mark an X after those tests which you know had abnormal results.

Year	Abnormal
☐ 19 chest X-ray	☐
☐ 19 kidney X-ray	☐
☐ 19 GI series	☐
☐ 18 colon X-ray	☐
☐ 18 gallbladder X-ray	☐
☐ 18 electrocardiogram	☐
☐ 19 electrocardiogram with exercise	☐
☐ 19 TB test	☐
☒ 19 <u>81</u> breathing test	☒
☐ 19 biopsy	☐
☒ 19 <u>81</u> hearing test	☒
☐ 19 other	☐

Medicines: Mark an X in the box next to any medicines that you are now taking or that you are allergic to.

taking	allergic to	taking	allergic to
☐	☐ aspirin	☐	☐ high blood pressure medicine
☐	☐ penicillin	☐	☐ Dilantin/anticonvulsants
☐	☐ sulfa	☐	☐ birth control pills
☐	☐ codeine	☐	☐ diuretics/water pills
☐	☐ antibiotics	☐	☐ blood thinners (anticoagulants)
☐	☐ sedatives	☐	☐ cortisone-type drugs
☐	☐ stimulants	☐	☐ insulin/diabetic pills
☐	☐ Demerol	☐	
☐	☐ laxatives	☐	
☐	☐ cold tablets	☐	
☐	☐ diet pills	☐	
☐	☐ heart medicines	☐	

Name McConico Mary CL
Last First Initial
Date 1-10-82
Month Day Year
Soc. Sec. #
Employee No. 1900

Special Problem

HEAD AND NECK
frequent headaches
neck pains
neck lumps or swelling
EYES
wears glasses
eyeght worsening
eyes double
saw halo
EARS
others notice hearing problem
has hearing problem
decreased hearing after trauma
on/aches
running ears
buzzing in ears
motion sickness
MOUTH
swellings on gums or jaws
sore tongue
taste changes
NOSE and THROAT
congested nose
runny nose
sneezing spells
sore throat
hoarse voice
skin/neck X-ray
RESPIRATORY
wheezes or gasps
shortness of breath
coughing spells
coughs up phlegm
coughed up blood
chest colds
excessive sweating, night sweats
CARDIOVASCULAR
high blood pressure
racing heart
chest pains
dizzy spells
shortness of breath at night
more pillows to breathe
swollen feet or ankles
leg cramps
heart murmur
inflamed veins or blood clots in legs

NEUROLOGICAL
slurred or loss of speech
temp. loss of sight
numbness one side of body
weakness one side of body
faintness
numbness
convulsions
trembles
DIGESTIVE
heartburn
bloated stomach
belching
stomach pains
nausea
vomited blood
difficulty swallowing
change in bowel habits
black stools
rectal surgery
rectal bleeding
URINARY
night frequency
day frequency
poor bladder control
burning on urination
brown, black, or bloody urine
difficulty starting urine
urgency
MALE GENITAL
weak urine stream
prostate trouble
burning or discharge
lumps on testicles
FEMALE GENITAL
menstrual trouble
breakthrough bleeding
heavy bleeding
bleeding after intercourse
premenstrual tension
hot flashes
birth control pill
lumps in breasts
vaginal discharge
PAP smear
last period
PREGNANCIES
gravid
miscarriages
stillbirths
premature births
para
cesarean
abortion

MUSCULOSKELETAL
aching muscles or joints
swollen joints
back or shoulder pains
back problem
painful feet
handicapped
SKIN
skin problems
bleeds easily
bruises easily
MOOD
nervous with strangers
difficulty in making decisions
lack of concentration or memory
lonely or depressed
hopeless outlook
difficulty relaxing
worries a lot
frightening dreams or thoughts
shy or sensitive
loses temper
work or family problems
sexual difficulties
considered suicide
desired psychiatric help
GENERAL
weight gain
weight loss
special diet
tends to be hot or cold
always hungry
more thirsty lately
sugar in system
loss of interest in eating
fatigue
sleeping difficulties
armpits or groin swelling
lack of exercise
smokes cigarettes
no. packs cig./day
no. of years smoked cig.
used to smoke cig.
no. packs cig./day
no. years smoked cig.
19. year stopped cig.
smokes cigars/pipe a day
no. cigars/pipe a day
no. yrs. smokes cigars/pipe
used to smoke cigars/pipe
no. cigars/pipe a day
no. years smoked cigars/pipe
19. year stopped cigars/pipe
2 alcoholic drinks daily
4 alcoholic drinks daily
heavy coffee or tea drinker
marijuana
heroin, LSD, similar drugs
doesn't use safety belts
walled in last 6 months

Mary McConico
Signature

Occupational Health History Questionnaire

IDENTIFICATION DATA Fill in the following information, PLEASE PRINT:

Name McGowan Mary C. Date 7 12 84 Plant Sunder
 Last First Initial Mo. Day Year Location
 Date of birth No. Day Year Sex (circle) M ☒ F
 Soc. Sec. No. [REDACTED] Employee No. 1944 Married ☒ Separated ☒ Divorced ☒ Widowed ☒ Single
 Home address [REDACTED] Education: 7 years Elementary years High School
 years College, Technical, Business, etc.
 Home telephone [REDACTED] (area code) Job title Mach. as. Op.

FAMILY HISTORY: Follow the lines across the page and mark an X in those boxes which indicate the present state of health (good, poor), or the death (indicate the cause) of your mother and father and any illnesses they or your blood relatives (grandparents, brothers, sisters, children) have ever had.

	Health			Cause of death			Allergies or ailments									
	Good	Poor	Dead	Age at death	Cancer	Tuberculosis	Lung disease	Diabetes	Epilepsy	Glaucoma	Hearing trouble	Heart trouble	Kidney or bladder trouble	High blood pressure	Nervous breakdown	Stomach/duodenal ulcer
Father																
Mother			X				X (Lung)									

Blood relatives (mark an X for illnesses only)

YOUR HEALTH HISTORY: Mark an X in the box next to any of the following illnesses you now or ever have had.

☐ Anemia	☐ Emphysema	☐ Hemorrhoids	☐ Malaria	☐ Polio
☐ Asthma	☐ Epilepsy	☐ Hernia	☐ Measles	☐ Rheumatic fever
☐ Bleeding tendencies	☐ Eye problems	☒ High blood pressure	☐ Mononucleosis	☐ Rheumatism/arthritis
☐ Bronchitis	☐ Glaucoma	☐ Hives or rashes	☐ Mumps	☐ Skin disease
☐ Cancer or tumor	☐ Hay fever or allergies	☒ Kidney/bladder trouble	☐ Neuralgia/neuritis	☐ Venereal disease
☐ Diabetes	☐ Hearing trouble	☐ Liver disease/hepatitis	☐ Nervous breakdown	☐ Yellow jaundice
☐ Diverticulosis	☐ Heart trouble	☐ Lung disease	☐ Pneumonia	☐ Other

Have you ever been turned down for life insurance, military service, or employment because of health problems? (circle) NA Yes ☒ No ☒Have you ever received a blood transfusion? (circle) Yes ☒ No ☒

Major Hospitalizations: If you have ever been hospitalized for any serious medical illness or operation, write in your most recent hospitalizations below. Check this box ☐ if you have had more than three such hospitalizations.

(Do not include normal pregnancies)	Year	Reason for hospitalization	Name of Hospital	City and State
1st hospitalization	19 <u>79</u>	<u>Cesarean</u>	<u>Tomey</u>	<u>Sunder S.C.</u>
2nd hospitalization	19 <u> </u>			
3rd hospitalization	19 <u> </u>			

Tests: Mark an X next to those which you have had. Enter the year when you last were given the test.

Mark an X after those tests which you know had abnormal results.

Year	Test	Abnormal
19 <u>79</u>	chest X-ray	☐
19 <u> </u>	kidney X-ray	☐
19 <u> </u>	GI series	☐
19 <u> </u>	colon X-ray	☐
19 <u>79</u>	gallbladder X-ray	☐
19 <u>79</u>	electrocardiogram	☐
19 <u>79</u>	electrocardiogram with exercise	☐
19 <u>79</u>	TB test	☐
19 <u>79</u>	breathing test	☐
19 <u> </u>	biopsy	☐
19 <u>79</u>	hearing test	☐
19 <u>79</u>	other <u>Vision</u>	☐

Medicines: Mark an X in the box next to any medicines that you are now taking or that you are allergic to.

taking	allergic to	taking	allergic to
☐	aspirin	☒	high blood pressure medicine
☐	penicillin	☐	Dilantin/anticonvulsants
☐	sulfas	☐	birth control pills
☐	codeine	☐	diuretics/water pills
☐	antibiotics	☐	blood thinners (anticoagulants)
☐	sedatives	☐	cortisone-type drugs
☐	stimulants	☐	insulin/diabetic pills
☐	Demerol	☐	<u>Taking Fluid</u>
☐	laxatives	☐	<u>Pill @ Day</u>
☐	cold tablets	☐	
☐	diet pills	☐	
☐	heart medicines	☐	

Name McConico Mary C.
Last First Initial
Date 7 12 84
Month Day Year
Soc. Sec. No. 1944
Employee No. 1944

Special Problems: _____

HEAD AND NECK
_____ frequent headaches
_____ neck pains
_____ neck lumps or swelling

EYES
_____ wear glasses
_____ eyesight worsening
_____ sees double
_____ sees halo

EARS
_____ others notice hearing problem
_____ has hearing problem

_____ decreased hearing after trauma
_____ earaches
_____ running ears
_____ buzzing in ears
_____ motion sickness

MOUTH
_____ swellings on gums or jaws
_____ sore tongue
_____ taste changes

NOSE and THROAT
_____ congested nose
_____ running nose
_____ sneezing spells
_____ sore throat
_____ hoarse voice
_____ skin/neck X-ray

RESPIRATORY
_____ wheezes or gasps
_____ shortness of breath
_____ coughing spells
_____ coughs up phlegm
_____ coughed up blood
_____ chest colds

_____ excessive sweating, night sweats
CARDIOVASCULAR
_____ high blood pressure
_____ racing heart
_____ chest pains
_____ dizzy spells
_____ shortness of breath at night
_____ more pillows to breathe
_____ swollen feet or ankles
_____ leg cramps
_____ heart murmur
_____ inflamed veins or blood spots in legs

NEUROLOGICAL
_____ slurred or loss of speech
_____ temp. loss of sight

_____ numbness one side of body
_____ weakness one side of body
_____ faintness
_____ numbness
_____ convulsions
_____ trembles

DIGESTIVE
_____ heartburn
_____ bloated stomach
_____ belching
_____ stomach pains
_____ nausea
_____ vomited blood
_____ difficulty swallowing
_____ change in bowel habits
_____ black stools
_____ rectal surgery
_____ rectal bleeding

URINARY
_____ night frequency
_____ day frequency
_____ poor bladder control
_____ burning on urination
_____ brown, black, or bloody urine
_____ difficulty starting urine
_____ urgency

MALE GENITAL
_____ weak urine stream
_____ prostate trouble
_____ burning or discharge
_____ lumps on testicles

FEMALE GENITAL
_____ menstrual trouble
_____ breakthrough bleeding
_____ heavy bleeding
_____ bleeding after intercourse
_____ premenstrual tension
_____ hot flashes
_____ birth control pill
_____ lumps in breasts
_____ vaginal discharge
_____ PAP smear
_____ last period

PREGNANCIES
_____ gravida
_____ miscarriages
_____ stillbirths
_____ premature births
_____ para
_____ cesareans
_____ abortion

MUSCULOSKELETAL

_____ aching muscles or joints
_____ swollen joints
_____ back or shoulder pains
_____ back problem
_____ painful feet
_____ handicapped

SKIN
_____ skin problems
_____ bleeds easily
_____ bruises easily

MOOD
_____ nervous with strangers
_____ difficulty in making decisions
_____ lack of concentration or memory
_____ lonely or depressed
_____ hopeless outlook
_____ difficulty relaxing
_____ worries a lot
_____ frightening dreams or thoughts
_____ shy or sensitive
_____ loses temper
_____ work or family problems
_____ sexual difficulties
_____ considered suicide
_____ desired psychiatric help

GENERAL
_____ weight gain
_____ weight loss
_____ special diet
_____ tends to be hot or cold
_____ always hungry
_____ more thirsty lately
_____ sugar in system
_____ loss of interest in eating
_____ fatigue
_____ sleeping difficulties
_____ arm/pits or groin swelling
_____ lack of exercise
_____ smokes cigarettes
_____ no. packs cig./day
_____ no. of years smokes cig.
_____ used to smoke cig.
_____ no. packs cig./day
_____ no. years smoked cig.
_____ 19. year stopped cig.
_____ smokes cigars/pipe a day
_____ no. cigars/pipe a day
_____ no. yrs. smokes cigars/pipe
_____ used to smoke cigars/pipe
_____ no. cigars/pipe a day
_____ no. years smoked cigars/pipe
_____ 19. year stopped cigars/pipes
_____ 2 alcoholic drinks daily
_____ 4 alcoholic drinks daily
_____ heavy coffee or tea drinker
_____ marijuana
_____ heroin, LSD, similar drugs
_____ doesn't use safety belts
_____ visited in last 6 months

Mary C. McConico
Signature

Physician's Examination and Consultation

1. GENERAL		YES	NO	2. MOUTH		YES	NO	11. SPINE		YES	NO
Pallor				Good Hygiene				Cervical - Normal			
Cyanosis				Desmurs - Partial				Thoracic - Normal			
Jaundice				Complete				Lumbar - Normal			
Skin Disease				Nose				Sacral - Normal			
3. EYES		RIGHT	LEFT	6. THROAT		RIGHT	LEFT	12. ABDOMEN		RIGHT	LEFT
Pupils - Regular		YES	NO	Tonsils - Absent		YES	NO	Scars		YES	NO
Equal				Normal				Masses			
React to Light				Infected				Organically			
React to Acc				7. THYROID - Normal				13. INGUINAL REGION			
Exophthalmos				Enlarged				Hernia			
Nystagmus				Modular				Genitalia - Normal			
Strabismus				8. THORAX				Scrotal contents - Normal			
Cataract				Chest - Symmetrical				14. RECTUM			
Conjunctiva - Normal				Shape - Normal				Ext. Hemorrhoids			
Congested				Breath Sounds - Normal				Int. Hemorrhoids			
Icteric				Rales (Type and Location)				Masses			
Cornae - Normal				9. BREASTS		RIGHT	LEFT	Prostate - Normal			
Arcus senilis				Normal		YES	NO	15. EXTREMITIES - NORMAL			
Ulcers				Tumor				Describe deformity			
Retina - Normal				Other				or mal function			
Hemorrhages				10. CIRCULATORY SYSTEM		SITTING		Including aorta			
Exudates				Blood Pressure		RIGHT	LEFT	16. MISCELLANEOUS			
Disc edema				Systolic				Adenopathy -			
Nicking				Diastolic				Locate			
3. EARS		RIGHT	LEFT	Apex with M.C.L.		110	78	Varicosities -			
Discharge		YES	NO	Rhythm - Normal Sinus		YES	NO	Locate			
Drum intact				Heart Sounds - Normal				Etc.			
Canals normal				Powerful				17. OTHER FINDINGS			
4. NOSE		YES	NO	Distast				Pelvic - if indicated			
Perforation of Septum				Murmur							
Mucous Membranes				Peripheral Vessels -							
Normal				Normal							
Congested											
"Allergic"											
Polyps											

LIST ALL POSITIVE FINDINGS OR ANY DIAGNOSIS INDICATED FROM ANSWERS TO THE ABOVE OR PREVIOUS PAGE.

NAME: Mary McConico (ACE)

S.S. NO. 110/78

CHEM. SCREEN: 7-12-84 2+ Blood 1+ alt.

LARSTIX: Blood lead 15 µgm% 67"

HEIGHT: 180 lbs

WEIGHT: 180 lbs

AUDIO SCREEN: 7-12-84 - OK

VISUAL SCREEN: 7-12-84 - OK

HISTORY COMPLETED: 7-12-84 Fern h. white, HBP, heart trouble

Spoken B/F

Has RBC's etc

Needs to see Dr. Conner Jackson

app. 2/3 Aug 84

OK

Physician's Examination and Consumption

		YES	NO			YES	NO			YES	NO
1. GENERAL				5. MOUTH				11. SPINE			
Pallor			X	Good Hygiene				Cervical - Normal			
Cyanosis				Dentures - Partial				Thoracic - Normal <i>NSC 2</i>			
Jaundice				Complete				Lumbar - Normal			
Skin Disease				None				Sacro - Normal			
2. EYES		RIGHT	LEFT	6. THROAT				12. ABDOMEN			
Pupils - Regular		YES	NO	Tonsils - Absent				Scars			
Equal				Normal				Masses			
React to Light				Infected				Organic			
React to Acc				7. THYROID - Normal				13. INGUINAL REGION			
Exophthalmos				Enlarged				Hernia			
Nystagmus				Modular				Gonorrhea - Normal			
Strabismus				8. THORAX				Scrotal contents - Normal			
Cataract				Chest - Symmetrical				14. RECTUM			
Conjunctiva - Normal				Shape - Normal				Ext. Hemorrhoids			
Congested				Breath Sounds - Normal				Int. Hemorrhoids			
Icteric				Rales (Type and Location)				Masses			
Cornea - Normal				9. BREASTS		RIGHT	LEFT	15. EXTREMITIES - NORMAL			
Arcus senilis				Normal		YES	NO	Describe deformity			
Ulcers				Tumor				or mal function			
Reflex - Normal				Other				including neuro			
Hemorrhages				10. CIRCULATORY SYSTEM		SITTING		16. MISCELLANEOUS			
Exudates				Blood Pressure		RIGHT	LEFT	Adenopathy -			
Disc edema				Systolic				Locate			
Nicking				Diastolic		110		Vertebral -			
3. EARS		RIGHT	LEFT	Apex within M.C.L.		YES	NO	Locate			
Discharge		YES	NO	Rhythm - Normal Sinus				Etc. -			
Drum intact				Heart Sounds - Normal				17. OTHER FINDINGS			
Causis normal				Forceful				Pelvic - If indicated			
4. NOSE		YES	NO	Diastolic							
Perforation of Septum				Murmurs							
Mucous Membranes				Pharyngeal Vessels -							
Normal				Normal							
Congested											
"Allergic"											
Polyps											

Occupational Health History Questionnaire

IDENTIFICATION DATA Fill in the following information. PLEASE PRINT.

Name McConico Mary C. Date 5 2 1985 Plant Location
 Last First Initial Mo. Day Year Sex (circle) M (F)
 Soc. Sec. No. [REDACTED] Employee No. 1744 [REDACTED] Married [REDACTED] Separated [REDACTED] Divorced [REDACTED] Widowed [REDACTED] Single
 Home address [REDACTED] Education: [REDACTED] years Elementary 2 years High School
[REDACTED] years College, Technical, Business, etc.
 Home telephone [REDACTED] Job title Relief Person
 (area code)

FAMILY HISTORY: Follow the lines across the page and mark an X in those boxes which indicate the present state of health (good, poor), or the death (indicate the cause) of your mother and father and any illnesses they or your blood relatives (grand-parents, brothers, sisters, children) have ever had.

	Health	Good	Poor	Dead	Age at death	Cause of death	Heart	Lung	Other	Allegias or asthma	Bleeding tendencies	Cancer or tumor	Diabetes	Epilepsy	Glaucoma	Hearing trouble	Heart trouble	Kidney or bladder trouble	Lung disease	Nervous breakdown	Rheumatism or arthritis	Stomach/intestinal ulcer
Father																						
Mother																						
Blood relatives (mark an X for illnesses only)																						

YOUR HEALTH HISTORY: Mark an X in the box next to any of the following illnesses you now or ever have had.

☐ Anemia	☐ Emphysema	☐ Hemorrhoids	☐ Malaria	☐ Polio
☐ Asthma	☐ Epilepsy	☐ Hernia	☐ Measles	☐ Rheumatic fever
☐ Bleeding tendencies	☐ Eye problems	☒ High blood pressure	☐ Mononucleosis	☐ Rheumatism/arthritis
☐ Bronchitis	☐ Glaucoma	☒ Hives or rash	☐ Mumps	☐ Skin disease
☐ Cancer or tumor	☐ Hay fever or allergies	☐ Kidney/bladder trouble	☐ Neuralgia/neuritis	☐ Venereal disease
☐ Diabetes	☐ Hearing trouble	☐ Liver disease/hepatitis	☐ Nervous breakdown	☐ Yellow jaundice
☐ Diverticulosis	☐ Heart trouble	☐ Lung disease	☐ Pneumonia	☐ Other

Have you ever been turned down for life insurance, military service, or employment because of health problems? (circle) Yes No

Have you ever received a blood transfusion? (circle) Yes No

Major Hospitalizations: If you have ever been hospitalized for any serious medical illness or operation, write in your most recent hospitalizations below. Check this box ☐ if you have had more than three such hospitalizations.

(Do not include normal pregnancies)	Year	Reason for Hospitalization	Name of Hospital	City and State
1st hospitalization	1979	Cesarean	Tommy Hospital	Sydney
2nd hospitalization	19			
3rd hospitalization	19			

Tests: Mark an X next to those which you have had. Enter the year when you last were given the test.

Mark an X after those tests which you know had abnormal results.

Year	Test	Abnormal
1979	Chest X-ray	
19	Kidney X-ray	
19	GI series	
19	Colon X-ray	
19	Gallbladder X-ray	
1977	Electrocardiogram	
19	Electrocardiogram with exercise	
1975	TB test	
1979	Breathing test	
19	Biopsy	
1984	Hearing test	
1984	Other Vision	

Medicines: Mark an X in the box next to any medicines that you are now taking or that you are allergic to.

taking	allergic to	taking	allergic to
☐	☐ aspirin	☐	☐ high blood pressure medicine
☐	☐ penicillin	☐	☐ Dilantin/anticonvulsants
☐	☐ sulfa	☐	☐ birth control pills
☐	☐ codeine	☐	☐ diuretics/water pills
☐	☐ antibiotics	☐	☐ blood thinners (anticoagulants)
☐	☐ sedatives	☐	☐ cortisone-type drugs
☐	☐ stimulants	☐	☐ insulin/diabetic pills
☐	☐ Demerol	☐	
☐	☐ laxatives	☐	
☐	☐ cold tablets	☐	
☐	☐ diet pills	☐	
☐	☐ heart medicines	☐	

Name McGowan Mary C
Date 1 1 1949
Month Day Year
Soc. Sec. # 1949
Employee No. 1949

Special Problem _____

HEAD AND NECK

- ☐ frequent headaches
- ☒ neck pains
- ☐ neck lumps or swelling

EYES

- ☐ wears glasses
- ☐ eyesight worsening
- ☐ sees double
- ☐ sees halo

EARS

- ☒ others notice hearing problem
- ☐ has hearing problem

- ☐ decreased hearing after trauma
- ☐ earaches
- ☐ running ears
- ☐ buzzing in ears
- ☐ motion sickness

MOUTH

- ☐ swellings on gums or jaws
- ☐ sore tongue
- ☐ taste changes

NOSE and THROAT

- ☐ congested nose
- ☐ running nose
- ☐ sneezing spells
- ☐ sore throat
- ☐ hoarse voice
- ☐ skin/neck X-ray

RESPIRATORY

- ☐ wheezes or gasps
- ☐ shortness of breath
- ☐ coughing spells
- ☐ coughs up phlegm
- ☐ coughs up blood
- ☐ chest colds
- ☐ excessive sweating, night sweats

CARDIOVASCULAR

- ☒ high blood pressure
- ☐ racing heart
- ☐ chest pains
- ☐ dizzy spells
- ☐ shortness of breath at night
- ☐ more pillows to breathe
- ☐ swollen feet or ankles
- ☐ leg cramps
- ☐ heart murmur
- ☐ inflamed veins or blood clots in legs

NEUROLOGICAL

- ☐ sturred or loss/speech
- ☐ temp. loss of sight

- ☒ numbness one side of body
- ☒ weakness one side of body

FAINTNESS

- ☒ faintness

NUMBNESS

- ☐ numbness

CONVULSIONS

- ☐ convulsions

TREMORS

- ☐ tremors

DIGESTIVE

- ☒ heartburn

BLOATED STOMACH

- ☐ bloated stomach

BELCHING

- ☒ belching

STOMACH PAINS

- ☒ stomach pains

NAUSEA

- ☒ nausea

VOMITED BLOOD

- ☐ vomited blood

DIFFICULTY SWALLOWING

- ☐ difficulty swallowing

CHANGE IN BOWEL HABITS

- ☐ change in bowel habits

BLACK STOOLS

- ☐ black stools

RECTAL SURGERY

- ☐ rectal surgery

RECTAL BLEEDING

- ☐ rectal bleeding

URINARY

- ☒ night frequency

DAY FREQUENCY

- ☒ day frequency

POOR BLADDER CONTROL

- ☐ poor bladder control

BURNING ON URINATION

- ☐ burning on urination

BROWN, BLACK, OR BLOODY URINE

- ☐ brown, black, or bloody urine

DIFFICULTY STARTING URINE

- ☐ difficulty starting urine

URGENCY

- ☐ urgency

MALE GENITAL

- ☐ weak urine stream

PROSTATE TROUBLE

- ☐ prostate trouble

BURNING OR DISCHARGE

- ☐ burning or discharge

LUMPS ON TESTICLES

- ☐ lumps on testicles

FEMALE GENITAL

- ☒ menstrual trouble

BREAKTHROUGH BLEEDING

- ☒ breakthrough bleeding

HEAVY BLEEDING

- ☒ heavy bleeding

BLEEDING AFTER INTERCOURSE

- ☒ bleeding after intercourse

PREMENSTRUAL TENSION

- ☒ premenstrual tension

HOT FLASHES

- ☒ hot flashes

BIRTH CONTROL PILL

- ☒ birth control pill

LUMPS IN BREASTS

- ☐ lumps in breasts

VAGINAL DISCHARGE

- ☐ vaginal discharge

PAP SMEAR

- ☐ PAP smear

LAST PERIOD

- ☐ last period

PREGNANCIES

- ☒ pregnancies

GRAVIDA

- ☒ gravida

MISCARRIAGES

- ☒ miscarriages

STILLBIRTHS

- ☒ stillbirths

PREMATURE BIRTHS

- ☒ premature births

PARA

- ☒ para

CEASAREANS

- ☒ cesareans

ABORTION

- ☒ abortion

MUSCULOSKELETAL

- ☒ aching muscles or joints

SWOLLEN JOINTS

- ☒ swollen joints

BACK OR SHOULDER PAINS

- ☒ back or shoulder pains

BACK PROBLEM

- ☒ back problem

PAINFUL FEET

- ☐ painful feet

HANDICAPPED

- ☐ handicapped

SKIN

- ☐ skin problems

BLEEDS EASILY

- ☐ bleeds easily

BRUISES EASILY

- ☐ bruises easily

MOOD

- ☐ nervous with strangers

DIFFICULTY IN MAKING DECISIONS

- ☒ difficulty in making decisions

LACK OF CONCENTRATION OR MEMORY

- ☒ lack of concentration or memory

LOPELY OR DEPRESSED

- ☒ lopsely or depressed

HOPELESS OUTLOOK

- ☒ hopeless outlook

DIFFICULTY RELAXING

- ☒ difficulty relaxing

WORRIES A LOT

- ☐ worries a lot

FRIGHTENING DREAMS OR THOUGHTS

- ☐ frightening dreams or thoughts

SHY OR SENSITIVE

- ☐ shy or sensitive

LOSES TEMPER

- ☒ loses temper

WORK OR FAMILY PROBLEMS

- ☐ work or family problems

SEXUAL DIFFICULTIES

- ☐ sexual difficulties

CONSIDERED SUICIDE

- ☐ considered suicide

DESIRED PSYCHIATRIC HELP

- ☒ desired psychiatric help

GENERAL

- ☒ weight gain

WEIGHT LOSS

- ☐ weight loss

SPECIAL DIET

- ☐ special diet

TENDS TO BE HOT OR COLD

- ☐ tends to be hot or cold

ALWAYS HUNGRY

- ☐ always hungry

MORE THIRSTY LATELY

- ☐ more thirsty lately

SUGAR IN SYSTEM

- ☐ sugar in system

LOSS OF INTEREST IN EATING

- ☐ loss of interest in eating

FATIGUE

- ☐ fatigue

SLEEPING DIFFICULTIES

- ☐ sleeping difficulties

SPRINTS OR GRIM SWEATING

- ☐ sprints or grim sweating

LACK OF EXERCISE

- ☒ lack of exercise

SMOKES CIGARETTES

- ☒ smokes cigarettes

NO. PACKS CIG./DAY

- ☐ no. packs cig./day

20 no. of years smokes cig.

- ☐ 20 no. of years smokes cig.

USED TO SMOKE CIGS.

- ☐ used to smoke cigs.

NO. PACKS CIG./DAY

- ☐ no. packs cig./day

NO. YEARS SMOKED CIG.

- ☐ no. years smoked cig.

19 year stopped cigs.

- ☐ 19 year stopped cigs.

SMOKES CIGS/PIPE A DAY

- ☐ smokes cigs/pipe a day

NO. CIGARS/PIPE A DAY

- ☐ no. cigars/pipe a day

NO. YRS. SMOKES CIGARS/PIPE

- ☐ no. yrs. smokes cigars/pipe

USED TO SMOKE CIGARS/PIPE

- ☐ used to smoke cigars/pipe

NO. CIGARS/PIPE A DAY

- ☐ no. cigars/pipe a day

NO. YEARS SMOKED CIGARS/PIPE

- ☐ no. years smoked cigars/pipe

19 year stopped cigars/pipes

- ☐ 19 year stopped cigars/pipes

2 alcoholic drinks daily

- ☐ 2 alcoholic drinks daily

4 alcoholic drinks daily

- ☐ 4 alcoholic drinks daily

HEAVY COFFEE OR TEA DRINKER

- ☐ heavy coffee or tea drinker

MARIJUANA

- ☐ marijuana

HEROIN, LSD, SIMILAR DRUGS

- ☐ heroin, LSD, similar drugs

DON'T USE SAFETY BELTS

- ☒ doesn't use safety belts

W.C. visited in last 6 months

- ☐ W.C. visited in last 6 months

Mary McGowan
Signature

Occupational Health History Question

IDENTIFICATION DATA Fill in the following information. PLEASE PRINT.

Name McCarver Mary C. Date 8/13 18 86 Plant Sumter
 Last First Initial Mo. Day Year Location
 Social Security No. [REDACTED] Employee No. 1944 Sex (circle) M ☒ F
 Married ☒ Separated ☒ Divorced ☒ Widowed ☒ Single
 Home address [REDACTED] Education: years Elementary years High School
 years College, Technical, Business, etc.
 Home telephone [REDACTED] Job title Dept. Bate
 (area code)

FAMILY HISTORY: Follow the lines across the page and mark an X in those boxes which indicate the present state of health (good, poor), or the death (indicate the cause) of your mother and father and any illnesses they or your blood relatives (grand-parents, brothers, sisters, children) have ever had.

	Health		Cause of death		Allegies or asthma	Breathing tendencies	Cancer of lung	Diabetes	Epilepsy	Glaucoma	Heart trouble	High blood pressure	Kidney or bladder trouble	Nervous breakdown	Rheumatism or arthritis	Stomach/duodenal ulcer
	Good	Poor	Dead	Alive												
Father	☒															
Mother				☒												

Blood relatives (mark an X for illnesses only)

YOUR HEALTH HISTORY: Mark an X in the box next to any of the following illnesses you now or ever have had.

☒ Anemia	☐ Emphysema	☐ Hemorrhoids	☐ Malaria	☐ Polio
☐ Asthma	☐ Epilepsy	☐ Hernia	☒ Measles	☐ Rheumatic fever
☒ Bleeding tendencies	☒ Eye problems	☒ High blood pressure	☐ Mononucleosis	☐ Rheumatism/arthritis
☐ Bronchitis	☐ Glaucoma	☐ Hives or rashes	☒ Mumps	☐ Skin disease
☐ Cancer or tumor	☐ Hay fever or allergies	☒ Kidney/bladder trouble	☐ Neuralgia/neuritis	☐ Venereal disease
☐ Diabetes	☐ Hearing trouble	☐ Liver disease/hepatitis	☐ Nervous breakdown	☐ Yellow jaundice
☐ Diverticulosis	☐ Heart trouble	☐ Lung disease	☐ Pneumonia	☐ Other

Have you ever been turned down for life insurance, military service, or employment because of health problems? (circle) Yes ☒ NoHave you ever received a blood transfusion? (circle) Yes ☒ NoMajor Hospitalizations: If you have ever been hospitalized for any serious medical illness or operation, write in your most recent hospitalizations below. Check this box ☐ if you have had more than three such hospitalizations.

(Do not include normal pregnancies)	Year	Reason for Hospitalization	Name of Hospital	City and State
1st hospitalization	19 <u>70</u>	<u>Cesarian</u>	<u>Tom</u>	<u>Sumter S.C.</u>
2nd hospitalization	19 <u>85</u>	<u>Tubes Tye.</u>		
3rd hospitalization	19 <u> </u>			

Tests: Mark an X next to those which you have had. Enter the year when you last were given the test.

Mark an X after those tests which you know had abnormal results.

Year	Test	Abnormal
☒ 19 <u>86</u>	chest X-ray	☒
☐ 19 <u> </u>	kidney X-ray	☐
☐ 19 <u> </u>	GI series	☐
☐ 19 <u> </u>	colon X-ray	☐
☐ 19 <u> </u>	gallbladder X-ray	☐
☒ 19 <u>86</u>	electrocardiogram	☒
☐ 19 <u> </u>	electrocardiogram with exercise	☐
☐ 19 <u> </u>	TB test	☐
☐ 19 <u> </u>	breathing test	☐
☐ 19 <u> </u>	biopsy	☐
☒ 19 <u>85</u>	hearing test	☒
☒ 19 <u>86</u>	other <u>Thyroid</u>	☒

Medicines: Mark an X in the box next to any medicines that you are now taking or that you are allergic to.

taking	allergic to	taking	allergic to
☐	☐ aspirin	☒	☐ high blood pressure medicine
☐	☐ penicillin	☐	☐ Diarrhea/anticonvulsants
☐	☐ sulfa	☐	☐ birth control pills
☐	☐ codeine	☐	☐ diuretic/water pills
☐	☐ antibiotics	☐	☐ blood thinners (anticoagulants)
☐	☐ sedatives	☐	☐ cortisone-type drugs
☐	☐ stimulants	☐	☐ insulin/diabetic pills
☐	☐ Demerol	☐	
☐	☐ laxatives	☐	
☐	☐ cold tablets	☐	
☐	☐ diet pills	☐	
☐	☐ heart medicines	☐	

Name McCurry Mary Cl V Special Problems: _____
 Date 8 / 13 / 86
 Soc. Sec. # [REDACTED]
 Employee No. 1944

HEAD AND NECK
 frequent headaches
 neck pains
 neck lumps or swelling
EYES
 wears glasses/contact lenses
 eyesight worsening
 sees double
 sees halo
EARS
 others notice hearing problem
 has hearing problem
 decreased hearing after trauma
 earaches
 ringing ears
 buzzing in ears
 motion sickness
MOUTH
 swellings on gums or jaws
 sore tongue
 taste changes
NOSE and THROAT
 congested nose
 running nose
 sneezing spells
 sore throat
 hoarse voice
 skin/neck X-ray
RESPIRATORY
 wheezes or gasps
 shortness of breath
 coughing spells
 coughs up phlegm
 coughed up blood
 chest colds
 excessive sweating, night sweats
CARDIOVASCULAR
 high blood pressure
 racing heart
 chest pains
 dizzy spells
 shortness of breath at night
 more pillows to breathe
 swollen feet or ankles
 leg cramps
 heart murmur
 inflamed veins or blood clots in legs

NEUROLOGICAL
 slurred or lost speech
 temp. loss of sight
 numbness one side of body
 weakness one side of body
 fainting
 numbness
 convulsions
 trembles
DIGESTIVE
 heartburn
 bloated stomach
 belching
 stomach pains
 nausea
 vomited blood
 difficulty swallowing
 change in bowel habits
 black stools
 rectal surgery
 rectal bleeding
URINARY
 night frequency
 day frequency
 poor bladder control
 burning on urination
 brown, black, or bloody urine
 difficulty starting urine
 urgency
MALE/GENITAL
 weak urine stream
 prostate trouble
 burning or discharge
 lumps on testicles
FEMALE GENITAL
 menstrual trouble
 breakthrough bleeding
 heavy bleeding
 bleeding after intercourse
 premenstrual tension
 hot flashes
 birth control pill
 lumps in breasts
 vaginal discharge
 PAP smear
 last period
PREGNANCIES
 gravida
 miscarriages
 stillbirths
 premature births
 pain
 cesareans
 abortion

MUSCULOSKELETAL
 aching muscles or joints
 swollen joints
 back or shoulder pains
 back problem
 painful feet
 handicapped
SKIN
 skin problems
 bleeds easily
 bruises easily
MOOD
 nervous with strangers
 difficulty in making decisions
 lack of concentration or memory
 lonely or depressed
 hopeless outlook
 difficulty relaxing
 worries a lot
 frightening dreams or thoughts
 shy or sensitive
 loses temper
 work or family problems
 sexual difficulties
 considered suicide
 desired psychiatric help
GENERAL
 weight gain
 weight loss
 special diet
 tends to be hot or cold
 always hungry
 more thirsty lately
 sugar in system
 loss of interest in eating
 fatigue
 sleeping difficulties
 aches or groin swelling
 lack of exercise
 smokes cigarettes
 no. packs cig./day
 no. of years smoked cig.
 used to smoke cig.
 no. packs cig./day
 no. years smoked cig.
 19 year stopped cig.
 smokes cigars/pipe a day
 no. cigars/pipe a day
 no. yrs. smokes cigars/pipe
 used to smoke cigars/pipe
 no. cigars/pipe a day
 no. years smoked cigars/pipe
 19 year stopped cigars/pipe
 2 alcoholic drinks daily
 4 alcoholic drinks daily
 heavy coffee or tea drinker
 marijuana
 heroin, LSD, similar drugs
 doesn't use safety belts

visited in last 6 months

Mary McCurry
 Signature

SU-04 11/84

Physician's Examination and Consultation

1. GENERAL		YES	NO	5. MOUTH		YES	NO	11. SPINE		YES	NO
Pallor			/	Good Hygiene				Cervical - Normal		/	
Cyanosis			/	Dentures - Partial				Thoracic - Normal		/	
Jaundice			/	Complete				Lumbar - Normal		/	
Skin Disease			/	None				Sacral - Normal		/	
2. EYES		RIGHT	LEFT	6. THROAT				12. ABDOMEN			
Pupils - Regular		YES	NO	Tonsils - Absent				Scars		/	
Equal				Normal				Masses		/	
React to Light				Infected				Organomegaly		/	
React to Acc				7. THYROID - Normal				13. INGUINAL REGION			
Exophthalmos				Enlarged				Hernia		/	
Nystagmus				Modular				Genitalia - Normal		/	
Strabismus				8. THORAX				Scrotal contents - Normal		/	
Cataract				Chest - Symmetrical				14. RECTUM			
Conjunctiva - Normal				Shape - Normal				Ext. Hemorrhoids		/	
Congested				Breath Sounds - Normal				Int. Hemorrhoids		/	
Icteric				Rales (Type and Location)				Masses		/	
Cornes - Normal				9. BREASTS		RIGHT	LEFT	Prostate - Normal		/	
Arcus senilis				Normal	YES	NO	YES	NO	15. EXTREMITIES - NORMAL		
Ulcers				Tumor					Describe deformity or mal function including neuro		
Retina - Normal				Other							
Hemorrhages				10. CIRCULATORY SYSTEM		SITTING		16. MISCELLANEOUS			
Exudates				Blood Pressure	RIGHT	LEFT		Adenopathy -			
Disc telera				Systolic				Locate			
Nickling				Diastolic				Varicosities -			
3. EARS		RIGHT	LEFT			YES	NO	Locate			
Discharge		YES	NO					Etc.			
Drum intact											
Canals normal											
4. NOSE		YES	NO					17. OTHER FINDINGS			
Perforation of Septum								Pelvic - If indicated			
Mucous Membranes											
Normal											
Congested											
"Allergic"											
Polyps											

11. SPINE: Cervical - Normal, Thoracic - Normal, Lumbar - Normal, Sacral - Normal

12. ABDOMEN: Scars, Masses, Organomegaly

13. INGUINAL REGION: Hernia, Genitalia - Normal, Scrotal contents - Normal

14. RECTUM: Ext. Hemorrhoids, Int. Hemorrhoids, Masses, Prostate - Normal

15. EXTREMITIES - NORMAL: Describe deformity or mal function including neuro

16. MISCELLANEOUS: Adenopathy - Locate, Varicosities - Locate, Etc.

17. OTHER FINDINGS: Pelvic - If indicated

Left - Joints - Normal

Occupational Health History Questionnaire

IDENTIFICATION DATA Fill in the following information. PLEASE PRINT.

Name MacConico Mary C. Date 9/1 1987 Plant Location Samber
 Last First Initial Mo. Day Year Sex (circle) M (F)
 Social Security No. [REDACTED] Employee No. 1946 (X) Married (X) Separated (X) Divorced (X) Widowed (X) Single
 Home address [REDACTED] Education: 5 years Elementary 3 years High School
[REDACTED] years College, Technical, Business, etc.
 Home telephone [REDACTED] Job title Dip + Bate Relief
 (area code)

FAMILY HISTORY: Follow the lines across the page and mark an X in those boxes which indicate the present state of health (good, poor), or the death (indicate the cause) of your mother and father and any illnesses they or your blood relatives (grandparents, brothers, sisters, children) have ever had.

	Health	Good	Poor	Dead	Cause of death	Other	Allegies or asthma	Bleeding tendencies	Cancer or tumor	Diabetes	Epilepsy	Glaucoma	Hearing trouble	Heart trouble	High blood pressure	Kidney or bladder trouble	Lung disease	Nervous breakdown	Rheumatism or arthritis	Stomach/duodenal ulcer
Father																				
Mother																				
Blood relatives (mark an X for illnesses only)																				

YOUR HEALTH HISTORY: Mark an X in the box next to any of the following illnesses you now or ever have had.

☐ Anemia	☐ Emphysema	☐ Hemorrhoids	☐ Malaria	☐ Polio
☐ Asthma	☐ Epilepsy	☐ Hernia	☐ Measles	☐ Rheumatic fever
☒ Bleeding tendencies	☐ Eye problems	☒ High blood pressure	☐ Mononucleosis	☐ Rheumatism/arthritis
☐ Bronchitis	☐ Glaucoma	☐ Hives or rashes	☐ Mumps	☐ Skin disease
☐ Cancer or tumor	☐ Hay fever or allergies	☐ Kidney/bladder trouble	☐ Neuralgia/neuritis	☐ Venereal disease
☐ Diabetes	☐ Hearing trouble	☐ Liver disease/hepatitis	☐ Nervous breakdown	☐ Yellow jaundice
☐ Diverticulosis	☐ Heart trouble	☐ Lung disease	☐ Pneumonia	☐ Other <u>thyroid</u>

Have you ever been turned down for life insurance, military service, or employment because of health problems? (circle) Yes (No)

Have you ever received a blood transfusion? (circle) Yes (No)

Major Hospitalizations: If you have ever been hospitalized for any serious medical illness or operation, write in your most recent hospitalizations below. Check this box ☐ if you have had more than three such hospitalizations.

(Do not include normal pregnancies)	Year	Reason for Hospitalization	Name of Hospital	City and State
1st hospitalization	19			
2nd hospitalization	19			
3rd hospitalization	19			

Tests: Mark an X next to those which you have had. Enter the year when you last were given the test.

Mark an X after those tests which you know had abnormal results.

Year	Abnormal
☐ 18 chest X-ray	☐
☐ 19 kidney X-ray	☐
☐ 18 GI series	☐
☐ 18 colon X-ray	☐
☐ 19 gallbladder X-ray	☐
☐ 19 electrocardiogram	☒
☐ 19 electrocardiogram with exertion	☒
☐ 18 TB test	☒
☐ 19 breathing test	☒
☐ 19 biopsy	☒
☐ 18 hearing test	☒
☐ 19 other	☐

Medicines: Mark an X in the box next to any medicines that you are now taking or that you are allergic to.

taking	allergic to	taking	allergic to
☐ aspirin	☐	☒ high blood pressure medicine	☐
☐ penicillin	☐	☐ Dilantin/anticonvulsants	☐
☐ sulfa	☐	☐ birth control pills	☐
☐ codeine	☐	☐ diuretics/water pills	☐
☐ antibiotics	☐	☐ blood thinners (anticoagulants)	☐
☐ sedatives	☐	☐ cortisone-type drugs	☐
☐ stimulants	☐	☐ insulin/diabetic pills	☐
☐ Demerol	☐		
☐ laxatives	☐		
☐ cold tablets	☐		
☐ diet pills	☐		
☐ heart medicines	☐		

ROA - 173

Physician's Examination and Consultation

		YES	NO			YES	NO			YES	NO
1. GENERAL				5. MOUTH				11. SPINE			
Pallor				Good Hygiene				Cervical - Normal			
Cyanosis				Dentures - Partial upper				Thoracic - Normal			
Jaundice				Complete				Lumbar - Normal			
Skin Disease				None				Sacro - Normal			
2. EYES		RIGHT	LEFT	6. THROAT				12. ABDOMEN			
Pupils - Regular		YES	NO	Tonsils - Absent				Scars			
Equal				Normal				Masses			
React to Light				Infected				Organic			
React to Acc				7. THYROID - Normal				13. INGUINAL REGION			
Exophthalmos				Enlarged				Hernia			
Nystagmus				Modular				Gonorrhea - Normal			
Strabismus				8. THORAX				Scrotal contents - Normal			
Cataract				Chest - Symmetrical				14. RECTUM			
Conjunctiva - Normal				Shape - Normal				Ext. Hemorrhoids			
Congested				Breath Sounds - Normal				Int. Hemorrhoids			
Icteric				Rales (Type and Location)				Masses			
Cornea - Normal				9. BREASTS		RIGHT	LEFT	Prostate - Normal			
Arcus senilis		YES	NO	Normal		YES	NO	15. EXTREMITIES - NORMAL			
Ulcers				Tumor				Describe deformity or mal function including neuro			
Reflex - Normal				Other				16. MISCELLANEOUS			
Hemorrhages				10. CIRCULATORY SYSTEM		SITTING		Adenopathy -			
Eruptions				Blood Pressure		RIGHT	LEFT	Locate			
Disc edema				Systolic		120		Varicosities -			
Nicking				Diastolic		80		Locate			
3. EARS		RIGHT	LEFT	Apex within M.C.L.		YES	NO	Bis. -			
Discharge		YES	NO	Rhythm - Normal Sinus				17. OTHER FINDINGS			
Drum intact				Heart Sounds - Normal				Pelvic - If indicated			
Canals normal				Forceful				Nail Exam			
4. NOSE		YES	NO	Distant				PAP clon			
Perforation of Septum				Murmurs							
Mucous Membranes				Peripheral Vessels -							
Normal				Normal							
Congested											
"Allergic"											
Polyps											

LIST ALL POSITIVE FINDINGS OR ANY DIAGNOSIS INDICATED FROM ANSWERS TO THE ABOVE OR PREVIOUS PAGE.

NAME: Mary McConico Agui

S.S. NO. [REDACTED]

BP 120/80

CHEM. SCREEN: 9-23-87

LIVER Bld pb 15 (9-87)

HEIGHT: 67

WEIGHT: 190

AUDIO SCREEN

9-23-87 ok clb

VISUAL SCREEN

9-17-87 ok

HISTORY COMPLETED

For L+DM

- ① elevated cholesterol
- ② xl-creatin
- ③ hypothyroidism (trach)
- ④ diabetes
- ⑤ microhematuria
- ⑥ hx c-s-s-in BTL

SU-04 11/84

Physician's Examination and Consultation

1. GENERAL		YES	NO	2. MOUTH		YES	NO	11. SPINE		YES	NO
Pallor				Good Hygiene		/		Cervical - Normal		/	
Cyanosis				Dentures - Partial <i>upper</i>		/		Thoracic - Normal		/	
Jaundice				Complete				Lumbar - Normal		/	
Skin Disease				None				Sacro - Normal		/	
3. EYES		RIGHT	LEFT	5. THROAT				12. ABDOMEN			
Pupils - Regular		YES	NO	Tonsils - Absent		/		Scars <i>yes</i>		/	
Equal				Normal				Masses <i>yes</i>			
React to Light				Infected				Organomegaly			
Direct & Acc				7. THYROID - Normal		/		13. INGUINAL REGION			
Exophthalmos				Enlarged				Hernia			
Nystagmus				Modular				Groin - Normal		/	
Strabismus				8. THORAX				Scrotal contents - Normal			
Cataract				Chest - Symmetrical		/		14. RECTUM			
Conjunctiva - Normal				Shape - Normal				Ext. Hemorrhoids			
Congested				Breath Sounds - Normal				Int. Hemorrhoids			
Icteric				Rales (Type and Location)				Masses			
Cornea - Normal				9. BREASTS		RIGHT	LEFT	15. EXTREMITIES - NORMAL			
Arcus senilis				Normal		YES	NO	Describe deformity or mal function including neuro			
Ulcers				Tumor							
Retina - Normal				Other							
Hemorrhages				10. CIRCULATORY SYSTEM		SITTING		16. MISCELLANEOUS			
Exudates				Blood Pressure		RIGHT	LEFT	Adenopathy			
Disc edema				Systolic		120		Lymph			
Nickling				Diastolic		80		Vertebral			
3. EARS		RIGHT	LEFT	Apex within M.C.L.		YES	NO	9-24			
Discharge		YES	NO	Rhythm - Normal				17. OTHER FINDINGS			
Drum Intact				Heart Sounds - Normal				w/ 12-14			
Canals normal				Voiceful				Nail			
4. NOSE		YES	NO	Distant				PAP clear			
Perforation of Septum				Murmurs							
Mucous Membranes				Pharyngeal Vesicles - Normal							
Normal											
Congested											
"Allergic"											
Polyps											

Physician's Examination and Consultation

1. GENERAL		YES		NO		5. MOUTH		YES		NO		11. SPINE		YES		NO	
Pallor				I		Good Hygiene		✓				Cervical - Normal		I			
Cyanosis						Dentures - Partial						Thoracic - Normal					
Jaundice						Complete						Lumbar - Normal					
Skin Disease						None		✓				Sacral - Normal		✓			
2. EYES		RIGHT		LEFT		6. THROAT						12. ABDOMEN					
Pupils - Regular		YES NO		YES NO		Tonsils - Absent		✓				Scars		C-section		✓	
Equal		I		I		Normal						Masses					
React to Light		I		I		Enlarged						Organisms					
React to Acc		I		I		Infected											
Exophthalmos						7. THYROID - Normal		✓				13. INGUINAL REGION					
Nystagmus						Enlarged						Hernia					
Strabismus						Modular						Cervical - Normal		✓		✓	
Cataract						8. THORAX		✓				Scrotal contents - Normal		✓		✓	
Conjunctiva - Normal		✓		✓		Chest - Symmetrical		✓				14. RECTUM					
Congested						Shape - Normal		✓				Ext. Hemorrhoids				✓	
Icteric						Breath Sounds - Normal		✓				Int. Hemorrhoids				✓	
Coma - Normal		✓		✓		Rales (Type and Location)		✓				Masses				✓	
Arcus senilis						9. BREASTS		RIGHT LEFT		YES NO YES NO		Prostate - Normal					
Ulcers						Normal		✓		✓		15. EXTREMITIES - NORMAL					
Retina - Normal		✓		✓		Tumor		✓		✓		Describe deformity or mal function including nerve		WNL			
Hemorrhages						Other											
Exudates						10. CIRCULATORY SYSTEM		SITTING		RIGHT LEFT		16. MISCELLANEOUS					
Disc opacities						Blood Pressure		130		84		Adenopathy -					
Nickling						Systolic		84				Locate					
3. EARS		RIGHT		LEFT		Diastolic		YES		NO		Varicosities -					
Discharge		YES NO		YES NO		Apex within M.C.L.		✓		✓		Locate					
Drum intact		✓		✓		Rhythm - Normal Sinus		✓		✓		Etc. -					
Canals normal		✓		✓		Heart Sounds - Normal		✓		✓							
4. NOSE		YES		NO		Forceful						17. OTHER FINDINGS					
Perforation of Septum						Distal						Pelvic - If indicated					
Mucous Membranes		✓				Murmurs											
Normal		✓				Peripheral Vessels -		✓									
Congested						Normal		✓									
"Allergic"																	
Polyps																	

LIST ALL POSITIVE FINDINGS OR ANY DIAGNOSES INDICATED FROM ANSWERS TO THE ABOVE OR PREVIOUS PAGE.

NAME: Mary McConico Age: 44

S.S. NO.: 10-11-88

BP 130/88

CHEM. SCREEN: 10-11-88

LABS: Bld pb 35 (5-88)

Air Pb 29 (6-88)

HEIGHT: 68

WEIGHT: 192

10-20-88 E.H. Byn

AUDIO SCREEN 10-11-88 Class A

VISUAL SCREEN 10-10-88

HISTORY COMPLETED Heart disease, Hypertension, Diabetes, Asthma

Mary McConico

Elevated cholesterol. By control diet to meet proteins.

Occupational Health History Questionnaire

IDENTIFICATION DATA Fill in the following information. PLEASE PRINT.

Name McConico Mary C. Date 8/24 1989 Plant Location Sumter
 Social Security No. [REDACTED] Employee No. 1944 Date of birth [REDACTED] Sex (circle) M ☒ F
 Home address [REDACTED] Home telephone [REDACTED] Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Single
 Education: 8 years Elementary 8 1/2 years High School 0 years College, Technical, Business, etc.
 Job title Wapper

FAMILY HISTORY: Follow the lines across the page and mark an X in those boxes which indicate the present state of health (good, poor), or the death (indicate the cause) of your mother and father and any illnesses they or your blood relatives (grandparents, brothers, sisters, children) have ever had.

	Health	Good	Poor	Dead	Cause of death	Alcoholism	Bleeding tendencies	Cancer or tumor	Diabetes	Epilepsy	Glaucoma	Hearing trouble	Heart trouble	Kidney or bladder trouble	Nervous breakdown	Rheumatism or arthritis	Stomach/duodenal ulcer
Father				X	Heart trouble												
Mother				X	Heart trouble												
Blood relatives (mark an X for illnesses only)					SBH	X											

YOUR HEALTH HISTORY: Mark an X in the box next to any of the following illnesses you now or ever have had.

☐ Anemia	☐ Emphysema	☐ Hemorrhoids	☐ Malaria	☐ Polio
☐ Asthma	☐ Epilepsy	☐ Hemie	☒ Measles	☐ Rheumatic fever
☒ Bleeding tendencies	☐ Eye problems	☒ High blood pressure	☐ Mononucleosis	☐ Rheumatism/arthritis
☐ Bronchitis	☐ Glaucoma	☒ Hives or rashes	☒ Mumps	☒ Skin disease
☐ Cancer or tumor	☐ Hay fever or allergies	☐ Kidney/bladder trouble	☐ Neuralgia/neuritis	☐ Venereal disease
☐ Diabetes	☐ Hearing trouble	☐ Liver disease/hepatitis	☐ Nervous breakdown	☐ Yellow jaundice
☐ Diverticulosis	☐ Heart trouble	☐ Lung disease	☐ Pneumonia	☐ Other

Have you ever been turned down for life insurance, military service, or employment because of health problems? (circle) Yes ☐ No ☒

Have you ever received a blood transfusion? (circle) Yes ☐ No ☒

Major Hospitalizations: If you have ever been hospitalized for any serious medical illness or operation, write in your most recent hospitalizations below. Check this box ☐ if you have had more than three such hospitalizations.

(Do not include normal pregnancies)	Year	Reason for Hospitalization	Name of Hospital	City and State
1st hospitalization	19 <u>75</u>	<u>Cesarean</u>	<u>Tomey</u>	<u>Sumter S.C.</u>
2nd hospitalization	19			
3rd hospitalization	19			

Tests: Mark an X next to those which you have had. Enter the year when you last were given the test.

Mark an X after those tests which you know had abnormal results.

Year	Abnormal
☐ 19 chest X-ray	☒
☐ 19 kidney X-ray	☐
☐ 19 GI series	☐
☐ 19 colon X-ray	☐
☐ 19 gallbladder X-ray	☐
☐ 19 electrocardiogram	☒
☐ 19 electrocardiogram with exercise	☒
☐ 19 TB test	☒
☐ 19 breathing test	☒
☐ 19 biopsy	☐
☐ 19 hearing test	☒
☐ 19 other	☐

Medicines: Mark an X in the box next to any medicines that you are now taking or that you are allergic to.

taking	allergic to	taking	allergic to
☐ aspirin	☐	☐ high blood pressure medicine	☐
☐ penicillin	☐	☐ Dilantin/anticonvulsants	☐
☐ sulfa	☐	☐ birth control pills	☐
☐ codeine	☐	☐ diuretics/water pills	☐
☐ antibiotics	☐	☐ blood thinners (anticoagulants)	☐
☐ sedatives	☐	☒ cortisone-type drugs	☐
☐ stimulants	☐	☐ insulin/diabetic pills	☐
☐ Demerol	☐		
☐ laxatives	☐		
☐ cold tablets	☐		
☐ diet pills	☐		
☐ heart medicines	☐		

Name M. Conico Mary Initial C
 Date 12/1/89
 Soc. Sec. # [REDACTED]
 Employee No. 1944

Special Problems [REDACTED]

- HEAD AND NECK**
☒ frequent headaches
☒ neck pain
☐ neck lumps or swelling
- EYES**
☐ wears glasses/contact lenses
☐ eyesight worsening
☐ sees double
☐ sees halo
- EARS**
☐ others notice hearing problem
☐ has hearing problem
☐ decreased hearing after trauma
☐ earaches
☐ ringing ears
☐ buzzing in ears
☐ motion sickness
- MOUTH**
☐ swellings on gums or jaws
☐ sore tongue
☐ taste changes
- NOSE AND THROAT**
☐ congested nose
☐ running nose
☐ sneezing spells
☐ sore throat
☐ hoarse voice
☐ skin/neck X-ray
- RESPIRATORY**
☐ wheezes or gasps
☐ shortness of breath
☐ coughing spells
☐ coughs up phlegm
☐ coughed up blood
☐ chest colds
☐ excessive sweating, night sweats
- CARDIOVASCULAR**
☐ high blood pressure
☐ racing heart
☐ chest pains
☐ dizzy spells
☐ shortness of breath at night
☐ more pillows to breathe
☐ swollen feet or ankles
☐ leg cramps
☐ heart murmur
☐ inflamed veins or blood clots in legs
- NEUROLOGICAL**
☐ slurred or lousy speech
☐ temp. loss of sight
☐ numbness one side of body
☐ weakness one side of body
☐ faintness
☐ numbness
☐ convulsions
☐ trembles
- DIGESTIVE**
☐ heartburn
☐ bloated stomach
☐ belching
☐ stomach pains
☐ nausea
☐ vomited blood
☐ difficulty swallowing
☐ change in bowel habits
☐ black stools
☐ rectal surgery
☐ rectal bleeding
- URINARY**
☐ night frequency
☐ day frequency
☐ poor bladder control
☐ burning on urination
☐ brown, black, or bloody urine
☐ difficulty starting urine
☐ urgency
- MALE GENITAL**
☐ weak urine stream
☐ prostate trouble
☐ burning or discharge
☐ lumps on testicles
- FEMALE GENITAL**
☐ menstrual trouble
☐ breakthrough bleeding
☐ heavy bleeding
☐ bleeding after intercourse
☐ premenstrual tenderness
☐ hot flashes
☐ birth control pill
☐ lumps in breasts
☐ vaginal discharge
☐ PAP smear
☐ last period 7/75
- PREGNANCIES**
☐ gravida 2
☐ miscarriages
☐ stillbirths
☐ premature births
☐ twins
☐ cesarean
☐ abortion

- MUSCULOSKELETAL**
☐ aching muscles or joints
☐ swollen joints
☐ back or shoulder pains
☐ back problem
☐ painful feet
☐ handicapped
- SKIN**
☐ skin problems
☐ bleeds easily
☐ bruises easily
- MOOD**
☐ nervous with strangers
☐ difficulty in making decisions
☐ lack of concentration or memory
☐ lonely or depressed
☐ hopeless outlook
☐ difficulty relaxing
☐ worries a lot
☐ frightening dreams or thoughts
☐ shy or sensitive
☐ loses temper
☐ work or family problems
☐ sexual difficulties
☐ considered suicide
☐ desired psychiatric help
- GENERAL**
☐ weight gain
☐ weight loss
☐ special diet
☐ tends to be hot or cold
☐ always hungry
☐ more thirsty lately
☐ sugar in system
☐ loss of interest in eating
☐ fatigue
☐ sleeping difficulties
☐ armpits or groin swelling
☐ lack of exercise
☐ smokes cigarettes
☐ no. packs cig./day 1
☐ no. of years smoked cigs. 19
☐ used to smoke cigs.
☐ no. packs cig./day 1
☐ no. years smoked cig. 19
☐ year stopped cig. 19
☐ smokes cigars/pipe a day 1
☐ no. cigars/pipe a day 1
☐ no. yrs. smokes cigars/pipe 1
☐ used to smoke cigars/pipe
☐ no. cigars/pipe a day 1
☐ no. years smoked cigars/pipe 19
☐ year stopped cigars/pipe 19
☐ 2 alcoholic drinks daily
☐ 4 alcoholic drinks daily
☐ heavy coffee or tea drinker
☐ marijuana
☐ heroin, LSD, similar drugs
☐ doesn't use safety belts
☐ visited in last 6 months

Mary M. Conico
 Signature

Copyright © 1971-1975 Hollister Incorporated.
 All rights reserved. Printed in U.S.A.

Occupational Health History Questionnaire

SU-04 11/84

Physician's Examination and Consultation

1. GENERAL		2. EYES		3. EARS		4. NOSE		5. MOUTH		6. THROAT		7. THYROID		8. THORAX		9. BREASTS		10. CIRCULATORY SYSTEM		11. SPINE		12. ABDOMEN		13. INGUINAL REGION		14. RECTUM		15. EXTREMITIES - NORMAL		16. MISCELLANEOUS		17. OTHER FINDINGS		
Pallor		Pupils - Regular		Discharge		Perforation of Septum		Good Hygiene		Tonsils - Absent		Enlarged		Chest - Symmetrical		Normal		Blood Pressure		Cervical - Normal		Scars		Hernia		Ext. Hemorrhoids		Describe deformity or mal function including neuro		Adenopathy -		Pelvic - If indicated		
Cyanosis		Equal		Drugs listed		Mucous Membranes		Dentures - Partial		Normal		Modular		Shape - Normal		Tumor		Symptomatic		Thoracic - Normal		Masses		Genitalia - Normal		Int. Hemorrhoids				Varicosities -				
Jaundice		React to Light		Cause normal		Congested		Complete		Infected				Breast Sounds - Normal		Other		Diastolic		Lumbar - Normal		Organomegaly		Scrotal contents - Normal										
Skin Disease		React to Acc				Icteric		Noise						Rader (Type and Location)				170		Scapal - Normal														
		Esophthalmous																114																
		Nystagmus																																
		Strabismus																																
		Cataract																																
		Conjunctiva - Normal																																
		Congested																																
		Icteric																																
		Cornia - Normal																																
		Areas scellie																																
		Ulcers																																
		Retina - Normal																																
		Hemorrhages																																
		Exudates																																
		Disk edema																																
		Mixing																																

LIST ALL POSITIVE FINDINGS OR ANY DIAGNOSIS INDICATED FROM ANSWERS TO THE ABOVE OR PREVIOUS PAGE.

NAME: Mary McConico Agi.

S.S. NO.:

BP 190/110

CHEM. SCREEN: 8-24-89

LABSTIX: Hematuria - bacteriuria

HEIGHT: 68 1/2

WEIGHT: 198 1/2

AUDIO SCREEN: 8-24-89 Plan A

VISUAL SCREEN: 8-22-89 OK.

HISTORY COMPLETED

Elevated Cholesterol.
 Control Diabetes
 to prevent proteinuria.
 renal ligation.

Hypertension.

8-24-89

Mary McConico

SU-04 11/84

Physician's Examination and Consultation

		YES	NO			YES	NO			YES	NO
1. GENERAL				5. MOUTH				11. SPINE			
Pallor				Good Hygiene				Cervical - Normal			
Cyanosis				Dentures - Partial				Thoracic - Normal			
Jaundice				Complete				Lumbar - Normal			
Skin Disease				None				Sacro - Normal			
2. EYES				6. THROAT				12. ABDOMEN			
Pupils - Regular				Tonsils - Absent				Scars			
Equal				Normal				Masses			
React to Light				Enlarged				Organically			
React to Acc				Modular				13. INGUINAL REGION			
Exophthalmos				7. THYROID - Normal				Hernia			
Nystagmus				Enlarged				Genitalia - Normal			
Strabismus				Modular				Scrotal contents - Normal			
Cataract				8. THORAX				14. RECTUM			
Conjunctiva - Normal				Chest - Symmetrical				Ext. Hemorrhoids			
Congested				Shape - Normal				Int. Hemorrhoids			
Icteric				Breath Sounds - Normal				Masses			
Cornea - Normal				Rales (Type and Location)				Prostate - Normal			
Arcus senilis				9. BREASTS				15. EXTREMITIES - NORMAL			
Ulcers				Normal				Describe deformity or real function including scars			
Retina - Normal				Tumor							
Hemorrhages				Other							
Exudates				10. CIRCULATORY SYSTEM				16. MISCELLANEOUS			
Disc edema				Blood Pressure				Adenopathy -			
Nicking				Systolic 170				Locate			
				Diastolic 114				Varicosities -			
								Locate			
								Etc.			
3. EARS								17. OTHER FINDINGS			
Discharge				Apex within M.C.L.				Pelvic - If indicated			
Drum intact				Rhythm - Normal Sinus							
Canals patent				Heart Sounds - Normal							
				- Forceful							
				- Deaf							
4. NOSE				Murmurs							
Perforation of Septum				Pharyngeal Vessels -							
Mucous Membranes				Normal							
Normal											
Congested											
"Allergic"											
Polyps											

*Complete
Mucous
beards*

SU-04 11/84

Physician's Examination and Consultation

1. GENERAL		YES	NO	5. MOUTH		YES	NO	11. SPINE		YES	NO	
Pallor Cyanosis Jaundice Skin Disease				Good Hygiene Dentures - Partial Complete None				Cervical - Normal Thoracic - Normal Lumbar - Normal Sacral - Normal				
2. EYES		RIGHT	LEFT	6. THROAT				12. ABDOMEN				
Pupils - Regular Equal React to Light React to Acc Exophthalmos Nystagmus Strabismus Cataract Conjunctiva - Normal Congested Icteric Cornea - Normal Arcus senilis Ulcers Rashes - Normal Hemorrhages Exudates Discharge Nicking		YES	NO	YES	NO	Tonsils - Absent Normal Infected				Scars Masses Organomegaly		
				7. THYROID - Normal				13. INGUINAL REGION				
				Enlarged Nodular				Hernia Goniella - Normal Scrotal contents - Normal				
				8. THORAX				14. RECTUM				
				Chest - Symmetrical Shape - Normal Breath Sounds - Normal Rales (Type and Location)				Ext. Hemorrhoids Int. Hemorrhoids Masses Prostate - Normal				
				9. BREASTS		RIGHT	LEFT	15. EXTREMITIES - NORMAL				
		YES	NO	YES	NO	YES	NO	Describe deformity or mal function including neuro				
3. EARS		RIGHT	LEFT	10. CIRCULATORY SYSTEM		SITTING		16. MISCELLANEOUS				
Discharge Drum Intact Ossicles normal		YES	NO	YES	NO	Blood Pressure Systolic Diastolic Apex within M.C.L. Rhythm - Normal Sinus Heart Sounds - Normal Focal Murmurs Peripheral Vessels - Normal		Adenopathy - Local Vascularities - Local Etc.				
						YES NO						
4. NOSE		YES	NO					17. OTHER FINDINGS				
Perforation of Septum Mucous Membranes Normal Congested "Allergic" Polyps								Pelvic - If indicated Pap done				

LIST ALL POSITIVE FINDINGS OR ANY DIAGNOSIS INDICATED FROM ANSWERS TO THE ABOVE OR PREVIOUS PAGE.

NAME: Mary McConico (initials)

S.S. NO. 13 P 170

CHEM. SCREEN: 8-9-90

LABSTX: will have Pap here

HEIGHT: 6'8 1/2

WEIGHT: 198 1/2

AUDIO SCREEN: 8-9-90 OK

VISUAL SCREEN: 8-9-90 OK

HISTORY COMPLETED

Mary McConico
Leukostasis 4/5 neg for HbA1c
Contractile dysmetria 2°
protein
Renal dysfunction
T. Cholesterol
Hypertension on Rx

SU-04 11/84

Physician's Examination and Consultation

1. GENERAL		YES	NO	2. MOUTH		YES	NO	11. SPINE		YES	NO
Pallor			7	Good Hygiene				Cervical - Normal			
Cyanosis			7	Decay - Partial				Thoracic - Normal			
Jaundice				Complete				Lumbar - Normal			
Skin Disease				None				Sacral - Normal			
2. EYES		RIGHT	LEFT	6. THROAT				12. ABDOMEN			
Pupils - Regular		7	7	Tonsils - Absent				Scars			
Equal				Normal				Masses			
React to Light				Infected				Organomegaly			
React to Acc.				7. THYROID - Normal				13. INGUINAL REGION			
Exophthalmos				Enlarged				Hernia			
Nystagmus				Modular				Genitals - Normal			
Strabismus				8. THORAX				Scrotal contents - Normal			
Cataract				Chest - Symmetrical				14. RECTUM			
Conjunctiva - Normal				Shape - Normal				Ext. Hemorrhoids			
Conjunctiva - Congested				Breath Sounds - Normal				Int. Hemorrhoids			
Icteric				Rales (Type and Location)				Masses			
Cornea - Normal				9. BREASTS		RIGHT	LEFT	Prostate - Normal			
Axillary nodes				Normal		YES	NO	15. EXTREMITIES - NORMAL			
Ulcers				Tumor				Describe deformity or mal function including neuro			
Rashes - Normal				Other							
Hemorrhages				10. CIRCULATORY SYSTEM		SITTING		16. MISCELLANEOUS			
Exudates				Blood Pressure		RIGHT	LEFT	Adenopathy -			
Discoloration				Systolic				Locate			
Nicking				Diastolic				Varicosities -			
3. EARS		RIGHT	LEFT			YES	NO	Locate			
Discharge								Etc.			
Drum intact											
Canals normal											
4. NOSE		YES	NO					17. OTHER FINDINGS			
Perforation of Septum								Pelvic - If indicated			
Mucous Membranes								<i>pelvic ch</i>			
Normal								<i>pelvic ch</i>			
Congested											
"Allergic"											
Polyps											

Occupational Health History Questionnaire.

IDENTIFICATION DATA Fill in the following information. PLEASE PRINT.

Name McConico Mary C. Date 9/20/96 Plant Location _____
 Last First Initial Mo. Day Year
 Social Security No. _____ Employee No. 194 Date of birth _____ Sex (circle) M (F)
 Home address _____ Marital Status _____ Separated _____ Divorced _____ Widowed _____ Single
 Home telephone _____ Education: _____ years Elementary _____ years High School
 _____ years College, Technical, Business, etc.
 Home telephone (area code) _____ Job title Wrapper

FAMILY HISTORY: Follow the lines across the page and mark an X in those boxes which indicate the present state of health (good, poor), or the death (indicate the cause) of your mother and father and any illnesses they or your blood relatives (grandparents, brothers, sisters, children) have ever had.

	Health		Cause of death		Allergies or asthma	Bleeding tendencies	Cancer or tumor	Diabetes	Epilepsy	Hearing trouble	Heart trouble	High blood pressure	Kidney or bladder trouble	Lung disease	Nervous breakdown	Rheumatism or arthritis	Stomach/intestinal illness
	Good	Poor	Age at death	Other													
Father			75														
Mother																	

Blood relatives (mark an X for illnesses only)

YOUR HEALTH HISTORY: Mark an X in the box next to any of the following illnesses you now or ever have had.

☒ Anemia	☐ Emphysema	☐ Hemorrhoids	☐ Malaria	☐ Polio
☐ Asthma	☐ Epilepsy	☐ Hernia	☐ Measles	☐ Rheumatic fever
☒ Bleeding tendencies	☐ Eye problems	☒ High blood pressure	☐ Mononucleosis	☐ Rheumatism/arthritis
☐ Bronchitis	☐ Glaucoma	☐ Hives or rashes	☐ Mumps	☒ Skin disease
☐ Cancer or tumor	☐ Hay fever or allergies	☒ Kidney/bladder trouble	☐ Neuralgia/neuritis	☐ Venereal disease
☐ Diabetes	☐ Hearing trouble	☐ Liver disease/hepatitis	☐ Nervous breakdown	☐ Yellow jaundice
☐ Diverticulosis	☐ Heart trouble	☐ Lung disease	☐ Pneumonia	☐ Other

Have you ever been turned down for life insurance, military service, or employment because of health problems? (circle) Yes No

Have you ever received a blood transfusion? (circle) Yes No

Major Hospitalizations: If you have ever been hospitalized for any serious medical illness or operation, write in your most recent hospitalizations below. Check this box ☐ if you have had more than three such hospitalizations.

(Do not include normal pregnancies)	Year	Reason for Hospitalization	Name of Hospital	City and State
1st hospitalization	19 <u>79</u>	<u>Cesarean</u>	<u>T. H.</u>	<u>Santa SC.</u>
2nd hospitalization	19 _____			
3rd hospitalization	19 _____			

Tests: Mark an X next to those which you have had. Enter the year when you last were given the test.

Mark an X after those tests which you know had abnormal results.

Year	Abnormal
☐ 19 _____ chest X-ray	☐
☐ 19 _____ kidney X-ray	☐
☐ 19 _____ GI series	☐
☐ 19 _____ colon X-ray	☐
☐ 19 _____ gallbladder X-ray	☐
☐ 19 _____ electrocardiogram	☐
☐ 19 _____ electrocardiogram with exercise	☐
☐ 19 _____ TB test	☒
☐ 19 _____ breathing test	☒
☐ 19 _____ biopsy	☐
☐ 19 <u>79</u> hearing test	☒
☐ 19 _____ other	☐

Medicines: Mark an X in the box next to any medicines that you are now taking or that you are allergic to.

taking	allergic to	taking	allergic to
☐ aspirin	☐	☒ high blood pressure medicine	☐
☐ penicillin	☐	☐ Diuretic/anticoagulants	☐
☐ sulfa	☐	☐ birth control pills	☐
☐ codeine	☐	☐ diuretic/water pills	☐
☐ antibiotics	☐	☐ blood thinners (anticoagulants)	☐
☐ sedatives	☒	☐ cortisone-type drugs	☐
☐ stimulants	☐	☐ insulin/diabetic pills	☐
☐ Demerol	☐		
☐ laxatives	☐		
☐ cold tablets	☐		
☐ diet pills	☐		
☐ heart medicine	☐		

Name McCona Mary C
 Last First Initial
 Date 1 20 70
 Month Day Year
 Soc. Sec. # [REDACTED]
 Employee No. 1944

Special Problems: _____

HEAD AND NECK

☐ frequent headaches
☐ neck pains
☐ neck lumps or swelling

EYES

☐ wears glasses/contact lenses
☐ eyesight worsening
☐ sees double
☐ sees halo

EARS

☐ others notice hearing problem
☐ has hearing problem

☐ decreased hearing after trauma
☐ earaches
☐ running ears
☐ buzzing in ears
☐ motion sickness

MOUTH

☐ swellings on gums or jaws
☐ sore tongue
☐ taste changes

NOSE AND THROAT

☐ congested nose
☐ running nose
☐ sneezing spells
☐ sore throat
☐ hoarse voice
☐ skin/neck X-ray

RESPIRATORY

☐ wheezes or gasps
☐ shortness of breath
☐ coughing spells
☐ coughs up phlegm
☐ coughed up blood
☐ chest colds
☐ excessive sweating, night sweats

CARDIOVASCULAR

☐ high blood pressure
☐ racing heart
☐ chest pains
☐ dizzy spells
☐ shortness of breath at night
☐ more pillows to breathe
☐ swollen feet or ankles
☐ leg cramps
☐ heart murmur
☐ inflamed veins or blood clots in legs

NEUROLOGICAL

☐ slurred or loss of speech
☐ temp. loss of sight

☐ numbness one side of body
☐ weakness one side of body

☐ faintness
☐ numbness
☐ convulsions
☐ trembles

DIGESTIVE

☐ heartburn
☐ bloated stomach
☐ belching
☐ stomach pains
☐ nausea
☐ vomited blood
☐ difficulty swallowing
☐ change in bowel habits
☐ black stools
☐ rectal surgery
☐ rectal bleeding

URINARY

☐ night frequency
☐ day frequency
☐ poor bladder control
☐ burning on urination
☐ brown, black, or bloody urine
☐ difficulty starting urine
☐ urgency

MALE GENITAL

☐ weak urine stream
☐ prostate trouble
☐ burning or discharge
☐ lumps on testicles

FEMALE GENITAL

☐ menstrual trouble
☐ breakthrough bleeding
☐ heavy bleeding
☐ bleeding after intercourse
☐ premenstrual tension
☐ hot flashes
☐ birth control pill
☐ lumps in breasts
☐ vaginal discharge

PAP smear

☐ last period

PREGNANCIES

☐ gravida
☐ miscarriages
☐ stillbirths
☐ premature births
☐ para
☐ cesareans
☐ abortion

MUSCULOSKELETAL

☒ aching muscles or joints
☐ swollen joints
☐ back or shoulder pains
☐ back problem
☐ painful feet
☐ handicapped

SKIN

☐ skin problems
☐ bleeds easily
☐ bruises easily

MOOD

☐ nervous with strangers
☐ difficulty in making decisions
☐ lack of concentration or memory
☐ lonely or depressed
☐ hopeless outlook
☐ difficulty relaxing
☐ worries a lot
☐ frightening dreams or thoughts
☐ shy or sensitive
☐ loses temper
☐ work or family problems
☐ sexual difficulties
☐ considered suicide
☐ desired psychiatric help

GENERAL

☐ weight gain
☐ weight loss
☐ special diet
☐ tends to be hot or cold
☐ always hungry
☐ more thirsty lately
☐ sugar in system
☐ loss of interest in eating
☐ fatigue
☐ sleeping difficulties
☐ arm/legs or groin swelling
☐ lack of exercise
☒ smokes cigarettes
☒ 1 no. packs cig/day
☒ 2 no. of years smoked cig.
☐ used to smoke cig.
☐ no. packs cig/day
☐ no. years smoked cig.
☒ 19 year stopped cig.
☐ smokes cigars/pipe a day
☐ no. cigars/pipe a day
☐ no. yrs. smokes cigars/pipe
☐ used to smoke cigars/pipe
☐ no. cigars/pipe a day
☐ no. years smoked cigars/pipe
☒ 19 year stopped cigars/pipe
☐ 2 alcoholic drinks daily
☐ 4 alcoholic drinks daily
☐ heavy coffee or tea drinker
☐ marijuana
☐ heroin, LSD, similar drugs
☐ doesn't use safety belts

visited in last 6 months

Mary C. McCona
 Signature

Copyright © 1971, 1975 Hollister Incorporated.
 All rights reserved. Printed in U.S.A.

Occupational Health History Questionnaire

Physician's Examination and Consultation

1. GENERAL		YES	NO	2. MOUTH		YES	NO	11. SPINE		YES	NO
Pallor				Good Hygiene				Cervical - Normal			
Cyanosis				Dentures - Partial				Thoracic - Normal			
Jaundice				Complete				Lumbar - Normal			
Skin Disease				Nails				Sacral - Normal			
2. EYES		RIGHT	LEFT	3. THROAT		YES	NO	12. ABDOMEN		YES	NO
Pupils - Regular				Tonsils - Absent				Scars			
Equal				Normal				Masses			
React to Light				Infected				Organomegaly			
React to Acc.				7. THYROID - Normal		YES	NO	13. INGUINAL REGION		YES	NO
Exophthalmos				Enlarged				Hernia			
Myxomatous				Modular				Genitals - Normal			
Strabismus				8. THORAX		YES	NO	14. RECTUM		YES	NO
Cataract				Chest - Symmetrical				Ext. Hemorrhoids			
Conjunctiva - Normal				Shape - Normal				Int. Hemorrhoids			
Conjunctiva - Congested				Breath Sounds - Normal				Masses			
Conjunctiva - Icteric				Rales (Type and Location)				Prostate - Normal			
Cornea - Normal				9. BREASTS		RIGHT	LEFT	15. EXTREMITIES - NORMAL		YES	NO
Arcus senilis				Normal		YES	NO	Describe deformity			
Ulcers				Tumor				or nail function			
Retina - Normal				Other				including neuro			
Hemorrhages				10. CIRCULATORY SYSTEM		SITTING		16. MISCELLANEOUS		YES	NO
Exudates				Blood Pressure		RIGHT	LEFT	Adenopathy -			
Disc edema				Systolic		162		Locate			
Nicking				Diastolic		102		Varicosities -			
3. EARS		RIGHT	LEFT	Apex within M.C.L.		YES	NO	Locate			
Discharge				Rhythm - Normal Sinus				Etc.			
Drum intact				Heart Sounds - Normal				17. OTHER FINDINGS		YES	NO
Cerumen normal				Forceful				Pelvic - If indicated			
4. NOSE		YES	NO	Distant							
Perforation of Septum				Mandibular							
Mucous Membranes				Peripheral Vessels -							
Normal				Normal							
Congested											
"Allergic"											
Polyps											

LIST ALL POSITIVE FINDINGS OR ANY DIAGNOSIS INDICATED FROM ANSWERS TO THE ABOVE OR PREVIOUS PAGE.

NAME: Mary McConico Age 85 (1900)

S.S. NO. [REDACTED]

BP 162/102

CHRM. SCREEN: 6-14-91

LABSTIX

HEIGHT: 68.1

WEIGHT: 195

AUDIO SCREEN

VISUAL SCREEN

HISTORY COMPLETED

- 1) Hy. Control Dermatitis so to treat proteinuria.
- 2) Hypertension on meds. (Corbide)
- 3) Tubal dysfunction
- 4) Elevated cholesterol.
- 5) Hx. P.D.

Class A - 2005, 8-5-91 End V. [Signature]

x Mary McConico

SU-04 11/84

Physician's Examination and Consultation

		YES	NO			YES	NO			YES	NO
1. GENERAL				2. MOUTH				11. SPINE			
Pallor				Good Hygiene				Cervical - Normal			
Cyanosis				Dentures - Partial				Thoracic - Normal			
Jaundice				Complete				Lumbar - Normal			
Skin Disease				None				Sacro - Normal			
2. EYES				5. THROAT				12. ABDOMEN			
Pupils - Regular				Tonsils - Absent				Scars			
Equal				Normal				Masses			
React to Light				Infected				Organomegaly			
React to Acc.				7. THYROID - Normal				13. INGUINAL REGION			
Exophthalmos				Enlarged				Hernia			
Nystagmus				Moderate				Gonorrhea - Normal			
Strabismus				8. THORAX				Scrotal contents - Normal			
Cataract				Chest - Symmetrical				14. RECTUM			
Conjunctive - Normal				Shape - Normal				Ext. Hemorrhoids			
Congested				Breath Sounds - Normal				Int. Hemorrhoids			
Icteric				Rales (Type and Location)				Masses			
Cornea - Normal				9. BREASTS				Prostate - Normal			
Arcus senilis				Normal				15. EXTREMITIES - NORMAL			
Ulcers				Tumor				Describe deformity			
Retina - Normal				Other				or mal function			
Hemorrhages				10. CIRCULATORY SYSTEM				including neuro			
Exudates				Blood Pressure				16. MISCELLANEOUS			
Disc edema				Systolic				Adenopathy -			
Nicking				Diastolic				Locate			
3. EARS				SITTING				Varicosities -			
Discharge				RIGHT				Locate			
Drum intact				LEFT				Etc.			
Canals normal				YES NO YES NO				17. OTHER FINDINGS			
4. NOSE				162				Pelvic - If indicated			
Perforation of Septum				102							
Mucous Membranes				YES NO YES NO							
Normal				Apex within M.C.L.							
Congested				Rhythm - Normal Sinus							
"Allergic"				Heart Sounds - Normal							
Polyps				Forceful							
				Dissect							
				Murmurs							
				Peripheral Vessels -							
				Normal							

Physician's Examination and Consultation

1. GENERAL		YES	NO	2. MOUTH		YES	NO	11. SPINE		YES	NO
Pallor				Good Hygiene				Cervical - Normal			
Cyanosis				Dentures - Partial				Thoracic - Normal			
Jaundice				Complete				Lumbar - Normal			
Side Discolor				None				Sacral - Normal			
2. EYES		RIGHT	LEFT	6. THROAT				12. ABDOMEN			
Pupils - Regular				Tonsils - Absent				Scars			
Equal				Normal				Masses			
React to Light				Infected				Organomegaly			
React to Acc				7. THYROID - Normal				13. INGUINAL REGION			
Exophthalmus				Enlarged				Hernia			
Nystagmus				Modular				Congenital - Normal			
Strabismus				8. THORAX				Scrofula contents - Normal			
Cataract				Chest - Symmetrical				14. RECTUM			
Conjunctiva - Normal				Shape - Normal				Ext. Hemorrhoids			
Congested				Breath Sounds - Normal				Int. Hemorrhoids			
Icteric				Rales (Type and Location)				Masses			
Cornua - Normal				9. BREASTS		RIGHT	LEFT	Prostate - Normal			
Arms scissile				Normal		YES	NO	15. EXTREMITIES - NORMAL			
Ulcers				Tumor				Describe deformity			
Retina - Normal				Other				or anal function			
Hemorrhages				10. CIRCULATORY SYSTEM		SITTING		including neuro			
Exudates				Blood Pressure		RIGHT	LEFT	16. MISCELLANEOUS			
Dike edema				Systolic				Adenopathy -			
Nicking				Diastolic				Locate			
3. EARS		RIGHT	LEFT	Apex within M.C.L.				Varicoides -			
Discharge				Rhythm - Normal Sinus				Locate			
Drum Intact				Heart Sounds - Normal				Locate			
Canals normal				Forecast				Locate			
4. NOSE		YES	NO	Distant				Locate			
Perforation of Septum				Murmurs				Locate			
Mucous Membranes				Peripheral Vessels -				Locate			
Normal				Normal				Locate			
Congested				17. OTHER FINDINGS							
"Allergic"											
Polyps											

LIST ALL POSITIVE FINDINGS OR ANY DIAGNOSES INDICATED FROM ANSWERS TO THE ABOVE OR PREVIOUS PAGE.

NAME: Maur McConico Age 48 ()

S.S. NO. B01221/74

CHEM. SCREEN: 4-29-92

LARSTIX

HEIGHT: 6'7"

WEIGHT: 192

AUDIO SCREEN 4-29-92

VISUAL SCREEN

HISTORY COMPLETED

① Elevated cholesterol 270

② Elevated uric acid

③ Contact Dermatitis 20

④ Hx. PAD.

5-14-92

SU-04 11/84

Physician's Examination and Consultation

1. GENERAL		YES	NO	2. MOUTH		YES	NO	11. SPINE		YES	NO
Pallor				Good Hygiene				Cervical - Normal			
Cyanosis				Dentures - Partial				Thoracic - Normal			
Jaundice				Complete				Lumbar - Normal			
Skin Disease				None				Sacral - Normal			
2. EYES		RIGHT	LEFT	6. THROAT		YES	NO	12. ABDOMEN		YES	NO
Pupils - Regular		YES	NO	Tonsils - Absent				Scars			
Equal				Normal				Masses			
React to Light				Infected				Organically			
React to Ace				7. THYROID - Normal				13. INGUINAL REGION			
Esophthalmos				Enlarged				Hernia			
Nystagmus				Modular				Genitalia - Normal			
Strabismus				8. THORAX				Scrotal contents - Normal			
Cataract				Chest - Symmetrical				14. RECTUM			
Conjunctiva - Normal				Shape - Normal				Ext. Hemorrhoids			
Conjunctiva - Congested				Breath Sounds - Normal				Int. Hemorrhoids			
Icteric				Rales (Type and Location)				Masses			
Cornea - Normal				9. BREASTS		RIGHT	LEFT	Prostate - Normal			
Arcus senilis				Normal	YES	NO	YES	15. EXTREMITIES - NORMAL			
Ulcers				Tumor				Describe deformity			
Retina - Normal				Other				or anal function			
Hemorrhages				10. CIRCULATORY SYSTEM		SITTING		including neuro			
Rosettes				Blood Pressure			RIGHT	16. MISCELLANEOUS			
Disc edema				Systolic			LEFT	Adenopathy -			
Milding				Diastolic				Locate			
3. EARS		RIGHT	LEFT	Apex within M.C.L.				Varicosities -			
Discharge		YES	NO	Rhythm - Normal Sinus				Locate			
Drum intact				Heart Sounds - Normal				Etc.			
Canals normal				Forceful				17. OTHER FINDINGS			
4. NOSE		YES	NO	Distant				Pelvic - If indicated			
Perforation of Septum				Murmurs				pelvic on			
Mucous Membranes				Peripheral Vessels -				pap done			
Normal				Normal							
Congested											
"Allergic"											
Polyps											

PERIODIC HEALTH HISTORY

NOTE: This form is to be used only if employee has previously completed a Baseline Health History.

Please Print

Date: 5-4-93 Location of Examination: Sumter S.C.
City State

Name: McCona Mark C. Soc. Sec. # [REDACTED]
Last First MI

Birthdate: [REDACTED] Sex: ☐ M ☒ F Marital Status: [REDACTED]

Address: [REDACTED] Telephone: [REDACTED]

In case of emergency, notify:

Name: Terease Jefferson Telephone: [REDACTED]

Address: [REDACTED]

Family Doctor:

Name: [REDACTED] Telephone: [REDACTED]

Address: [REDACTED]

☒ I have no Family Doctor

FAMILY HISTORY:

YES NO UNKNOWN

☐ ☒ ☐ Is your father living?
☐ ☒ ☐ Is your mother living?

MEDICAL HISTORY:

Since your last exam, have you:

YES NO

☐ ☒ Been treated by a doctor, hospital or clinic,
☐ ☒ Had surgery
☐ ☒ Taken regular medicine or drugs

Is your health right now: ☒ Poor ☐ Good ☐ Excellent

In the past year, have you: ☒ Stayed the same weight ☐ Gained 5 or more pounds ☐ Lost 5 or more pounds

YES NO

☐ ☒ Do you have any allergies?
☒ ☐ Since your last exam, have you smoked any cigarettes:
☐ ☐ Do you now smoke cigarettes? How many packs 1 per day?

How many drinks each week do you have? Liquor Beer Wine

YES NO

☐ ☐ Since your last exam, has anyone ever considered you to be a heavy drinker?
Since your last exam, has your appetite: ☐ Increased ☐ Decreased ☒ Remained the same

YES NO

☒ ☐ Do you drink coffee? If yes, cups per day: 1 Decaf Caff
☐ ☐ Do you drink tea? If yes, cups per day: Decaf Caff

5 How many hours sleep do you get each night?

YES NO

☒ ☐ Do you have trouble sleeping?
☒ ☐ Have your sleep habits changed in the past year?

Since your last exam, have you had or experienced:

Emotional

YES	NO	
☒	☐	Frequent tension, can't relax
☐	☐	Panic spells
☒	☐	Dizziness or light headedness
☐	☐	Frequent depression
☐	☐	Frequent anger
☐	☐	Other nervous problems

Eyes

YES	NO	
☒	☐	Not seeing properly
☐	☐	Contact removal
☐	☐	Seeing double
☐	☐	Red or runny eyes
☐	☐	Pain in eyes
☐	☐	Halo around lights
☐	☐	Itchy eyelids
☐	☐	Other eye trouble
☐	☐	Contact lenses
☐	☐	Eyeglasses
☐	☐	Bifocals or trifocals
☐	☐	Glaucoma

Nose, Ears and Hearing

YES	NO	
☐	☐	Difficulty in hearing
☐	☐	Ringing or buzzing in ears
☐	☐	More than one ear infection
☐	☐	More than one earache
☐	☐	Other ear trouble
☒	☐	Sinus trouble
☐	☐	Frequent colds or flu
☐	☐	Frequent nosebleeds
☐	☐	Loss of sense of smell
☒	☐	Chronic drainage in nose or throat
☐	☐	Other nose or sinus trouble

Mouth

YES	NO	
☐	☐	Sores on lips, tongue or mouth that won't heal
☐	☐	Lumps on lips, tongue, mouth
☐	☐	Frequent mouth sores
☐	☐	Bleeding gums or mouth
☐	☐	Other mouth trouble
☐	☐	Wear full dentures
☒	☐	Wear partial dentures
☒	☐	Need teeth repair or dental work
☐	☐	Need other attention to teeth or gums

Throat and Neck

YES	NO	
☐	☐	Frequent hoarseness
☐	☐	Hard to swallow
☐	☐	Frequent sore throat
☐	☐	Frequent laryngitis
☐	☐	Other throat trouble
☐	☐	Lumps in neck
☐	☐	Painful or tender spots in neck
☐	☐	Frequent stiff neck
☐	☐	Crunching or grinding noise in neck
☐	☐	Other neck trouble
☐	☐	Thyroid problems

YES	NO	
☐	☐	Tuberculosis
☐	☐	Asthma
☐	☐	Emphysema
☐	☐	Cough up phlegm
☐	☐	Bronchitis
☐	☐	Cough up phlegm in mornings at least once a week
☐	☐	Tightness in chest
☐	☐	Shortness of breath with heavy exertion
☐	☐	Shortness of breath with mild exertion
☐	☐	Any other trouble with lungs or breathing

Joints and Bones

YES	NO	
☐	☐	Torn cartilage
☐	☐	Arthritis
☐	☐	Gout
☐	☐	Bursitis
☒	☐	Pain in muscles
☒	☐	Neck or shoulder pain
☐	☐	Pain in upper back
☐	☐	Pain in lower back
☒	☐	Painful joints
☐	☐	Broken bone(s)
☐	☐	Other joint or bone trouble

Heart

YES	NO	
☐	☐	Heart murmur
☐	☐	Shortness of breath
☐	☐	Swelling of ankles
☐	☐	Pain or pressure in chest
☒	☐	Thumping, skipping or racing heart
☒	☐	High blood pressure
☐	☐	Heart attack
☐	☐	Chest pain which goes into your arm or neck
☐	☐	Other heart trouble

Digestive System (stomach)

YES	NO	
☐	☐	Ulcer
☐	☐	Gall bladder trouble
☐	☐	Frequent heartburn or indigestion
☐	☐	Frequent diarrhea
☐	☐	Frequent stomach pain
☐	☐	Blood in your stool
☐	☐	Vomit up blood
☐	☐	Other digestive trouble

Neurological

YES	NO	
☐	☐	Stroke
☐	☐	Skull fracture
☐	☐	Concussion
☐	☐	Loss of memory
☐	☐	Loss of consciousness
☐	☐	Head Injury
☐	☐	Numbness, tingling or weakness in part of your body
☐	☐	Epilepsy, seizure or fits
☐	☐	Frequent or persistent headaches
☐	☐	Migraine headaches
☐	☐	Passed out
☐	☐	Other nervous or neurological trouble

Lungs

YES	NO	
☐	☐	Wheezing
☐	☐	Frequent or chronic cough
☐	☐	Cough up blood
☐	☐	Pneumonia
☐	☐	Pain in chest

Urinary System

YES	NO	
☐	☐	Kidney or bladder trouble
☐	☐	Bladder infection (cystitis)
☐	☐	Kidney stones
☐	☐	Difficult or painful urination
☐	☐	Blood in urine
☐	☐	Venereal disease
☐	☐	Awaken at night more than once to urinate
☐	☐	Other kidney or bladder trouble

Skin

YES	NO	
☐	☐	Warts or moles that change in size or color
☐	☐	Skin cancer
☐	☐	Eczema
☐	☐	Psoriasis
☐	☐	Hives
☐	☐	Sunburn easily
☐	☐	Persistent rash
☐	☐	Other skin trouble

Other Illnesses

YES	NO	
☐	☐	Diabetes
☐	☐	Cancer or Leukemia
☐	☐	Anemia

Since your last exam, have you had any other illness or surgery that we have not asked about?

☐ YES ☐ NO

EXPOSURE HISTORY:

Do you work with any of the following in any outside activities (part-time or second job, hobby, gardening, farming, etc.)?

YES	NO		YES	NO	
☐	☐	Mist from spray paints	☐	☐	Lasers
☐	☐	Spray or dust from insecticides	☐	☐	Ultraviolet light
☐	☐	Fumes from solvents	☐	☐	Beryllium
☐	☐	Fumes from welding	☐	☐	Benzidine
☐	☐	Asbestos	☐	☐	Cotton dusts
☐	☐	Chromium	☐	☐	Sand blasting dust
☐	☐	Arsenic	☐	☐	Fumes from degreasing
☐	☐	Lead	☐	☐	Solvents
☐	☐	Mercury	☐	☐	Furniture refinishing
☐	☐	Color dyes	☐	☐	Other chemicals or dusts
☐	☐	Silica or sand dust	☐	☐	Other exposure
☐	☐	Benzene			
☐	☐	Agricultural dust, mold or mildew			
☐	☐	Oil mists			
☐	☐	Carbon tetrachloride			
☐	☐	Tar or pitch			

REPRODUCTIVE SYSTEMS

The Company encourages you to answer the following section regarding your reproductive system to ensure that the Medical Department has a full record of your health which is indispensable for a complete medical examination. As with all questions regarding medical history, your responses will be held in confidence. You have the right not to answer the questions in this section.

Men Only

Since your last exam, have you had or experienced:

YES	NO	
☐	☐	Prostate disease or trouble
☐	☐	Persistent sore on your testicles or penis
☐	☐	Pain, swelling or lumps in testicles

Since your last exam, have you had surgery for or on:

YES	NO	
☐	☐	Your testicles
☐	☐	Prostate
☐	☐	Vasectomy
☐	☐	Since your last examination has your spouse or mate had any pregnancies or borne any children?

Women Only

Since your last exam, have you had or experienced:

YES	NO	
☐	☐	Fibroids of uterus
☐	☐	Ovarian cyst
☐	☐	Lumps in breast
☐	☐	Irregular periods
☐	☐	Unexplained vaginal bleeding or spotting
☐	☐	Unusually painful menstrual periods
☐	☐	Persistent vaginal itch
☐	☐	Persistent white or yellow vaginal discharge
☐	☐	Menopause
☐	☐	Pap smear exam
☐	☐	Persistent wart or sores of the genitals
☐	☐	Vaginal bleeding or spotting after intercourse
☐	☐	Ectopic pregnancy

Since your last exam, have you had difficulty becoming pregnant?

YES	NO	
☐	☐	☐ Does not apply

Since your last exam, have you

YES	NO	
☐	☐	Taken birth control pills?
☐	☐	Used an IUD?

Are you now pregnant?

YES	NO	
☐	☐	☐ Do not know

Since your last exam, have you had surgery for:

YES	NO	
☐	☐	Removal of uterus (hysterectomy)
☐	☐	Removal of ovaries
☐	☐	Tubal ligation (tubes tied)
☐	☐	Any related surgery not otherwise mentioned

Since your last exam, have you:

YES	NO	UNKNOWN	
☐	☐	☐	Been pregnant? Number of times _____
☐	☐	☐	Had a miscarriage? Number of times _____
☐	☐	☐	Had a surgical abortion? Number _____
☐	☐	☐	Had a child with a birth abnormality? Number _____
☐	☐	☐	Had a stillborn infant? Number _____
☐	☐	☐	Had a normal child? Number _____
☐	☐	☐	Had an ectopic pregnancy?

Signature: _____

May C. McBride

Physician's Examination and Consultation

1. GENERAL		YES	NO	2. MOUTH		YES	NO	11. SPINE		YES	NO
Pallor			1	Good Hygiene		✓		Cervical - Normal		1	
Cyanosis			1	Dentures - Partial				Thoracic - Normal			
Jaundice			1	Complish		✓		Lumbar - Normal			
Sida Disease			1	None				Sacral - Normal			
7. EYES		RIGHT	LEFT	5. THROAT				12. ABDOMEN			
Pupils - Regular		1	1	Tonsils - Absent		✓		Scars			1
Equal		1	1	Normal				Masses			
React to Light		1	1	Infected				Organomegaly			
React to Acc		1	1	7. THYROID - Normal		✓		13. INGUINAL REGION			
Exophthalmos		1	1	Enlarged				Hernia			✓
Nystagmus		1	1	Modular				Orchitis - Normal			✓
Strabismus		1	1	8. THORAX		✓		Serous contents - Normal			✓
Cataract		1	1	Chest - Symmetrical		✓		14. RECTUM			
Conjunctiva - Normal		1	1	Shape - Normal		✓		Ext. Hemorrhoids			✓
Congested		1	1	Breath Sounds - Normal		✓		Int. Hemorrhoids			✓
Icteric		1	1	Rales (Type and Location)		✓		Masses			✓
Cornea - Normal		✓	✓	9. BREASTS		RIGHT	LEFT	Prostate - Normal			✓
Areola smooth		✓	✓	Normal		YES	NO	15. EXTREMITIES - NORMAL			
Ulcers		✓	✓	Tumor		✓	✓	Describe deformity			✓
Retina - Normal		✓	✓	Other		✓	✓	or mal function			✓
Hemorrhages		✓	✓	10. CIRCULATORY SYSTEM		SITTING		including neuro			✓
Exudates		✓	✓	Blood Pressure		RIGHT	LEFT	16. MISCELLANEOUS			
Disc edema		✓	✓	Systolic			182	Adenopathy -			
Nicking		✓	✓	Diastolic			120	Locate			
3. EARS		RIGHT	LEFT	Apex within M.C.L.		YES	NO	Varicosities -			
Discharge		✓	✓	Rhythm - Normal Sinus		✓	✓	Locate			
Drum intact		✓	✓	Heart Sounds - Normal		✓	✓	Etc.			
Canals normal		✓	✓	Forced		✓	✓	17. OTHER FINDINGS			
4. NOSE		YES	NO	Distant		✓	✓	Pelvic - If indicated			
Perforation of Septum			✓	Murmurs		✓	✓				
Mucous Membranes			✓	Peripheral Vessels -		✓	✓				
Normal			✓	Normal		✓	✓				
Congested			✓								
"Allergic"			✓								
Polyps			✓								

LIST ALL POSITIVE FINDINGS OR ANY DIAGNOSIS INDICATED FROM ANSWERS TO THE ABOVE OR PREVIOUS PAGE.

NAME: Mary McConico Age: 42 ()
 S.S. NO.: BP/82/120
 CHEM. SCREEN: 5-4-93
 LABSTIX: glucitol cholelitol (264)
Hypertension - on Vasotec.
Ref. P.D.D.
 HEIGHT: 67 1/2
 WEIGHT: 199
 AUDIO SCREEN: Class A.
 VISUAL SCREEN: 5-20-93.
 HISTORY COMPLETED

SU-04 11/84

Physician's Examination and Consultation

1. GENERAL		YES	NO	5. MOUTH		YES	NO	11. SPINE		YES	NO
Pallor			1	Good Hygiene		✓		Cervical - Normal		1	
Cyanosis				Dentures - Partial				Thoracic - Normal			
Jaundice				Complete				Lumbar - Normal			
Skin Disease				None		✓		Sacral - Normal			
2. EYES				6. THROAT				12. ABDOMEN			
Pupils - Regular				Tonsils - Absent		✓		Scars			1
Equal				Normal				Masses			
React to Light				Infected				Organomegaly			
React to Acc				7. THYROID - Normal				13. INGUINAL REGION			
Exophthalmos				Enlarged				Hernia			
Nystagmus				Modular				Cecephalia - Normal			
Strabismus				8. THORAX				14. RECTUM			
Cataract				Chest - Symmetrical		✓		Ext. Hemorrhoids			
Conjunctiva - Normal				Shape - Normal		✓		Int. Hemorrhoids			
Coagulated				Breath Sounds - Normal		✓		Masses			
Icteric				Rales (Type and Location)				Prostate - Normal			
Cornea - Normal				9. BREASTS				15. EXTREMITIES - NORMAL			
Arcus senilis				Normal				Describe deformity			
Ulcers				Tumor				or mal function			
Retina - Normal				Other				including neuro			
Hemorrhages				10. CIRCULATORY SYSTEM				16. MISCELLANEOUS			
Exudates				Blood Pressure				Adenopathy -			
Disc edema				Systolic				Loose			
Nicking				Diastolic				Varicosities -			
3. EARS				16. CIRCULATORY SYSTEM				17. OTHER FINDINGS			
Discharge				Apex within M.C.L.				Palpate - If indicated			
Drum intact				Rhythm - Normal Sinus							
Canal normal				Heart Sounds - Normal							
4. NOSE				16. CIRCULATORY SYSTEM				17. OTHER FINDINGS			
Perforation of Septum				Forceful							
Mucous Membranes				Distant							
Normal				Morbus							
Congested				Peripheral Vessels -							
"Allergic"				Normal							
Polyps											

SU-04 11/84

Physician's Examination and Consultation

1. GENERAL		YES	NO	5. MOUTH		YES	NO	11. SPINE		YES	NO
Pallor			7	Good Hygiene		✓		Cervical - Normal		1	
Cyanosis				Dentures - Partial				Thoracic - Normal			
Jaundice				Complete		✓		Lumbar - Normal			
Skin Disease				None				Sacral - Normal		✓	
2. EYES		RIGHT	LEFT	6. THROAT				12. ABDOMEN			
Pupils - Regular		YES	NO	Tenets - Absent		✓		Scars			7
Equal		1	1	Normal				Masses			
React to Light				Infected				Organomegaly			
React to Acc				7. THYROID - Normal		✓		13. INGUINAL REGION			
Exophthalmos				Enlarged				Hernia		✓	
Nystagmus				Modular				Cephalic - Normal			
Strabismus				8. THORAX		✓		Scrotal contents - Normal			
Cornea				Chest - Symmetrical				14. RECTUM			
Conjunctiva - Normal				Shape - Normal				Ext. Hemorrhoids			
Conjunctiva - Congested				Breath Sounds - Normal		✓		Int. Hemorrhoids			
Icteric				Rales (Type and Location)				Masses			
Cornea - Normal		✓	✓	9. BREASTS		RIGHT	LEFT	15. EXTREMITIES - NORMAL			
Axilla - Normal				Normal		YES	NO	Describe deformity or mal formation including scars			
Ulcers				Tumor		✓	✓				
Bleeds - Normal		✓	✓	Other				16. MUSCULOSKELETAL			
Hemorrhages				10. CIRCULATORY SYSTEM		SITTING		Adenopathy -			
Erythema				Blood Pressure		RIGHT	LEFT	Locate			
Diarrhea				Systolic		180		Varicocles -			
Diarrhea				Diastolic		100		Locate			
Diarrhea				Apex within M.C.L.		YES	NO	Bx -			
Diarrhea				Rhythm - Normal Sinus				17. OTHER FINDINGS			
Diarrhea				Heart Sounds - Normal				Pelvic - If indicated			
Diarrhea				Forceful				Observe on			
Diarrhea				Murmurs				page done			
Diarrhea				Pharyngeal Vessels -				no masses.			
Diarrhea				Normal							
Diarrhea				BP 190/110							

LIST ALL POSITIVE FINDINGS OR ANY DIAGNOSIS INDICATED FROM ANSWERS TO THE ABOVE OR PREVIOUS PAGE

NAME: Mary McConies Age: 48

S.S. NO.: 3-06-97

CHEM. SCREEN: BP 180/100

LABSTIX: Regal w/k - microsome

HEIGHT: 67 3/4

WEIGHT: 198 1/4

AUDIO SCREEN: OK

VISUAL SCREEN: OK

HISTORY COMPLETED: Repeal

1) Hypertension - uncontrolled

2) Elevated cholesterol - 261

3) hematuria (Status was having period at the time)

Increased Urination to 20/12.5.84

Mammogram

in 11/84

8 Mary McConies

4 when no contamination can be

SU-04 11/84

Physician's Examination and Consultation

1. GENERAL		YES	NO	3. MOUTH		YES	NO	11. SPINE		YES	NO
Pallor			7	Good Hygiene	✓			Cervical - Normal	✓		1
Cyanosis				Dentures - Partial				Thoracic - Normal			
Jawline				Complete	✓			Lumbar - Normal			
Skin Disease				None				Sacral - Normal			
2. EYES		RIGHT	LEFT	6. THROAT				12. ABDOMEN			
Pupils - Regular		YES	NO	Tonsils - Absent	✓			Scars			1
Equal		1	1	Normal				Masses			
React to Light		1	1	Infected				Organomegaly			
React to Acc				7. THYROID - Normal				13. INGUINAL REGION			
Exophthalmus				Enlarged				Hernia			
Nystagmus				Modular				Cervical - Normal			
Strabismus				8. THORAX				Scrota contents - Normal			
Conjunctiva - Normal				Chest - Symmetrical	✓			14. RECTUM			
Conjunctiva - Congested				Shape - Normal	✓			Ext. Hemorrhoids			
Cornea - Normal				Breath Sounds - Normal	✓			Int. Hemorrhoids			
Arms scallie				Rales (Type and Location)				Masses			
Ulcers				9. BREASTS				Prostate - Normal			
Retina - Normal				Normal				15. EXTREMITIES - NORMAL			
Hemorrhages				Tumor				Describe deformity			
Exudates				Other				or mal function			
Discoloration				10. CIRCULATORY SYSTEM				including neuro			
Nicking				Blood Pressure				16. MISCELLANEOUS			
				Systolic	180			Adenopathy -			
				Diastolic	100			Locate			
				Apex within M.C.L.				Varicosities -			
				Rhythm - Normal Sinus				Locate			
				Heart Sounds - Normal				Etc.			
				Forceful				17. OTHER FINDINGS			
				Distal				Pelvic - If Indicated			
				Murmurs				Cervical -			
				Peripheral Vessels -				Popliteal			
				Normal				Dr. M. M. M.			

AP 190/110

Dr. M. M. M.

Physician's Examination and Consultation

1. GENERAL		YES	NO	5. MOUTH		YES	NO	11. SPINE		YES	NO
Pallor			1	Good Hygiene		✓		Cervical - Normal		1	
Cyanosis			1	Dentures - Partial				Thoracic - Normal			
Jaundice				Complete				Lumbar - Normal			
Risk Disease				None		✓		Sacral - Normal			
2. EYES		RIGHT	LEFT	6. THROAT				12. ABDOMEN			
Pupils - Regular		1	1	Tonsils - Absent		✓		Scars			1
Equal		1	1	Normal				Masses			
React to Light		1	1	Infected		✓		Organomegaly			1
React to Acc		1	1	7. THYROID - Normal				13. INGUINAL REGION			
Exophthalmos		1	1	Enlarged				Hernia			✓
Nystagmus		1	1	Modular				Genitalia - Normal			✓
Sclerotic		1	1	8. THORAX				Sternal contents - Normal			✓
Cataract		1	1	Chest - Symmetrical		✓		14. RECTUM			
Conjunctiva - Normal		1	1	Shape - Normal		✓		Ext. Hemorrhoids			✓
Conjunctiva - Congested		1	1	Breath Sounds - Normal		✓		Int. Hemorrhoids			✓
Icteric		1	1	Roar (Type and Location)		✓		Masses			✓
Cornua - Normal		1	1	9. BREASTS		RIGHT	LEFT	Prostate - Normal			✓
Arcus senilis		1	1	Normal		1	1	15. EXTREMITIES - NORMAL			
Ulcers		1	1	Tumor		1	1	Describe deformity			✓
Retina - Normal		1	1	Other		1	1	or vital function			✓
Hemorrhages		1	1	10. CIRCULATORY SYSTEM		SITTING		including neuro			✓
Exudates		1	1	Blood Pressure		RIGHT	LEFT	16. MISCELLANEOUS			
Disc edema		1	1	Systolic		170/80		Adequacy -			
Notching		1	1	Diastolic		110/60		Locate			
3. EARS		RIGHT	LEFT	Apex within M.C.L.		YES	NO	Varicosities -			
Discharge		1	1	Rhythm - Normal		1	1	Locate			
Drum intact		1	1	Heart Sounds - Normal		1	1	Etc.			
Cerata normal		1	1	Forceful		1	1	17. OTHER FINDINGS			
4. NOSE		YES	NO	Distant		1	1	Pelvic - If indicated			
Perforation of Septum		1	1	Murmurs		1	1				
Mucous Membranes		1	1	Peripheral Vessels -		1	1				
Normal		1	1	Normal		1	1				
Congested		1	1								
"Allergic"		1	1								
Polyps		1	1								

LIST ALL POSITIVE FINDINGS OR ANY DIAGNOSIS INDICATED FROM ANSWERS TO THE ABOVE OR PREVIOUS PAGE.

NAME: Mary McConico Age 65 (65)

S.S. NO.: 210/150

CP: 170/108

CHRM. SCREEN: 04-08-94

LABSTDX: 1) Elevated cholestrol (265)
2) Hb. Dermatitis 80 percent
3) Hypertension - quit
taking medicine

HEIGHT: 68"

WEIGHT: 204 lbs

AUDIO SCREEN: 4-08-94

VISUAL SCREEN: 4-08-94

HISTORY COMPLETED: May McConico

SU-04 11/84

Physician's Examination and Consultation

		YES	NO			YES	NO			YES	NO
1. GENERAL				2. MOUTH				11. SPINE			
Pallor				Good Hygiene				Cervical - Normal			
Cyanosis				Dentures - Partial				Thoracic - Normal			
Jaundice				Complete				Lumbar - Normal			
Skin Disease				None				Sacro - Normal			
2. EYES		RIGHT	LEFT	6. THROAT				12. ABDOMEN			
Pupils - Regular		YES	NO	Tonsils - Absent				Scur			
Equal				Normal				Masses			
Reacts to Light				Infected				Organopathy			
Reacts to Acc				7. THYROID - Normal				13. INGUINAL REGION			
Exophthalmus				Enlarged				Hernia			
Nystagmus				Modular				Cervical - Normal			
Strabismus				8. THORAX				Scrobal contents - Normal			
Conjunctiva - Normal				Chest - Symmetrical				14. RECTUM			
Congested				Shape - Normal				Ext. Hemorrhoids			
Icteric				Breath Sounds - Normal				Int. Hemorrhoids			
Cornea - Normal				Rales (Type and Location)				Masses			
Arcus senilis				9. BREASTS		RIGHT	LEFT	Prostate - Normal			
Ulcers				Normal		YES	NO	15. EXTREMITIES - NORMAL			
Retina - Normal				Tumor				Describe deformity			
Hemorrhages				Other				or mal function			
Exudates				10. CIRCULATORY SYSTEM		SITTING		including neuro			
Disc edema				Blood Pressure		RIGHT	LEFT	16. MISCELLANEOUS			
Nickling				Systolic				Adenopathy -			
3. EARS		RIGHT	LEFT	Diastolic				Locate			
Discharge		YES	NO	Aptex within M.C.L.				Varicocules -			
Drum intact				Rhythm - Normal sinus				Locate			
Canals normal				Heart Sounds - Normal				Etc.			
4. NOSE		YES	NO	Forceful				17. OTHER FINDINGS			
Perforation of Septum				Distant				Pelvic - If indicated			
Mucous Membranes				Murmurs							
Normal				Pharyngeal Vessels -							
Congested				Normal							
"Allergic"											
Polyps											

SU-04 11/84

Physician's Examination and Consultation

1. GENERAL		5. MOUTH		11. SPINE	
Pallor	YES NO	Good Hygiene	YES NO	Cervical - Normal	YES NO
Cyanosis		Dentures - Partial		Thoracic - Normal	
Jaundice		Complete		Lumbar - Normal	
Skin Disease		Nine		Sacral - Normal	
2. EYES		6. THROAT		12. ABDOMEN	
Pupils - Regular	RIGHT LEFT	Tonsils - Absent	YES NO	Scars	YES NO
Equal		Normal		Masses	
React to Light		Infected		Organomegaly	
React to Acc		7. THYROID - Normal		13. INGUINAL REGION	
Exophthalmos		Enlarged		Hernia	
Nystagmus		Modular		Genitalia - Normal	
Strabismus		8. THORAX		Serotal contents - Normal	
Cataract		Chest - Symmetrical	YES NO	14. RECTUM	
Conjunctiva - Normal		Shape - Normal		Ext. Hemorrhoids	
Conjunctiva - Congested		Breath Sounds - Normal		Int. Hemorrhoids	
Conjunctiva - Icteric		Rales (Type and Location)		Masses	
Cornia - Normal		9. BREASTS		Prostate - Normal	
Axilla scallid		Normal	RIGHT LEFT	15. EXTREMITIES - NORMAL	
Ulcers		Tumor	YES NO YES NO	Describe deformity or mal function including neuro	
Retina - Normal		Other			
Hemorrhages		10. CIRCULATORY SYSTEM		16. MISCELLANEOUS	
Exudates		Blood Pressure	SITTING	Adenopathy -	
Disc edema		Systolic	RIGHT LEFT	Locals	
Nicking		Diastolic	YES NO	Varicosities -	
3. EARS		Apex within M.C.L.		Locals	
Discharge	RIGHT LEFT	Rhythm - Normal Sinus		Etc.	
Drum intact	YES NO YES NO	Heart Sounds - Normal			
Canals normal		Forceful			
4. NOSE		Disant			
Perforation of Septum	YES NO	Murmurs		17. OTHER FINDINGS	
Mucous Membranes		Pleural Vessels -		Pelvic - If indicated	
Normal		Normal		OK - no lesions	
Congested					
"Allergic"					
Polyps					

LIST ALL POSITIVE FINDINGS OR ANY DIAGNOSIS INDICATED FROM ANSWERS TO THE ABOVE OR PREVIOUS PAGE

NAME: Mary McConico Age 62 ()

S.S. NO. [REDACTED]

BP 110/60

CHRM. SCREEN: 4-3-95

LABSTIX

HEIGHT: 67 1/2

WEIGHT: 193 lb

① Dermatitis 2° to [unclear] protein

② Elevated cholesterol

③ Hypertension - on meds

④ ⑤ breast [unclear] 4-27-95

AUDIO SCREEN: 4-03-95 OK

VISUAL SCREEN: 4-03-95 OK corrected

Mammograms to be scheduled for June.

HISTORY COMPLETED

44

10

Póvic - if indicated
 OK - *Waltman*
 RND - done -

SU-04 11/84

Physician's Examination and Consultation

		YES	NO			YES	NO			YES	NO
1. GENERAL				5. MOUTH				11. SPINE			
Pallor				Good Hygiene				Cervical - Normal			
Cyanosis				Dentures - Partial				Thoracic - Normal			
Jaundice				Complete				Lumbar - Normal			
Skin Disease				None				Sagel - Normal			
2. EYES				6. THROAT				12. ABDOMEN			
Pupils - Regular				Tonsils - Absent				Scars			
Equal				Normal				Masses			
React to Light				Infected				Organomegaly			
React to Acc				7. THYROID - Normal				13. INGUINAL REGION			
Esophthalmos				Enlarged				Hernia			
Nystagmus				Modular				Genitalia - Normal			
Strabismus				8. THORAX				Scrotal contents - Normal			
Cataract				Chest - Symmetrical				14. RECTUM			
Conjunctiva - Normal				Shape - Normal				Ext. Hemorrhoids			
Congested				Breath Sounds - Normal				Int. Hemorrhoids			
Icteric				Rales (Type and Location)				Masses			
Cornea - Normal				9. BREASTS				15. EXTREMITIES - NORMAL			
Arcus senilis				Normal				Describe deformity or mal function including neuro			
Ulcers				Tumor							
Retina - Normal				Other							
Hemorrhages				10. CIRCULATORY SYSTEM				16. MISCELLANEOUS			
Exudates				Blood Pressure				Adenopathy -			
Disc edema				Systolic				Locate			
Nicking				Diastolic				Varicosities -			
								Locate			
								Rin -			
3. EARS								17. OTHER FINDINGS			
Discharge				Apex within M.C.L.				Pelvic - If indicated			
Drum intact				Rhythm - Normal sinus				pelvic - ok			
Cerata normal				Heart Sounds - Normal				Papdome -			
				Forceful				Endocervical str.			
				Distant							
4. NOSE				Murmurs							
Perforation of Septum				Peripheral Vessels -							
Mucous Membranes				Normal							
Normal											
Congested											
"Allergic"											
Polyps											

LIST ALL POSITIVE FINDINGS OR ANY DIAGNOSIS INDICATED FROM ANSWERS TO THE ABOVE OR PREVIOUS PAGE.

NAME: Mary McConico

S.S. NO:

BP 112/104

CHEM. SCREEN: 3-20-96

LABSTIX

HEIGHT: 6'7 1/2"

WEIGHT: 198 3/4

Mammogram 6-95 - ok.

AUDIO SCREEN

VISUAL SCREEN

HISTORY COMPLETED

- no complaints
- ① Ac. Dermatitis 2° to med. products.
- ② Elevated Cholesterol - 269
- ③ Hypertension - on meds.

End of 11/84 & 4/96.

S. Mary McConico

SU-04 11784

Physician's Examination and Consultation

		YES	NO			YES	NO			YES	NO
1. GENERAL				5. MOUTH				11. SPINE			
Pallor				Good Hygiene				Cervical - Normal			
Cyanosis				Dentures - Partial				Thoracic - Normal			
Jaundice				Complete				Lumbar - Normal			
Skin Disease				None				Sacral - Normal			
2. EYES				6. THROAT				12. ABDOMEN			
Pupils - Regular				Tonsils - Absent				Scars			
Equal				Normal				Masses			
React to Light				Infected				Organomegaly			
React to Acc				7. THYROID - Normal				13. INGUINAL REGION			
Exophthalmos				Enlarged				Hernia			
Nystagmus				Modular				Gonorrhea - Normal			
Strabismus				8. THORAX				Scrotal contents - Normal			
Cataract				Chest - Symmetrical				14. RECTUM			
Conjunctiva - Normal				Shape - Normal				Ext. Hemorrhoids			
Congested				Breath Sounds - Normal				Int. Hemorrhoids			
Icteric				Rales (Type and Location)				Masses			
Cornea - Normal				9. BREASTS				Prostate - Normal			
Arcus senilis				Normal				15. EXTREMITIES - NORMAL			
Ulcers				Tumor				Describe deformity or mal function including scars			
Retina - Normal				Other				16. MISCELLANEOUS			
Hemorrhages				10. CIRCULATORY SYSTEM				Adenopathy -			
Exudates				Blood Pressure				Locate			
Disc edema				Systolic				Vertebral -			
Nickling				Diastolic				Locate			
3. EARS				Apex within M.C.L.				Etc.			
Discharge				Rhythm - Normal sinus				17. OTHER FINDINGS			
Drum intact				Heart Sounds - Normal				Pelvic - If indicated			
Canals normal				Percussion				Pap smears -			
4. NOSE				Murmurs				Endocervical swabs			
Perforation of Septum				Peripheral Vessels -							
Mucous Membranes				Normal							
Normal											
Congested											
"Allergic"											
Polyps											

SU-04 11/84

Physician's Examination and Consultation

		YES	NO			YES	NO			YES	NO
1. GENERAL				3. MOUTH				11. SPINE			
Pallor				Good Hygiene				Cervical - Normal			
Cyanosis				Dentures - Partial				Thoracic - Normal			
Jaundice				Complete				Lumbar - Normal			
Skin Disease				None				Sacral - Normal			
2. EYES				6. THROAT				12. ABDOMEN			
Pupils - Regular				Tonsils - Absent				Scars			
Equal				Normal				Masses			
React to Light				Infected				Organomegaly			
React to Acc				7. THYROID - Normal				13. INGUINAL REGION			
Exophthalmus				Enlarged				Hernia			
Nystagmus				Modular				Cervical - Normal			
Strabismus				8. THORAX				Scrotal contents - Normal			
Cataract				Chest - Symmetrical				14. RECTUM			
Conjunctiva - Normal				Shape - Normal				Ext. Hemorrhoids			
Congested				Breath Sounds - Normal				Int. Hemorrhoids			
Icteric				Rales (Type and Location)				Masses			
Cornea - Normal				9. BREASTS				15. EXTREMITIES - NORMAL			
Arcus senilis				Normal				Describe deformity			
Ulcers				Tumor				or mal function			
Retina - Normal				Other				including neuro			
Hemorrhages				10. CIRCULATORY SYSTEM				16. MISCELLANEOUS			
Exudates				Blood Pressure				Adenopathy -			
Disc edema				Systolic				Locate			
Nickling				Diastolic				Varicosities -			
1. EARS				Apex within M.C.L.				Locate			
Discharge				Rhythm - Normal Sinus				Etc. -			
Drum intact				Heart Sounds - Normal				17. OTHER FINDINGS			
Canals normal				Forceful				Pelvic - If indicated			
4. NOSE				Distast				pap done			
Perforation of Septum				Murmurs				pelvic ok.			
Mucous Membranes				Peripheral Vessels -							
Normal				Normal							
Congested											
"Allergic"											
Polyps											

BP 230/120 did not take BP med yet.

LIST ALL POSITIVE FINDINGS OR ANY DIAGNOSIS INDICATED FROM ANSWERS TO THE ABOVE OR PREVIOUS PAGE.

NAME: Mary M. Conico
 S.S. NO.: [REDACTED]
 DOB: [REDACTED] Age: [REDACTED]
 CHEM. SCREEN: 3/16/98
 LABSTIX: 3/16/98
 HEIGHT: 5' 6"
 WEIGHT: 203
 BP: 170/86
 AUDIO SCREEN: 3/16/98 ok.
 VISUAL SCREEN: 3/16/98 ok.
 HISTORY COMPLETED: 3/20/98

Repeat 234/116 - 0
 224/120 P
 1) Hypertension - not well controlled.
 2) Elevated cholesterol
 Eval 4-2-98.
 The medication. See upon doctor.

SU-04 11/84

Physician's Examination and Consultation

1. GENERAL		YES	NO	2. MOUTH		YES	NO	11. SPINE		YES	NO
Pallor			1	Good Hygiene		✓		Cervical - Normal		1	
Cyanosis				Deviations - Partial				Thoracic - Normal			
Jaundice				Complete				Lumbar - Normal			
Skin Disease				Nose		✓		Sacral - Normal			
2. EYES		RIGHT	LEFT	4. THROAT				12. ABDOMEN			
Pupils - Regular		YES	NO	YES	NO	YES	NO	Scars			1
Equal		1	1	Tendils - Absent		✓		Masses			1
React to Light		1	1	Normal				Organomegaly			
React to Acc		1	1	Infected				13. INGUINAL REGION			✓
Exophthalmos				7. THYROID - Normal		✓		Hernia			
Nystagmus				Enlarged				Ocularis - Normal			
Strabismus				Modular				Scrotal contents - Normal			
Cataract				8. THORAX				14. RECTUM			
Conjunctiva - Normal				Chest - Symmetrical		✓		Ext. Hemorrhoids			
Conjunctiva - Icteric				Shape - Normal		✓		Int. Hemorrhoids			
Cornea - Normal				Brush Sounds - Normal		✓		Mucosa			
Arcus senilis				Rales (Type and Location)				Prostate - Normal			
Ulcers				9. BREASTS		RIGHT	LEFT	15. EXTREMITIES - NORMAL			
Retina - Normal				Normal		YES	NO	Describe deformity			
Hemorrhages				Tumor		✓	✓	or pal function			
Exudates				Other		✓	✓	including neuro			
Dilated vessels				10. CIRCULATORY SYSTEM		SITTING		16. MISCELLANEOUS			
Nicking				Blood Pressure		RIGHT	LEFT	Adenopathy			
3. EARS		RIGHT	LEFT	Systolic				Locate			
Discharge		YES	NO	Diastolic				Vasculitis			
Drum intact		✓	✓	Apex within M.C.L.		YES	NO	Locate			
Cause normal		✓	✓	Rhythm - Normal Sinus		✓	✓	Etc.			
4. NOSE		YES	NO	Heart Sounds - Normal				17. OTHER FINDINGS			
Perforation of Septum				Forced				Pelvic - if indicated			
Mucous Membrane				Distant				c-section scar			
Normal		✓	✓	Murmurs							
Conjunctiv				Peripheral Vessels		✓	✓				
"Allergic"				Normal							
Polyps											

LIST ALL POSITIVE FINDINGS OR ANY DIAGNOSIS INDICATED FROM ANSWERS TO THE ABOVE OR PREVIOUS PAGE

NAME: Mary McConico

S.S. NO. [REDACTED]

BP 100/90

CHEM SCREEN 2/3/99

LABSTIX

HEIGHT: 60 1/2"

WEIGHT: 209 lb

AUDIO SCREEN 2/3/99

VISUAL SCREEN 2/3/99

HISTORY COMPLETED

1) Hypertension on med.

2) Elevated uric acid.

low cholesterol diet !!

Small blood 4-8-99

Significant Conditions

DATE EMPLOYED

DEPT.

- NEXT OF KIN

(OVER)

DATE	TIME	INJURY & ILLNESS	ALICE OR TREATMENT	CARED FOR BY
9-14-88		CC: Hands broken out again - very upset that her skin problem is flaring up again and has never properly healed - states that she "forgets" sometimes and touches things she shouldn't; Appt. to Dr. Shumner 10 ³⁰ AM, Wed, 9-21-88		AM
9-21-88		Appt. to Dr. Shumner - Rx for: Lidex cream bid Alopi 10 mg qid Diphen 100 mg bid to thickest places		
9-2-89		Found to be hypertensive on PE. Started on Primidol 100 mg daily. Daily BP checks starting immediately.		
12-04-89		BP 204/118 - c/o head and back of neck hurting Took primidol 100 mg daily x 2 weeks & stopped. Don't know what effect it had on BP.		Ellyson
12-14-89		Try Cor 20 to 40/5 daily. #15. BP 140/88		
		Cor 20 to 40/5 #60 3 refills		Ellyson
8-14-90		BP 204/126 - No medication since July!! Cor 20 to 40/5 #60 3 refills		
8-20-90		During physical exam pt. states that she has plate wrapping but notices some numbness and tingling at night - denies any splint. So wears no splint; Tells Dr. Bep that she is allergic to meat protein - can't even take her own fish off the bone (BP 150/96)		Ellyson

DATE	TIME	INJURY OR ILLNESS	ADVICE OR TREATMENT	CARED FOR BY
4-22-97		FRONT 150 RSD #32		
10-10-97		CC: Unload station on automatic wrapper pushed at 5th finger upward this AM (830) P/A of some stiffness and soreness now (2:30 pm) elbow. Elevation - Adair - no swelling lac or discoloration noted at this time		
2/24/98	0810	Reported to Medical Dept & co: of left wrist unknown injury, hand & foot 85 minutes. Adair & oriented to no signs of symptoms of distal nerve root BP 225/120, repeated - same. P-104 R-20. Adair being on BP medication, advised to treatment out & hand on right side. EMS notified. Report BP @ 0825 222/120. Ship = bilaterally in shock & strong. Teresa Engren, & daughter, notified & instructed to meet Mr. McConico @ hangar. @ Mr. Engren, and husband Calvin, notified.		
2/24/98	0830	Placed on stretcher & transported to ambulance by EMS attendants @ this time. She continues to be alert & oriented.		
4/2/98	0930	BP 230/120, 234/116 - Supine, 224/120 sitting. States she has not had her BP medication yet this AM. Seen by Dr. Byrd for physical exam. Scheduled to see Medical DR & to return through Medical Dept for BP check. Prior to returning to work.		
4/2/98	0640	BP 184/92. Has RTW release by Dr. McConico. Now on Telavast 10mg iqd along other BP meds.		

NAME McConica, Ma TELEPHONE _____
 ADDRESS _____ DATE EMPLOYED _____
 BIRTH DATE _____ DEPT. _____
 FAMILY DOCTOR _____ NEXT OF KIN _____

Significant Conditions _____

DATE	TIME	INJURY OR ILLNESS	ADVICE OR TREATMENT	CARED FOR BY
5-4-93		BP 200/120 (C) am sitting. state has been under ability stress, cont. going diff.		
		stop cortic. at 7 week	Vasotec 10/25. daily	UHS
5-10-93		BP 122/80. Pres. Vasotec 10/25 daily #90. Bupropion.		Elkay
5-2-94		BP 140/120 - (C). Still headache was 77. BP meds 2 months. Started back 10 days. Pain. No final opportunity good cup to be fully. Good motion about neck.		
		Continue Vasotec 10/25. Take Fennel for headache. Low weight.		
1-09-96		T 975 Coughing Cough X 3 week.		UHS
		chest scattered rhonchi - few wheezes.		
		Bisprol 500 1580 #14.		
		Phenylephrine DM. 10/25.		
6-03-96		C.C. Cough T 984.		UHS
		chest scattered rhonchi.		

EMPLOYEE MEDICAL RECORD CARD

(OVER)

DATE	TIME	INJURY OR ILLNESS	ADV. OR TREATMENT	CARED FOR BY
		Leg: Bruise (D) wrist - esp. 7 C.T.S. Recurrent. To wear splint at night & at work - Ibuprofen 600 QID. Return prev.		
3-31-92		For past four years anytime she relaxes, she has pain in both wrists. But more in rt. - As long as she is working with hands no problem - Wakes her up at night with rt. hand numb and tingling - Was wearing prophy but quit about 2 weeks ago C/O Aching in (D) wrist - I have seen before 5 yrs. 7 CTS. Status: Wrist aches after she gets home @ rest. Occasionally wakes up @ night & numbs in thumb, 2nd, & 3rd finger. Adail helps. Has been on plate wrapping x 4 yrs. No swelling observed. From 5 pain. ⊕ Hand's sign.		
		Leg: C.T.S. (D) wrist. Encouraged to wear splint Ibuprofen 800 TID. Return 2 weeks.		
5-5-93		BP 182/100 - States she has not taken CTS any BP meds for one month because it makes her feel bad.		
5-4-93		Has not taken CTS since February because it makes her feel tired.		

NAME McConico, Mary TELEPHONE _____
 ADDRESS _____ DATE EMPLOYED _____
 BIRTH DATE _____ DEPT. _____
 FAMILY DOCTOR _____ NEXT OF KIN _____

Significant Conditions _____

DATE	TIME	INJURY OR ILLNESS	ADVICE OR TREATMENT	CARED FOR BY
10/13/87		adamantly states that she is ailly' & by again in jk. & for special precautions. Return here if worsens at all.	T. Denny	
10-15-87		Reck: Rash improved. No painting, etc. From, advised to be for life of woman.	T. Denny	
10/16/87		After 2. resumption of work at bank, some vesicles present. Will abate for present job.	T. Denny	
11-09-87		Long vesicles present. Lateral angina. Wheezing in skin test. Slight itching. Well kept. Baked. Dr. Schumacher 1994	T. Denny	
11-12-87		CC: "Doctor in Cal. isn't doing anything for me". Water doctor says that Evid. won't let him do allergy testing. See Dr. Denny in AM.		SM
11-12-87		Revisit. - Still present, depressed - on nease. pils - Can take samples of Resin to Cal. for allergy testing; however, no personal allergy testing.		
1-11-88		CC: At eye. Like sand in it - started yesterday, this am all matted - squeezed. - Messy. opt. gets it - let after lunch to see Dr. Denny.		SM
		Inst. Cortisporin O.S. - Re. Cortisporin opt. drops to both eyes.		END
8-30-88		P.G. Chest Cold - 7994		
		Chd. Clean to Denc - R&R - Phenomenon & col. Exp. - Huerwollin #21 28mg		
				ET/Br

EMPLOYEE MEDICAL RECORD CARD

(OVER)

REPORT C03P6050

EXIDE HEALTH AND ENVIRONMENTAL INFORMATION SYSTEM
EMPLOYEE HISTORY REPORT - LOCATION EXIDE SUMTER

- SC

10/20/83

EMPLOYEE NAME
LAST FIRST I SOC-SEC-NUM SEX SUPERVISOR AGE STATUS DATE STATUS DESCRIPTION
 [REDACTED] [REDACTED] F OSBORNE 03/04/74 HIRE DATE

LINE NO	DATE	WORK TAKEN STATION	AIR SAMPLE NUMBER	S E H E	F S H E	MGB	UG/ PCT	FEP	PB	PB	AS	AS	TIN	COMMENT
31	08/26/83	CLADEX		1 N										LEC TO 220 - CHANGE IN STATUS
30	08/31/83	GLUE & COVER LEC #1	3135U9	1 N					12				455	NORMAL CONDITIONS GLUE & COVER & STACKER
29	07/07/83	GLUE & COVER LEC #1		1 N				34	38					
28	05/26/83	GLUE & COVER LEC #1		1 N				30	36					
27	02/01/83	GLUE & COVER LEC #1	0418U3	1 N						35			440	NORMAL CONDITIONS
26	01/17/83	GLUE & COVER LEC #1		1 N				24	41					
25	12/07/82	GLUE & COVER LEC #1	7695U2	1 N						59			440	NORMAL CONDITIONS FAN OFF
24	11/17/82	GLUE & COVER LEC #1	7475U2	1 N						49			450	NORMAL CONDITIONS
23	11/09/82	GLUE & COVER LEC #1		1 N										UPDATE
22	11/10/82	GLUE & COVER LEC #1	7245U2	1 N						40			440	NORMAL CONDITIONS
21	11/09/82	GLUE & COVER LEC #1		1 N				21	38					
20	11/03/82	GLUE & COVER LEC #1	7065U2	1 Y						37			455	FAN OFF
19	10/13/82	GLUE & COVER LEC #1		1 Y										RESPIRATOR FIT TEST-QUALITATIVE
18	10/13/82	GLUE & COVER LEC #1		1 Y										HAD TRAINING SESSION ON LEAD HYGIENE
17	10/13/82	GLUE & COVER LEC #1		1 Y				27	36					PHYSICAL EXAM PERFORMED
16	09/01/82	GLUE & COVER LEC #1		1 N				27	24					LEC FROM CLADEX
15	08/16/82	UNIDENT		1 Y										LEC ASSEMB FROM TUBING
14	06/20/82	CLADEX		1 N				12	18					
13	04/14/82	CLADEX		1 N										VACUUM SYSTEM USED
12	04/14/82	CLADEX		1 N										CLEANUP CASSETTE RAN-NO
11	04/14/82	CLADEX	251XU2	1 N					8				300	FOOD VENTILATION
10	12/08/81	TUBE MACHINE OPER						16						PMS
9	06/10/81							21						PMS
8	12/02/80							37						PMS
7	05/19/80							26						PMS
6	11/30/79						22.0	15						PMS
5	08/30/79							9						PMS
4	06/18/79							10						PMS
3	04/05/79							29						PMS
2	09/11/78							47.0	17					PMS
1	04/26/78							23.0	22					PMS

McConico
NAME THOMAS, MARY

CLAP

INDUSTRIAL HYGIENE LABORATORY STUDIES

DATE	Pb in Air UG/M ³	ALA	URINE Sp. Gr.	URINE Pb UG/L	URINE Pb CORRECTED TO 100% UG/L	BLOOD Pb UG/100 GMS	NOTES	JOB TITLE	CLOCK NO.	DEPT. NO.
6/3/75			1.025	20		20	Re. 12 vpc 37	Mech	1944	
7-9-75			1.015	40						
8-20-75			1.030	20						
9-3-75			1.020	20						
10-2-75			1.020	20						
11-6-75			1.020	30			Urine & Blood Dec.	21 Nov 75		
12-3-75			1.013	20		14	Urine Jan.	12 Jan 76		
1-5-76			1.025	20			Urine Mar.	10 Mar 76		
4-1-76			1.025	30		18				
7-1-76			1.028	20			Urine Apr 77	29 Apr 76		
1-17-77			1.025	30			on M.L.O.A.			
4-4-77			1.015	20		14				
7-1-77			1.031	20						
10-3-77			1.021	20		7	Urine & Blood Apr 72	14 Nov 77		
1-4-78			1.018	20						
9-11-78						17	Blood			
3-5-79						29	3/5/79 Reported ~~pregnancy~~ completed pregnancy - FDC ant.			
6-18-79						10	Delivered To son Dr. Carpenter Fri. 3/9/79 had been			
8-30-79						9	Urine completed - Blood Sample 3/5/79 reported 9-29-79			
11-30-79						15	Medical Leave 3-09-79 FEP-22			
6-19-80						26	Delivered 9-19-79 (Twins)			
12-2-80						17	Rel. 11-12-79 (not breast feeding)			
6-10-81					20	21		4/27-5/2/81 vacation		
12-8-81					21	16				
4-26-82					18	12		7-16-82 From #20 to LCC Assemb		
9-01-82					24	27				
10-13-82					36	27		9-26-83 LCC to Dept 20		
11-09-82					38	21				
11-18-83					41	24				
5-26-83					36	30	16 June 83 Dept			
7-17-83					38	34		9-26-83 To Mary #20		
6-06-84						16				
7-12-84					69	15	23 Aug 84 Dept			
5-02-85					36	12	11 June 85 Court			

1-5388 REV. 1/73

PERSONAL EMPLOYEE DATA

EFFECTIVE: 09/08/88

DATE/JOB: 01/01/80

CLOCK #: 1944
DATE/HIRED: 03/04/74

NAME : MCCONICO, MARY C.

ADDRESS : [REDACTED]

TELEPHONE: [REDACTED]

SS#: [REDACTED]

DEPT : 44 SHIFT: 1
JOB : PLT REP./KOR. WRAP CODE: GRADE: 5 WAGE: 7.86

RACE : 1 SEX: F CHANGE: STATUS: REG VETERAN: BID: N EEO:
MARITAL : M DEP M/D: N DEP LIFE: Y
MEDICAL :

AVG BLOOD: 36 LST BLOOD: 35 LST LIA: 0
LST TAKEN: 10/04/88 DUE DATE : 04/06/89
DEPT HEAD: STOTLER ER:
PLT MGR: REDMOND

SUPERV. : RUPPERT
PROD MGR : STOTLER

COMMENT :

*Linger,
Please check address for
address change.*

Acct
5-14-90
Med
Surf 5-14-90

PERSONAL EMPLOYEE DATA

EFFECTIVE: 06/12/89

DATE/JOB: 01/01/80

CLOCK #: 1944
DATE/HIRED: 03/04/74

NAME : MCCONICO, MARY C.

ADDRESS :

TELEPHONE :

SS#:

DEPT :

44

SHIFT: A

JOB :

PLT REP. / KUR. WRAP

CODE:

GRADE: 6

WAGE:

8.44
8.19

RACE :

1 SEX: F CHANGE:

STATUS: REG

VETERAN: N

BID:

EEO:

MARITAL :

M

DEP M/D: N

DEP LIFE: Y

MEDICAL :

AVG BLOOD: 36

LST BLOOD: 35

LST LIA: 12

LST TAKEN: 10/04/88 DUE DATE : 05/04/89

SUPERV. : RUPPERT

DEPT HEAD: STOTLER

ER: STOTLER

PROD MGR :

PLT MGR: HENRY

COMMENT : CHANGE PAY GRADE TO GRADE 6 @ 8.19 EFF. 6/12/89.

Pay emp. 40 hrs. @ Grd. 6 = \$8.44

1 week vacation

EFF 5/14

J.D. Ruppert
5/14

J. W. Witak
5/14/90

PERSONAL EMPLOYEE DATA

EFFECTIVE: 05/14/90 DATE/JOB: 01/01/80 CLOCK #: 1944
 DATE/HIRED: 03/04/74
 NAME : MCCONICO, MARY C.
 ADDRESS :
 TELEPHONE:
 SS#:
 DEPT : 44 SHIFT: A
 CODE : JOB: PL WRAP, EXIOBDE: K751 GRADE: 6 WAGE: 8.82
 RACE : B SEX: F CHANGE: STATUS: REG VETERAN: N BID: EEO: 7D
 MARITAL : M DEP M/D: N DEP LIFE: Y
 MEDICAL : / / AVG BLOOD: 45 LST BLOOD: 48 LST LIA: 23
 LST PHYS : LST TAKEN: 03/06/91 DUE DATE : 05/06/91
 SUPERV. : RUPPERT DEPT HEAD: ER:
 PROD MGR : LUNNING PLT MGR: HENRY
 COMMENT : PAY 1 WEEK VACATION PAY EFF: 5/14/90
 COMMENT2 :

Pay 40 hrs. = 1 wk. vacation.

Employee on vac. w/o 3/22

Need check 3/18

3/13

J. Whitaker
 3/15/93

PERSONAL EMPLOYEE DATA

4-13-92
EFFECTIVE: 05/14/90 DATE/JOB: 01/01/80 CLOCK #: 1944
DATE/HIRED: 03/04/74
NAME : MCCONICO, MARY C.
ADDRESS :
TELEPHONE: SS#:
DEPT : 44 SHIFT: A
CODE : JOB: PL WRAP, EXIOBDE: K751 GRADE: 6 WAGE: 8.82
RACE : B SEX: F CHANGE: STATUS: REG VETERAN: N BID: EEO: 7D
MARITAL : M DEP M/D: N DEP LIFE: Y
MEDICAL :
LST PHYS : 1 'Chy' AVG BLOOD: 43 LST BLOOD: 42 LST LIA: 26
LST TAKEN: 01/08/92 DUE DATE : 03/09/92
SUPERV. : RUPPERT DEPT HEAD: Jim Hender 4/13/92 ER:
PROD MGR : LUNNING PLT MGR: HENRY

COMMENT : PAY 1 WEEK VACATION PAY EFF: 5/14/90
COMMENT2 :

Request for 4th WK of Vacation begins
4-13-92 to 4-19-92

J. Whitaker
3-11-92

cc of
G
J



BLOOD LEAD REDUCTION PROGRAM FOR

Mary McConico Dept 44 Pkt. Wrapp
Bid Pb 55 3/3/92 DATE: 3-13-92
Repeated 3/13/92

- 1) Mary was very upset about her elevation of
- 2) bid Pb - states that she has taken extra
- 3) precaution to wash up and shower, etc as well as
- 4) use respirator; states that she will just stop it all
- 5) and do nothing - no wash-ups, no showers, ect and
- 6) see what bid Pb needs for April
- 7) I tried to reason with Mary about the nec.
- 8) of wash-ups, showers, careful work habits, material handling etc that each employee must be aware of and practice in a Pb environment. she agreed that she would try "real hard" to handle herself carefully "for one more month" until bid Pb was taken again.

Employee

Supervisor

Sharon Miller
H & S Coord.

Employee Relations Manager

Overdine a factor here?

Per C. Sugg - none in past
2 wks - prior to this 10 lb/day,
6 days/wk

PERSONAL EMPLOYEE DATA

EFFECTIVE: 05/03/93

DATE/JOB: 01/01/80

CLOCK #: 1944

DATE/HIRED: 03/04/74

NAME : MCCONICO, MARY C.

ADDRESS :

TELEPHONE:

SS#:

DEPT : 44

SHIFT: A

CODE :

JOB:PL WRAP, EXIDBDE: K751

GRADE: 6

WAGE:

8.82

RACE : B SEX: F CHANGE:

STATUS: REG

VETERAN:

BID: N

EEO: 7D

MARITAL : M

DEP M/D: N

DEP LIFE: Y

MEDICAL :

LST PHYS : / /

AVG BLOOD: 34

LST BLOOD: 33

LST LIA: 26

LST TAKEN: 03/04/93 DUE DATE : 09/03/93

SUPERV. : RUPPERT

DEPT HEAD:

ER: EVANS

PROD MGR : NEHLS

PLT MGR: HENRY

COMMENT : MAKE PAY ADJUSTMENT FOR ONE WEEK OF JURY DUTY

COMMENT2 :

Employee is on non-incentive job.

Change pay rate to \$9.49

Please make adjustment back to 8/4/93

for all hours worked.

JK
8/6/93

8

Bjm 8/30/93

PERSONAL EMPLOYEE DATA

EFFECTIVE: 03/15/93

DATE/JOB: 01/01/80

CLOCK #: 1944

DATE/HIRED: 03/04/74

NAME : MCCONICO, MARY C.

ADDRESS : [REDACTED]

TELEPHONE: [REDACTED]

SS#: [REDACTED]

DEPT : 44
CODE :

SHIFT: A

JOB: PL WRAP, EXIDBDE: K751

GRADE: 6

WAGE: 8.82

RACE : B SEX: F CHANGE:

STATUS: REG

VETERAN: N

BID: EEO: 7D

MARITAL : M

DEP M/D: N

DEP LIFE: Y

MEDICAL :

LST PHYS : / /

AVG BLOOD: 34

LST BLOOD: 33

LST LIA: 26

LST TAKEN: 03/04/93 DUE DATE : 09/03/93

SUPERV. : RUPPERT

DEPT HEAD:

ER: NEHLS

PROD MGR : EVANS

PLT MGR: HENRY

CC ENT : PAY 40 HRS. 1 WEEK VACATION EMPLOYEE ON VAC. W/O 3/22 NEED CHECK

COMMENT2 : 3/18/93

Make pay adjustment for one week of jury duty

2h
5/3

[Signature]

J. Whitaker
5/3/93

EMPLOYEE PB/BLOOD REPORT

05/13/96

NAME I SOC-SEC-NUM SEX SUPERVISOR DATE/JOB JOB TITLE
 MCCONICO, MARY C. REG [REDACTED] F RUPPERT 01/01/80 AUTO PLT WRA

LINE NO.	DATE TAKEN	WORK STATION	S H F T	R E S P	PB BLOOD	COMMENT
1	05/01/96	WRAPPER OPER	A	Y	40.2	
2	03/20/96	WRAPPER OPER	A	Y	37	ANNUAL PHYSICAL
3	03/04/96	WRAPPER OPER	A	Y	36	
4	12/18/95	WRAPPER OPER	A	Y	27	OFF POT.MRP 1/8/96
5	12/04/95	WRAPPER OPER	A	Y	32	
6	11/01/95	WRAPPER OPR	A	Y	40	
7	10/18/95	WRAPPER OPER	A	Y	40	
8	10/03/95	WRAPPER OPER	A	Y	47	POT. MRP
9	07/18/95	WRAPPER OPR	A	Y	35	07-18-95 R.L. 33
10	04/03/95	WRAPPER OPR	1	Y	35	
11	03/08/95	WRAPPER OPR	1	Y	34	3-08-95 R.L. 32
12	02/02/95	WRAPPER OPR	1	Y	43	
13	11/02/94	WRAPPER OPR	1	Y	29	
14	08/03/94	PL WRAP, EXIDE	1	N	30	
15	05/06/94	PLATE WRAP	1	N	35	
16	04/04/94	PL WRAP	1	N	44	
17	01/06/94	PL WRAP, EXIDE	1	N	36	
18	11/03/93	WRAPPER OPR	1	N	36	
19	09/07/93	PL WRAP, EXIDE	1	N	40	
20	03/04/93	PLATE WRAP, EXIDE	1	Y	33	
21	09/08/92	PL WRAP, EXIDE	1	Y	34	
22	07/01/92	PL WRAP, EXIDE	1	Y	39	
23	05/14/92	PL WRAP, EXIDE	1	Y	41	
24	04/02/92	PL WRAP, EXIDE	1	Y	54	
25	03/13/92	PL WRAP, EXIDE	1	Y	53	
26	03/03/92	PL WRAP, EXIDE	1	Y	55	
27	01/08/92	PL WRAP, EXIDE	1	Y	42	
28	11/07/91	PL WRAP, EXIDE	1	Y	42	
29	08/01/91	PL WRAP, EXIDE	1	Y	45	
30	06/13/91	PL WRAP, EXIDE	1	N	41	
31	05/08/91	PL WRAP, EXIDE	1	Y	43	
32	03/06/91	PL WRAP, EXIDE	1	Y	48	
33	01/08/91		0	Y	40	ON MRP
34	12/05/90	PL WRAP & CLEAN #3	1	Y	46	
35	10/08/90	PL WRAP & CLEAN #3	1	Y	44	
36	08/09/90	PL WRAP & CELAN #3	1	Y	44	
37	08/01/90	PL WRAP & CLEAN #3	1	Y	40	
38	02/01/90	PL WRAP & CLEAN #3			31	
39	08/22/89	PLT WRAP & CLEAN #3			28	
40	11/01/88	UNIDENT	1	Y	34	
41	10/04/88	UNIDENT	1	Y	35	
42	05/05/88	UNIDENT	1	Y	35	
43	04/06/88	UNIDENT	1	Y	38	
44	03/02/88	PLATE FINISHER MP #2	1	N	35	
45	02/02/88	PLATE FINISHER MP #2	1	N	24	
46	09/23/87	CLADEX	1	N	15	

Average for 6 month: 35.33

Next Date Due: 07/01/96

EMPLOYEE PB/BLOOD REPORT

03/08/95

NAME I SOC-SEC-NUM SEX SUPERVISOR DATE/JOB JOB TITLE
 MCCONICO, MARY C. REG [REDACTED] F RUPPERT 01/01/80 PL WRAP, EXIDE

LINE NO.	DATE TAKEN	WORK STATION	S H F T	R E S P	PB BLOOD	COMMENT
1	02/02/95	WRAPPER OPR	1	Y	43	
2	11/02/94	WRAPPER OPR	1	Y	29	
3	08/03/94	PL WRAP, EXIDE	1	N	30	
4	05/06/94	PLATE WRAP	1	N	35	
5	04/04/94	PL WRAP	1	N	44	
6	01/06/94	PL WRAP, EXIDE	1	N	36	
7	11/03/93	WRAPPER OPR	1	N	36	
8	09/07/93	PL WRAP, EXIDE	1	N	40	
9	03/04/93	PLATE WRAP, EXIDE	1	Y	33	
10	09/08/92	PL WRAP, EXIDE	1	Y	34	
11	07/01/92	PL WRAP, EXIDE	1	Y	39	
12	05/14/92	PL WRAP, EXIDE	1	Y	41	
13	04/02/92	PL WRAP, EXIDE	1	Y	54	
14	03/13/92	PL WRAP, EXIDE	1	Y	53	
15	03/03/92	PL WRAP, EXIDE	1	Y	55	
16	01/08/92	PL WRAP, EXIDE	1	Y	42	
17	11/07/91	PL WRAP, EXIDE	1	Y	42	
18	08/01/91	PL WRAP, EXIDE	1	Y	45	
19	06/13/91	PL WRAP, EXIDE	1	N	41	
20	05/08/91	PL WRAP, EXIDE	1	Y	43	
21	03/06/91	PL WRAP, EXIDE	1	Y	48	
22	01/08/91		0	Y	40	ON MRP
23	12/05/90	PL WRAP & CLEAN #3	1	Y	46	
24	10/08/90	PL WRAP & CLEAN #3	1	Y	44	
25	08/09/90	PL WRAP & CELAN #3	1	Y	44	
26	08/01/90	PL WRAP & CLEAN #3	1	Y	40	
27	02/01/90	PL WRAP & CLEAN #3			31	
28	08/22/89	PLY WRAP & CLEAN #3			28	
29	11/01/88	UNIDENT	1	Y	34	
30	10/04/88	UNIDENT	1	Y	35	
31	05/05/88	UNIDENT	1	Y	35	
32	04/06/88	UNIDENT	1	Y	38	
33	03/02/88	PLATE FINISHER MP #2	1	N	35	
34	02/02/88	PLATE FINISHER MP #2	1	N	24	
35	09/23/87	CLADEX	1	N	15	

Average for 6 month: 36.00

Next Date Due: 04/04/95

EMPLOYEE PB/BLOOD REPORT

10/05/95

NAME I SOC-SEC-NUM SEX SUPERVISOR DATE/JOB JOB TITLE
 MCCONICO, MARY C. REG ██████████ F RUPPERT 01/01/80 PL WRAP, EXIDE

LINE NO.	DATE TAKEN	WORK STATION	S H F T	R E S P	PB BLDOD	COMMENT
1	07/18/95	WRAPPER OPR	A	Y	35	07-18-95 R.L. 33
2	04/03/95	WRAPPER OPR	1	Y	35	
3	03/08/95	WRAPPER OPR	1	Y	34	3-08-95 R.L. 32
4	02/02/95	WRAPPER OPR	1	Y	43	
5	11/02/94	WRAPPER OPR	1	Y	29	
6	08/03/94	PL WRAP, EXIDE	1	N	30	
7	05/06/94	PLATE WRAP	1	N	35	
8	04/04/94	PL WRAP	1	N	44	
9	01/06/94	PL WRAP, EXIDE	1	N	36	
10	11/03/93	WRAPPER OPR	1	N	36	
11	09/07/93	PL WRAP, EXIDE	1	N	40	
12	03/04/93	PLATE WRAP, EXIDE	1	Y	33	
13	09/08/92	PL WRAP, EXIDE	1	Y	34	
14	07/01/92	PL WRAP, EXIDE	1	Y	39	
15	05/14/92	PL WRAP, EXIDE	1	Y	41	
16	04/02/92	PL WRAP, EXIDE	1	Y	54	
17	03/13/92	PL WRAP, EXIDE	1	Y	53	
18	03/03/92	PL WRAP, EXIDE	1	Y	55	
19	01/08/92	PL WRAP, EXIDE	1	Y	42	
20	11/07/91	PL WRAP, EXIDE	1	Y	42	
21	08/01/91	PL WRAP, EXIDE	1	Y	45	
22	06/13/91	PL WRAP, EXIDE	1	N	41	
23	05/08/91	PL WRAP, EXIDE	1	Y	43	
24	03/06/91	PL WRAP, EXIDE	1	Y	48	
25	01/08/91		0	Y	40	ON HRP
26	12/05/90	PL WRAP & CLEAN #3	1	Y	46	
27	10/08/90	PL WRAP & CLEAN #3	1	Y	44	
28	08/09/90	PL WRAP & CELAN #3	1	Y	44	
29	08/01/90	PL WRAP & CLEAN #3	1	Y	40	
30	02/01/90	PL WRAP & CLEAN #3			31	
31	08/22/89	PLT WRAP & CLEAN #3			28	
32	11/01/88	UNIDENT	1	Y	34	
33	10/04/88	UNIDENT	1	Y	35	
34	05/05/88	UNIDENT	1	Y	35	
35	04/06/88	UNIDENT	1	Y	38	
36	03/02/88	PLATE FINISHER MP #2	1	N	35	
37	02/02/88	PLATE FINISHER MP #2	1	N	24	
38	09/23/87	CLADEX	1	N	15	

Average for 6 month: 36.75

Next Date Due: 01/17/96

MEDICAL REMOVAL (MRP)

NAME Mary McConico DATE 10-05-95
 DEPARTMENT 44 JOB TITLE Asst. Insp. SHIFT 1
 BLOOD LEAD LEVEL 47 BLOOD LEAD AVERAGE 39

NOTIFICATION BY: G. Mullis

If air lead concentration is at or above 30 ug/m^3 and average of last three blood leads or last 6 months (whichever is longer) is at or above 50 ug/100g , unless the last blood was less than or equal to 40 ug/100g .

MRP benefits include maintenance of earnings, seniority and other rights as though employee had not been removed (may be conditional based on employee's participation in follow-up medical surveillance) for up to 18 months.

REMOVAL TO:

DEPARTMENT 72 JOB TITLE Finishing SHIFT 1st DATE 10/12
 BY: Jim Funder 10/17
 SUPERVISOR DATE

EMPLOYEE SIGNATURE Mary McConico DATE 10-17-95

EMPLOYEE PB/BLOOD REPORT

10/16/96

NAME I SOC-SEC-NUM SEX SUPERVISOR DATE/JOB JOB TITLE
 MCCONICO, MARY C. REG ██████████ F RUPPERT 01/01/80 AUTO PLT WRA

LINE NO.	DATE TAKEN	WORK STATION	S R H R F S T P	PB BLOOD	COMMENT
1	10/02/96	WRAPPER OPER	A Y	44	
2	07/15/96	WRAPPER OPER	A Y	30	
3	06/04/96	WRAPPER OPER	A Y	28	
4	05/01/96	WRAPPER OPER -PB CONF.	A Y	40	PROTEC RESP.
5	03/20/96	WRAPPER OPER	A Y	37	ANNUAL PHYSICAL
6	03/04/96	WRAPPER OPER	A Y	36	
7	12/18/95	WRAPPER OPER	A Y	27	OFF POT.MRP 1/8/96
8	12/04/95	WRAPPER OPER	A Y	32	
9	11/01/95	WRAPPER OPR	A Y	40	
10	10/18/95	WRAPPER OPER	A Y	40	
11	10/03/95	WRAPPER OPER	A Y	47	POT. MRP

Average for 6 month: 35.50 Next Date Due: 12/02/96

RETURN TO PERMANENT JOB
FROM MRP OR POTENTIAL MRP

TO: Jim Fender FROM: Steve Mullis
Supervisor
DEPT. 44

SUBJECT: PERSONAL HYGIENE: Reduction of Blood Pb Level

EMPLOYEE: Mary McConica CLOCK # _____ DEPT. 72

has returned to his normal duties after being temporarily assigned another job because of high blood lead level. You are to observe the following actions pertaining to hygiene in an effort to prevent recurrence.

1. Washing of face, hands and forearms before eating, drinking or smoking. Use scrub brush and Lead-off soap.
2. No eating, drinking and/or smoking in the manufacturing areas of the plant.
3. When wearing a respirator, check seal often for good functional use.
4. Clothing must be changed daily before leaving the plant. Uniforms and work shoes are not to be worn home.
5. Showering is mandatory at the end of the shift (immediately before leaving the plant during the 20 minute paid shower time.)

So instructed above employee

DATE: 1-8-96

SUPERVISOR

EMPLOYEE

Return to Medical Department

Blood Pb 12-18-95 "27"

Yusa-Exide, INC SUMTER SC PLANTC Plant.

Notification of the results of blood sample taken: 1997/12/17

Notification sent to plant: 1998/01/08

On: MCCONICO, MARY C SS #: [REDACTED]

At Work Sta. WRAPPER OPR Shift: A

100 LEAD LEVEL: 24 UG/100 G

OS REQUIRES THAT YOU BE PLACED ON TEMPORARY MEDICAL REMOVAL PROTECTION (M. WITH MRP BENEFITS IF YOU ARE WORKING IN AN AREA THAT HAS A LEAD EXPOSURE AT OR ABOVE THE ACTION LEVEL AND,

- (1) THE AVERAGE OF YOUR LAST THREE (3) BLOOD SAMPLES OR THE AVERAGE OF ALL YOUR BLOOD SAMPLES TAKEN OVER THE PREVIOUS SIX (6) MONTHS, WHICHEVER IS LONGER, INDICATES YOUR BLOOD LEAD LEVEL IS AT OR ABOVE 50 UG/100 G

OR,

A BLOOD SAMPLE AND SUBSEQUENT FOLLOW-UP SAMPLE TAKEN WITHIN FOURTEEN (14) DAYS INDICATE YOUR BLOOD LEAD LEVEL IS AT OR ABOVE 60 UG/100 G.

SINCE PERSONAL HYGIENE, PROPER WORK PRACTICES, AND RESPIRATOR WEAR MAY AFFECT YOUR BLOOD LEAD LEVEL, YOU ARE REMINDED TO UTILIZE PROPER PERSONAL HYGIENE PRACTICES, WORK PRACTICES, AND RESPIRATOR WEAR PROCEDURES. IF YOU HAVE ANY QUESTIONS CONCERNING YOUR BLOOD LEAD LEVEL, MRP, OR OTHER PROCEDURES, PLEASE CONTACT YOUR PLANT MEDICAL OR PERSONNEL STAFF.

DATE: 1-20-98 SIGNED: Mary McConico

45
RECEIVED
SENT: JAN 20 1998
RETURNED: [initials]

Yusa-Exide, INC SUMTER SC PLANT Plant.

Notification of the results of blood sample taken: 1998/09/24

Notification sent to plant: 1998/10/07

On: MCCONICO, MARY C SS #: [REDACTED]

At Work Sta. PL WRAP, EXIDE Shift: A

BLOOD LEAD LEVEL: 28 UG/100 G

OSHA REQUIRES THAT YOU BE PLACED ON TEMPORARY MEDICAL REMOVAL PROTECTION (MRP) WITH MRP BENEFITS IF YOU ARE WORKING IN AN AREA THAT HAS A LEAD EXPOSURE AT OR ABOVE THE ACTION LEVEL AND,

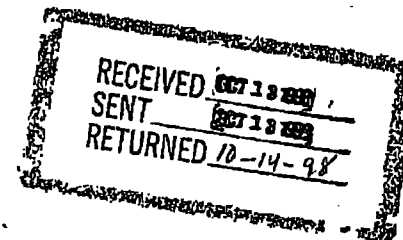
- (1) THE AVERAGE OF YOUR LAST THREE (3) BLOOD SAMPLES OR THE AVERAGE OF ALL YOUR BLOOD SAMPLES TAKEN OVER THE PREVIOUS SIX (6) MONTHS, WHICHEVER IS LONGER, INDICATES YOUR BLOOD LEAD LEVEL IS AT OR ABOVE 50 UG/100 G

OR,
A BLOOD SAMPLE AND SUBSEQUENT FOLLOW-UP SAMPLE TAKEN WITHIN FOURTEEN (14) DAYS INDICATE YOUR BLOOD LEAD LEVEL IS AT OR ABOVE 60 UG/100 G.

SINCE PERSONAL HYGIENE, PROPER WORK PRACTICES, AND RESPIRATOR WEAR MAY AFFECT YOUR BLOOD LEAD LEVEL, YOU ARE REMINDED TO UTILIZE PROPER PERSONAL HYGIENE PRACTICES, WORK PRACTICES, AND RESPIRATOR WEAR PROCEDURES. IF YOU HAVE ANY QUESTIONS CONCERNING YOUR BLOOD LEAD LEVEL, MRP, OR OTHER PROCEDURES, PLEASE CONTACT YOUR PLANT MEDICAL OR PERSONNEL STAFF.

DATE: 10-14-98

SIGNED: Mary McConico



Yuasa-Exide, INC SUMTER SC PLANTC Plant.

Notification of the results of blood sample taken: 1998/06/08

Notification sent to plant: 1998/06/19

On: MCCONICO, MARY C SS #: [REDACTED]

At Work Sta. WRAPPER DPR Shift: A

000 LEAD LEVEL: 26 UG/100 G

OSHA REQUIRES THAT YOU BE PLACED ON TEMPORARY MEDICAL REMOVAL PROTECTION (MRP) WITH MRP BENEFITS IF YOU ARE WORKING IN AN AREA THAT HAS A LEAD EXPOSURE AT OR ABOVE THE ACTION LEVEL AND,

(1) THE AVERAGE OF YOUR LAST THREE (3) BLOOD SAMPLES OR THE AVERAGE OF ALL YOUR BLOOD SAMPLES TAKEN OVER THE PREVIOUS SIX (6) MONTHS, WHICHEVER IS LONGER, INDICATES YOUR BLOOD LEAD LEVEL IS AT OR ABOVE 50 UG/100 G

OR,
(2) A BLOOD SAMPLE AND SUBSEQUENT FOLLOW-UP SAMPLE TAKEN WITHIN FOURTEEN (14) DAYS INDICATE YOUR BLOOD LEAD LEVEL IS AT OR ABOVE 60 UG/100 G.

SINCE PERSONAL HYGIENE, PROPER WORK PRACTICES, AND RESPIRATOR WEAR MAY AFFECT YOUR BLOOD LEAD LEVEL, YOU ARE REMINDED TO UTILIZE PROPER PERSONAL HYGIENE PRACTICES, WORK PRACTICES, AND RESPIRATOR WEAR PROCEDURES. IF YOU HAVE ANY QUESTIONS CONCERNING YOUR BLOOD LEAD LEVEL, MRP, OR OTHER PROCEDURES, PLEASE CONTACT YOUR PLANT MEDICAL OR PERSONNEL STAFF.

DATE: 7-1-98

SIGNED: Mary McConico

RECEIVED JUN 30 1998
SENT JUN 30 1998
RETURNED

451

Yuasa-Exide, INC SUMTER SC PLANTC Plant.

Notification of the results of blood sample taken: 1998/03/16

Notification sent to plant: 1998/03/27

On: MCCONICO, MARY C SS #: [REDACTED]

At Work Sta. WRAPPER OPR Shift: A

000 LEAD LEVEL: 26 UG/100 G

OSHA REQUIRES THAT YOU BE PLACED ON TEMPORARY MEDICAL REMOVAL PROTECTION (MRP) WITH MRP BENEFITS IF YOU ARE WORKING IN AN AREA THAT HAS A LEAD EXPOSURE AT OR ABOVE THE ACTION LEVEL AND,

- (1) THE AVERAGE OF YOUR LAST THREE (3) BLOOD SAMPLES OR THE AVERAGE OF ALL YOUR BLOOD SAMPLES TAKEN OVER THE PREVIOUS SIX (6) MONTHS, WHICHEVER IS LONGER, INDICATES YOUR BLOOD LEAD LEVEL IS AT OR ABOVE 50 UG/100 G

OR,
A BLOOD SAMPLE AND SUBSEQUENT FOLLOW-UP SAMPLE TAKEN WITHIN FOURTEEN (14) DAYS INDICATE YOUR BLOOD LEAD LEVEL IS AT OR ABOVE 60 UG/100 G.

SINCE PERSONAL HYGIENE, PROPER WORK PRACTICES, AND RESPIRATOR WEAR MAY AFFECT YOUR BLOOD LEAD LEVEL, YOU ARE REMINDED TO UTILIZE PROPER PERSONAL HYGIENE PRACTICES, WORK PRACTICES, AND RESPIRATOR WEAR PROCEDURES. IF YOU HAVE ANY QUESTIONS CONCERNING YOUR BLOOD LEAD LEVEL, MRP, OR OTHER PROCEDURES, PLEASE CONTACT YOUR PLANT MEDICAL OR PERSONNEL STAFF.

DATE: 4-17-98 SIGNED: Mary McConico

RECEIVED 4/3/98
SENT 4/3/98
RETURNED

Yuasa-Exide, INC SUMTER SC PLANTC Plant.

Notification of the results of blood sample taken: 1999/06/11

Notification sent to plant: 1999/06/19

On: MCCONICO, MARY C SS #: [REDACTED]

At Work Sta. PL WRAP, EXIDE Shift: A

BLOOD LEAD LEVEL: 29 UG/100 G

OSHA REQUIRES THAT YOU BE PLACED ON TEMPORARY MEDICAL REMOVAL PROTECTION (MRP) WITH MRP BENEFITS IF YOU ARE WORKING IN AN AREA THAT HAS A LEAD EXPOSURE AT OR ABOVE THE ACTION LEVEL AND,

(1) THE AVERAGE OF YOUR LAST THREE (3) BLOOD SAMPLES OR THE AVERAGE OF ALL YOUR BLOOD SAMPLES TAKEN OVER THE PREVIOUS SIX (6) MONTHS, WHICHEVER IS LONGER, INDICATES YOUR BLOOD LEAD LEVEL IS AT OR ABOVE 50 UG/100 G

OR,

) A BLOOD SAMPLE AND SUBSEQUENT FOLLOW-UP SAMPLE TAKEN WITHIN FOURTEEN (14) DAYS INDICATE YOUR BLOOD LEAD LEVEL IS AT OR ABOVE 60 UG/100 G.

SINCE PERSONAL HYGIENE, PROPER WORK PRACTICES, AND RESPIRATOR WEAR MAY AFFECT YOUR BLOOD LEAD LEVEL, YOU ARE REMINDED TO UTILIZE PROPER PERSONAL HYGIENE PRACTICES, WORK PRACTICES, AND RESPIRATOR WEAR PROCEDURES. IF YOU HAVE ANY QUESTIONS CONCERNING YOUR BLOOD LEAD LEVEL, MRP, OR OTHER PROCEDURES, PLEASE CONTACT YOUR PLANT MEDICAL OR PERSONNEL STAFF.

DATE: 7-7-99

SIGNED:

Mary McConico

RECEIVED JUN 25 1999
SENT JUN 26 1999
RETURNED

TUOMEY REGIONAL MEDICAL CENTER
129 North Washington St.
Sumter, SC 29150

MCCONIKLE, MARY
[REDACTED]
LES A. BEBEN, P.A.

DISCHARGE SUMMARY

21 JANUARY 2001

DATE OF ADMISSION: 01/18/01
DATE OF DISCHARGE: 01/21/01

DIAGNOSIS:

1. New onset diabetes.
2. Hypertension.
3. Bronchitis.
4. Hyperlipidemia.
5. Coronary disease.
6. History of subarachnoid hemorrhage.

HPI: The patient is a [REDACTED] year old female who presented to the office on the day of admission complaining of increased thirst, urinary frequency and blurred vision for three days prior to admission. She had a prior history of borderline "glucose" and glucose was found to be greater than 600 and she was admitted for further evaluation and treatment.

PAST MEDICAL HISTORY: Includes hypertension, reflux disease, craniotomy for subarachnoid hemorrhage and ruptured anterior communicating artery aneurysm in July of 1999 with subsequent aphasia and hemiparesis. She was treated in Rehab with almost complete resolution.

PHYSICAL EXAM: Please see the admission H & P.

LAB AND X-RAY DATA: White Count 9.4, H & H 12.7 and 36.7. Platelets 280. Urine showed greater than 1000 Glucose, otherwise unremarkable. Sodium 130, Potassium 3.6, Chloride 90, CO2 31, Glucose 617. BUN and Creatinine 18 and 1.5. Calcium 9.6, Protein 9.4, Albumin 3.8, ALT 32, AST 16, Alkaline Phos 187. TSH 0.6. Sputum culture grew out normal flora. Chest x-ray showed minimal left basilar scarring versus discoid atelectasis.

HOSPITAL COURSE: The patient was admitted to the medical unit and was started on 2500 calorie ADA diet and Sliding Scale Regular Insulin and Glucotrol XL was instituted. Diabetic

MCCONIKLE, MARY C
ID# 263534 RECT# 11643252

1/21/01 11:00 AM

TUOMEY REGIONAL MEDICAL CENTER
129 North Washington St.
Sumter, SC 29150

MCCONIKLE, MARY

LES A. BEBEN, P.A.

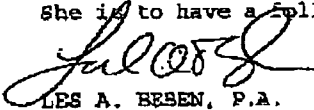
DISCHARGE SUMMARY: PAGE TWO

teaching was instituted. She was started on a Saline Drip and Insulin drip and Zithromax for her bronchitis. Glucoses were down in the 300 range by the second hospital day and Insulin drip was discontinued. Actos was added to the regimen. Glucotrol was titrated upwards. Her cough improved a great deal. Visual blurring and urinary frequency improved quite a bit as well as her glycemic control improved. By the morning of discharge her Glucoses were down in the 200 range and it was felt further management could be pursued as an outpatient.

DISPOSITION: She will be discharged to home with activity as tolerated. She is to continue a 1500 calorie ADA diet with no added salt. She is to check her fingerstick Glucose at home twice a day.

DISCHARGE MEDICATIONS: Glucotrol XL 10 mg 1 PO q day, Zithromax 250 mg 1 PO q day for two more days, Actos 15 mg 1 PO q day, HCTZ 50 mg 1 PO q day, Zantac 150 mg 1 PO b.i.d., Catapres TTS-3 patch applied once a week, Lotrel 5/20 1 PO b.i.d., and Vicxx 25 mg 1 PO q day PRN for pain.

She is to have a follow up appointment in our office in one week.


LES A. BEBEN, P.A.

01/21/01

01/24/01

LAB

01/ants

RECD: MARY C
U- 288534 ACT# 11643252

11/10/01 11/10/01

TOOMEY HEALTHCARE SYSTEM
129 N. WASHINGTON STREET
SUMTER, SC 29150

ADMISSION HISTORY AND PHYSICAL

Name: MCCONICO, MARY C
Att. Dr: CARL W PETER, MD
Adm. DT: 01/18/2001

MR#: [REDACTED]
RW#: [REDACTED]
DOB: [REDACTED]

HISTORY OF PRESENT ILLNESS: [REDACTED]-year-old female who presented to the office today complaining of increased thirst, urinary frequency, and blurred vision for the last 3 days, prior history of "borderline diabetes". Glucose in the office found to be greater than 600 on our meter times two, and she is admitted for further evaluation and treatment.

PAST HISTORY: Hypertension. Borderline glucoses in the past. Reflux disease. Hyperlipidemia. Coronary disease. Craniotomy for subarachnoid hemorrhage and ruptured anterior communicating artery aneurysm in July of 1999 with subsequent aphagia and hemiparesis and went to rehab. These are now almost entirely resolved. She has had C-sections, D and C's, also follows with Dr. Derek Thomas for palpitations, abnormal EKG and aortic sclerosis.

SOCIAL HISTORY: She is on disability, nonsmoker, no alcohol.

FAMILY HISTORY: Mother with diabetes, hypertension. Father with hypertension and stroke. Two brothers with diabetes. A sister with diabetes and breast cancer.

CURRENT MEDICINES: HCTZ 50 mg. a day, Zantac 150 mg. b.i.d., Catapres TTS 3 patch once a week. Lotrel 5/20 one b.i.d. and prn Vioxx.

REVIEW OF SYSTEMS: Visual blurring as above. Occasional headaches. She has had URI symptoms for the last week, sneezing, coughing, now bringing up yellowish sputum. No shortness of breath or chest pain. No GI complaints. Occasionally has dark stool. Increased urinary frequency as noted. States she has had some right leg cramping the last week or two that resolves with her Vioxx.

PHYSICAL EXAMINATION: She is in no acute distress. Temperature 98.4, blood pressure 133/98, pulse 100, respirations 20. Glucose greater than 600 times two.

HEENT: Pupils round, react to light and accommodation. Extraocular muscles intact. Fundi benign. TM's normal. Pharynx: no visible exudate or injection.

NECK: Without palpable adenopathy. No thyromegaly. No carotid bruit.

CHEST: Clear to auscultation throughout.

HEART: Regular rate and rhythm without audible murmur, rub, or gallop.

ADMISSION HISTORY AND PHYSICAL

1 of 2

MCCONICO, MARY C
U# 285534 FECT# 11643252

1/18/01 10:00 AM

TUOMEY HEALTHCARE SYSTEM
129 N. WASHINGTON STREET
SUMTER, SC 29150

MCCONICO, MARY C

ABDOMEN: Soft, nontender. No hepatosplenomegaly. No CVA tenderness.
EXTREMITIES: She has 4/5 grip strength of the right upper extremity, 5/5 strength of all other extremities proximally and distally. DTR's 2+ and equal. Extremities are without clubbing, cyanosis, or edema. 2+ peripheral pulses.

ASSESSMENT:

1. New onset diabetes
2. Bronchitis
3. Hypertension

PLAN: Will admit. Patient was discussed with Dr. Peter. Please see orders for further details.

MCCONICO, MARY C
U# 263534 ACCT# 11643232

ENTER YOUR NAME HERE


LESLIE A BEBEN, PA


CARL W PETER, MD

Dict. Date: 01/18/2001 Trans. Date: 01/18/2001
MRES/9312

ADMISSION HISTORY AND PHYSICAL
2 of 2

Age/Sex: F
Admission: 01/18/01 at 1428
Status: ADM IN
Assigned to: PETER, CARL W
Accession #: 11843252
Unit: CTR
Room/Bed: [REDACTED]

JACONICO, MARY C
TUCNEY REGIONAL MEDICAL CTR NUR N1110N
RESPIRATORY THERAPY

Page: 1 of 1

Printed 01/21/01 at 1405
Period ending 01/21/01 at 1405

[REDACTED]

No interventions match selection criteria

Age/Sex: 41 F
 Location: ADM IN
 Admitted: 01/18/01 at 1420
 Status: ADM IN

Attending: PETER, CARL W
 Location: CLIN
 Room/Bed: 10015

MCINTOSH, MARY C
 TUHNEY REGIONAL MEDICAL CTR NUR 4 JYE
 Medication Profile

Page: 1 of 1

Printed 01/20/01 at 1933
 3 hours ending 01/20/01 at 1959

Medication	Dose	Frequency	Route	Start Date	End Date
00564681 GLIPIZIDE XL	10 MG	QD	PO	01/20/01	02/19/01
00563849 PICOITAZONE HCL	15 MG	QD	PO	01/19/01	02/18/01
00563479 CLONIDINE	1 TTTS	Q/D	TOP	01/19/01	02/18/01
00562908 NS FLUSH	2.5 ML	QD	IV	01/18/01	02/17/01
00562907 HYDROCHLOROTHIAZIDE	50 MG	QD	PO	01/18/01	02/17/01
00562906 FAMOTIDINE	20 MG	BID	PO	01/18/01	02/17/01
00562904 AMLODIPINE	5 MG	BID	PO	01/18/01	02/17/01
00562903 BENAZEPRIL	20 MG	BID	PO	01/18/01	02/17/01
00562902 ROFECOXIB	25 MG	QD/PRN	PO	01/18/01	02/17/01
00562859 CUAIFENESIN/DEXTROHE	1-2 TABLETS	BID/PRN	PO	01/18/01	02/17/01
00562858 HYDROXYZINE PAMDATE	25 MG	HS/PRN	PO	01/18/01	02/17/01
00562856 INSULIN R	SLIDING SCA	SS	SN	01/18/01	02/17/01
00562901 AZITHROMYCIN	250 MG	QD	PO	01/18/01	01/23/01
00562897 GLIPIZIDE XL	5 MG	QD	PO	01/18/01	01/20/01 *DC
00563850 NACL 0.9%	1000 ML	QD	IV	01/19/01	01/20/01 *DC
00564682 POTASSIUM CHLORIDE 20 MEQ	20 MEQ	QD	PO	01/20/01	01/20/01
00564682 GLIPIZIDE XL	5 MG	.STX-HED	PO	01/20/01	01/20/01 *DC

7/18/01
01/18/01 at 1428
ADM IN

PETER, CARL W
CCTR
ROOM 360

MCCONICO, MARY C

TUCKEY REGIONAL MEDICAL CTR WAR -LINE
Medication Profile

Page: 1 of 1

Printed 01/19/01 at 0839
8 hours ending 01/19/01 at 0859

00563421	NACL 0.9%	1000 ML	IV	IV	01/18/01	02/17/01
00563420	NACL 0.9%	100 ML	IV	IV	01/18/01	02/17/01
	ADD INSULIN R	100 UNIT				
00562000	NS FLUSH	2.5 ML	IV	IV	01/18/01	02/17/01
00562907	HYDROCHLOROTHIAZIDE	50 MG	PO	PO	01/18/01	02/17/01
00562904	FAMOTIDINE	20 MG	PO	PO	01/18/01	02/17/01
00562904	APLODIPINE	5 MG	PO	PO	01/18/01	02/17/01
00562903	BETAZEPINE	25 MG	PO	PO	01/18/01	02/17/01
00562902	ROFECOXIB	25 MG	PO	PO	01/18/01	02/17/01
00562909	GUAFENESIN/DOXYTRONE	1-2 TABLETS	PO	PO	01/18/01	02/17/01
00562898	HYDROXYZINE PYRROLONE	25 MG	PO	PO	01/18/01	02/17/01
00562897	GLIPIZIDE XL	5 MG	PO	PO	01/18/01	02/17/01
00562896	INSULIN R	SLIDING SCALE	SS	SS	01/18/01	02/17/01
00562905	CLOMIDINE	1 TTS	PO	PO	01/18/01	02/17/01
00562901	AZITHROMYCIN	250 MG	PO	PO	01/18/01	01/23/01
00562900	AZITHROMYCIN	500 MG	PO	PO	01/18/01	01/18/01

Page: 1 of 2
 Account: PETER, CARL W
 Address: 11111 at 1420
 Discharge: 01/21/01

Account: MCCONTOO, MARY C
 TUCUEN REGIONAL MEDICAL CTR IUR LIVE*
 DISCHARGE PLANNING ASSESSMENT

Printed 01/21/01 at 1410
 8 hours ending 01/21/01 at 1410

DISCHARGE PLAN: 01/21/01 1629

PRIOR TO ADMISSION STATUS

Bathing: ☐
 Grooming: ☐
 Dressing: ☐
 Feeding: ☐
 Toileting: ☐
 Ambulation: ☐

ADMISSION STATUS

Bathing: ☐
 Grooming: ☐
 Dressing: ☐
 Feeding: ☐
 Toileting: ☐
 Ambulation: ☐

Does pt live alone: ☐
 DC Destination: ☐
 Stairs at home: ☐
 # of stairs: ☐

Are you currently receiving services from:

Extended Care Fac: ☐
 Other hospitals: ☐
 Home Health Agency: ☐
 Personal Care Aide: ☐
 Community LTC: ☐
 Meals on Wheels: ☐
 Hospice: ☐
 Outpatient Rehab: ☐
 Other: ☐

EQUIP/ASSIST DEVICES USED

PRIOR TO ADMISSION:
 Walker: ☐
 Quad Chair: ☐
 Wheelchair: ☐
 Bedside Commode: ☐
 Hospital Bed: ☐
 Oxygen: ☐
 Nebulizer/PulmoAid: ☐

CNP/Spig: ☐
 Other: ☐

Discharge Screens:

Currently has IAD/Hospice: ☐
 Pt wants info about HH/Hospice: ☐
 Currently resides at NH: ☐
 Age 65 or > with no close relatives: ☐
 Dx: DVA, dermal wound, joint replacement
 New/uncontrolled Diabetic, Terminal illness,
 HIV, Ca, Renal Failure: ☐

After discharge help needed with
 Personal Care: ☐
 Medical needs: ☐

Medication Administration: ☐
 Food Preparation: ☐
 Transportation: ☐
 NUTRITIONAL SCREENING:
 Unintentional wt loss/gain
 of 10 lbs in 2 months: ☐
 Consistent swallowing problems: ☐
 Tube Feedings: ☐
 Frequent Diarrhea: ☐
 Pregnant or Lactating: ☐
 Surgical Pt age 70 or above: ☐
 History of HIV: ☐
 Yes or at risk
 for pressure sores: ☐
 New/uncontrolled diabetic: ☐
 New renal failure: ☐
 Known/suspected CHF: ☐
 Cultural/Religious/Ethnic food preferences: ☐
 Nutritional Assessment
 needed: ☐

FUNCTIONAL SCREENING - NEW DEFICIT WITHIN THE PAST MONTH

Speech: ☐
 Swallowing: ☐
 Hearing: ☐
 Dressing self: ☐
 Ambulation: ☐
 New Dx of CVA/Stroke: ☐
 Candidate for Cardiac Rehab: ☐
 Candidate for Pulmonary Rehab: ☐
 Benefit from Energy
 Conservation intervention: ☐

Does Pt have Prescription Drug Card or Medicaid: ☐
 Will Pt have difficulty obtaining meds upon discharge: ☐
 Organ Donor: ☐
 More information requested: ☐

No Alcohol/Drug Abuse within past 6 months: ☐

ADVANCE DIRECTIVES

Living Will: ☐
 Health Care
 Power of Attorney: ☐
 Copy of AD on chart: ☐
 Asked to bring copy: ☐
 Does pt want more
 info about AD: ☐
 Suspected abuse/neglect: ☐
 Homicide: ☐
 Chaplain consult: ☐

011801

TUOMEY HEALTHCARE SYSTEM

PROGRESS NOTES

ACCREDITED, HARY C
CA. PETER BF

0.12

DATE	TIME	
1/16/08	0845	SI: feeling better & SE, resp & GI ROST - now O. T. 97.2 878 R20 100/62 BS 229 166 182 137/100/23 < 193 3.7/29/16 Almost equal Respiratory system - good, T.B. skint 2nd. lungs clear Heart: AASG (lungs) clear Lungs: soft & clear, T.B. arterial edema At hites/hypertension/CAD/Brachitis/new onset D. add glaucophages - Alands for 12° Hansen add - cont SS 1/20/01 1045 S Comp. reading - still in blood urine D 97.7-70.20 101/62 Singersul glucose 364, 358, 301 Chol C.R. 137/105/18 285 CU R.R.R. 5 ml/d 3.7/26/1.1 Ca* 8.3 Chol N. Spoken culture: all flora Spt. Culture Cyt. - mixed @ 100% heavy R. New onset DM, Brachitis, CAD, HTN P. 7 Altered xl - first fully DIC in AM Used to work 2 Enids and discussed Pk levels J. L. O. S. P. K. C. J. L. O. S. P. K. C.

31315

TUOMEY HEALTHCARE SYSTEM

011801
MARTIN MCCONICO

PROGRESS NOTES

11643252 01/18/01
MCCONICO, MARY C
CA PFTEN

DATE	TIME	ADMIT NOTE
1/18/01	1 PM	HPI: 55 Y/O ♀ presents to office 90 9 threat, rising frequency 1 blurred vision x 3 days - is blurry in office 7600 x 2 - admitted for further eval PHX: HTN "borderline" glucose in past, GERD, hyperlipidemia, STD, wandering for 3AH / replaced ACA arachnoid 7/99 & subsequent infection, hemiparesis & stroke - now almost totally resolved. C. pneumonia, D&C Dr. Shous - choleste, petechiae, 2DC: Presbyopia 2° SAH, Menstruation DEFOH FHX: M DM, HTN & HYPERTENSION DM 5- AM, Forest of MEOS: HCTZ 50 mg + OD, Furosemide 150 BID, Zoladex 30 qid, Catapress TTS-3 patch 1x/week, Latrol 5120 i BID Vitals: PRN ROS: ore H18, visual blurring, VRE was 1 week ago, coughing - yellow sputum, SOB, OCP & 65 90 on dark stool - turning frequency, (E) leg cramping, resolves in Vireo PE: 93° 135/98 100 - 20 Weight 7600 HEENT: 2 hyperidrosis HE chest CTA cu RA. A & a 16 abd NT Gut 415 at 100 415 at 100 DM 2: 8 CCE ISSUES: New onset DM, hemiparesis, HTN PLAN: Admit - discussed in Dr. Patten

[Signature]

MCCONICO, MARY C

11643252 01/18/01

TUOMEY HEALTHCARE SYSTEM

PROGRESS NOTES

11643252 01/18/01
MCCCHICO, MARY C
CA PETER DF 55H BAP
0269534 ADN IN

DATE	TIME
1/21/68	1115
2 Long both	
O- 967.64 - 16 123/62	
E signed please 215	
Chest CT+	
CV RA + R 5m/r/b	
Wd NT Get Order	
A. DM, broadheads	
P. Discharge - see under	
Jal [Signature]	

31315

PATIENT NAME: MCCONICO, MARY C
UNIT NO: [REDACTED]
EXAM DATE: 01/18/2001

TUDNEY HEALTH CARE SYSTEM
DEPARTMENT OF RADIOLOGY
100 N. WASHINGTON ST.
SUMTER, SOUTH CAROLINA 29150-0200

REASON FOR EXAM: BRONCHITIS

CHEST - 1/18/01

Examination of the chest shows normal heart size. Lungs are well expanded. There is minimal streaky density in the left base suggesting either focus of discoid atelectasis or scar. No previous study is available for comparison.

IMPRESSION:

Minimal left basilar scarring versus discoid atelectasis.

CC: CARL W PETER MD

TECHNOLOGIST: ANGIE ADAMS, RT(R)

ACR CODE:

TRANSCRIBED DATE/TIME: 01/20/2001 (1026)

TRANSCRIPTIONIST: XRMR

PRINTED DATE/TIME: 01/20/2001 (1038) BATCH NO: 366TIMOTHY L. PANNELL, M.

PAGE 1

CHART COPY

AK CHEST (PA OR AP 1 VIEW) 0608

NAME: MCCONICO, MARY C
PHYS: PETER, CARL W
DOB: [REDACTED] SEX: F
ACCT NO: [REDACTED] LOCATION: [REDACTED]
EXAM DATE: 01/18/2001 STATUS: ADM IN
UNIT NO: [REDACTED]

Tunney Regional Medical Center
129 N. Washington Street
Sumter, S.C. 29150
TUN NPR LAB **LIVE**
Summary Location Report

PAGE 1

RUN DATE: 01/19/81
RUN TIME: 0003

LOCATION
Childrens Center

Name: MCCONICO, MARY C Age/Sex: [REDACTED] Attend Dr: PETER, CARL W
Acct#: [REDACTED] Unit#: [REDACTED] Status: ADM IN Location: CCTR 269-1
Reg: 01/18/01 Disch: [REDACTED]

HEMATOLOGY

HEMOGRAM

Day Date Time	1 JAN 18 1810	Reference	Units
=> WBC	9.43	(3.8-11)	1000/UL
=> RBC	4.51	(3.7-5.3)	MIL/UL
=> HGB	12.7	(11.5-16.0)	G/DL
=> HCT	36.7	(33-46)	%
=> MCV	81.4	(79-95)	FL
=> MCH	28.2	(26-34)	PG
=> MCHC	34.6	(29-35)	G/DL
=> RDW	13.5	(11.9-15.5)	%
=> PLATELET COUNT	280	(135-415)	1000/UL

Patient: MCCONICO, MARY C

55/F

Acct: [REDACTED]

Unit: [REDACTED]

Yonsey Regional Medical Center
 129 N. Washington Street
 Sumter, S.C. 29150
 TUN NPB LAB **LIVE**
 Summary Location Report

PAGE 2

RUN DATE: 01/19/01
 RUN TIME: 0003

LOCATION
 Childrens Center

Patient: MCCONICO, MARY C

(Continued)

*****URINALYSIS*****

Day Date Time	1 JAN 18 1620	Reference	Units
=> COLOR-1	STRAW	(CLEAR)	
=> APPEARANCE-2	(a)	(NEGATIVE)	
=> GLUCOSE	>1000 H	(NEGATIVE)	
=> BILIRUBIN	NEGATIVE	(NEGATIVE)	
=> KETONES	NEGATIVE	(NEGATIVE)	
=> SPGR UR	1.030	(1.003-1.030)	
=> BLOOD	SMALL H	(NEGATIVE)	
=> PH	5.0	(5-9)	
=> PROTEIN	NEGATIVE	(NEGATIVE)	MG/DL
=> UROBILINOGEN	0.2	(0.2-1.0)	EU/dl
=> NITRITES	NEGATIVE	(NEGATIVE)	
=> LEUKOCYTES	NEGATIVE	(NEGATIVE)	
=> WBC	1	(0-5)	/HPF
=> RBC	9		/HPF
=> EPI CELLS	0	(0-5)	/HPF
=> SQ EPITH CELL	2	(0-5)	/LPF
=> BACTERIA	FEW H	(NEGATIVE)	

NOTES: (a) SLIGHTLY HAZY

Patient: MCCONICO, MARY C

Age/Sex: [REDACTED]

Acci# [REDACTED]

Unit# [REDACTED]

Tuomey Regional Medical Center
129 N. Washington Street
Sumter, S.C. 29150
TUM N/R LAB **LIVE**
Summary Location Report

PAGE 3

RUN DATE: 01/19/01
RUN TIME: 0003

LOCATION
Childrens Center

Patient: MCCONICO, MARY C

(Continued)

CHEMISTRY

Day Date Time	2 JAN 19 0600	1 JAN 18 1810	Reference	Units
=> SODIUM	PEND	130 L	(136-145)	MEQ/L
=> POTASSIUM	PEND	3.8	(3.5-5.1)	MEQ/L
=> CHLORIDE	PEND	90 L	(98-107)	MEQ/L
=> CO2	PEND	31	(21-32)	MEQ/L
=> GLUCOSE SERUM	PEND	617(b) *H	(80-110)	MG/DL
=> BUN	PEND	18	(7-10)	MG/DL
=> CREATININE	PEND	1.5 H	(0.6-1.3)	MG/DL
=> CALCIUM	PEND	9.6	(8.5-10.1)	MG/DL
=> PROTEIN	PEND	9.4 H	(6.4-8.2)	GM/DL
=> ALBUMIN		3.8	(3.4-5.0)	GM/DL
=> TOTAL BILI		0.4	(0.1-1.0)	MG/DL
=> ALT (SGPT)		32	(30-65)	IU/L
=> AST (SGOT)		16	(15-37)	IU/L
=> ALK PHOS		187 H	(50-136)	IU/L
=> CHOLESTEROL	PEND		(120-200)	MG/DL
=> CHOL/HDL RATIO	PEND		(35-60)	MG/DL
=> HDL	PEND		(0-130)	MG/DL
=> LDL	PEND		(2-49)	MG/DL
=> VLDL	PEND		(30-200)	MG/DL
=> TRIG-SERUM	PEND		(4.2-6.3)	X
=> GLYCOHEMOGLOBIN		PEND		

GLUCOSE-FINGERSTICK

Day Date Time	1 JAN 18 2230	Reference	Units
=> GLUCOSE FINGER	568 *H	(80-110)	MG/DL

NOTES: (b) CALLED TO STELLA, RN AT 1853

Patient: MCCONICO, MARY C

Acct#

Unit#

RUN DATE: 01/19/01
RUN TIME: 0003

Tooney Regional Medical Center
129 N. Washington Street
Sumter, S.C. 29150
TUM NPR LAB **LIVE**
Summary Location Report

PAGE 4

LOCATION
Childrens Center

Patient: MCCONICO, MARY C

(Continued)

CHEMISTRY

THYROID FUNCTION TESTS

Day Date Time	1 JAN 18 1810	Reference	Units
=> TSH	0.6	(0.3-7.0)	UIU/ML

Patient: MCCONICO, MARY C

Age/Sex: [REDACTED]

Acct# [REDACTED]

Tuomey Regional Medical Center
129 N. Washington Street
Sumter, S.C. 29150
TUM NPR LAB **LIVE**
Summary Location Report

PAGE 5

RUN DATE: 01/19/01
RUN TIME: 0003

LOCATION
Childrens Center

Patient: MCCONICO, MARY C

(Continued)

Microbiology Specimen Summary

Col	Date	Time	Specimen #	Source	Sp Desc	P/F	Organisms ...
01/18/01	1620	01:MD000688R	SPUT			P	<none>

Source: SPUTUM

SPUTUM CULTURE NO SENSITIVITY

PENDING

GRAM STAIN SPECIMEN

PENDING

Pending List

0119:CD0042R ORD, Col1: 01/19/01-0600 Recd: - (R#01552252) PETER, CARL W
Ordered: PANEL 7, LIPID PROFILE
Pending: PANEL 7, LIPID PROFILE
0118:SC00072R RES, Col1: 01/18/01-1810 Recd: 01/18/01-1819 (R#01552004) PETER, CARL W
Ordered: TSH, GLYCOHEMOGLOBIN
Pending: GLYCOHEMOGLOBIN
01:MD000688R RECD, Col1: 01/18/01-1620 Recd: 01/18/01-1635 (R#01552019) PETER, CARL W
Ordered: SPUTUM CULTURE
Pending: SPUTUM CULTURE

Patient: MCCONICO, MARY C

Accession

Accession

Unit

PAGE 1

<u>SPECIMEN NUMBER</u>	<u>STATUS</u>	<u>P RCV DATE</u>	<u>TIME</u>	<u>SOURCE</u>	<u>SPEC DESC</u>
LAR 0119:CD0042R	CAN	01/19/01	0620		
CAN: PANEL 7, LIPID PROFILE					
Medical Necessity: NA					
HEMOLYZED CALLED TO KERRI AT 0637					

Tuomey Regional Medical Center 129 N. Washington Street Sumter, S.C. 29150 TDM NPR LAB **LIVE** Specimen Inquiry External PCI User: NSCR2 Lab Database: LAB.TUM		PAGE 1																																				
RUN DATE: 01/21/01 RUN TIME: 0741																																						
Name: MCCORMICK, CARL Age/Sex: 55/F Attending: PETER, CARL Status: ADM Ref: 01553581 Date: 01/21/01																																						
Specimen: 0121-CD0025R Collected: 01/21/01-0650 Status: COMP Req#: 01553581 Received: 01/21/01-0611 Subm Dr: PETER, CARL W																																						
Ordered: PANEL 7 Comments: Is Patient for surgery in AM: N																																						
<table border="1"> <tr> <th>TEST</th> <th>RESULT</th> <th>REFERENCE</th> <th>DATE</th> </tr> <tr> <td colspan="4">PANEL 7</td> </tr> <tr> <td>> SODIUM</td> <td>136</td> <td>136-145 MEQ/L</td> <td>01/21/01-0653</td> </tr> <tr> <td>> POTASSIUM</td> <td>L</td> <td>3.5-5.1 MEQ/L</td> <td>01/21/01-0653</td> </tr> <tr> <td>> CHLORIDE</td> <td>102</td> <td>98-107 MEQ/L</td> <td>01/21/01-0653</td> </tr> <tr> <td>> CO2</td> <td>28</td> <td>21-32 MEQ/L</td> <td>01/21/01-0653</td> </tr> <tr> <td>> GLUCOSE (SERUM)</td> <td>236</td> <td>80-120 MG/DL</td> <td>01/21/01-0653</td> </tr> <tr> <td>> CREATININE</td> <td>1.0</td> <td>0.6-1.3 MG/DL</td> <td>01/21/01-0653</td> </tr> <tr> <td>> CALCIUM</td> <td>8.6</td> <td>8.5-10.1 MG/DL</td> <td>01/21/01-0653</td> </tr> </table>			TEST	RESULT	REFERENCE	DATE	PANEL 7				> SODIUM	136	136-145 MEQ/L	01/21/01-0653	> POTASSIUM	L	3.5-5.1 MEQ/L	01/21/01-0653	> CHLORIDE	102	98-107 MEQ/L	01/21/01-0653	> CO2	28	21-32 MEQ/L	01/21/01-0653	> GLUCOSE (SERUM)	236	80-120 MG/DL	01/21/01-0653	> CREATININE	1.0	0.6-1.3 MG/DL	01/21/01-0653	> CALCIUM	8.6	8.5-10.1 MG/DL	01/21/01-0653
TEST	RESULT	REFERENCE	DATE																																			
PANEL 7																																						
> SODIUM	136	136-145 MEQ/L	01/21/01-0653																																			
> POTASSIUM	L	3.5-5.1 MEQ/L	01/21/01-0653																																			
> CHLORIDE	102	98-107 MEQ/L	01/21/01-0653																																			
> CO2	28	21-32 MEQ/L	01/21/01-0653																																			
> GLUCOSE (SERUM)	236	80-120 MG/DL	01/21/01-0653																																			
> CREATININE	1.0	0.6-1.3 MG/DL	01/21/01-0653																																			
> CALCIUM	8.6	8.5-10.1 MG/DL	01/21/01-0653																																			

** END OF REPORT **

OP/XR SPINE - LUMBAR 0962

NAME-MOCONICO MARY

LUMBAR SPINE - 06/16/06

Comparison is made to 03/31/06.

FINDINGS: Frontal and lateral radiographs of the lumbar spine demonstrate normal gross alignment without subluxation or dislocation. Once again is noted partial sacralization of the L5 body with hypoplastic 12th ribs all unchanged from prior exam. Small anterior osteophytes are once again noted with relative preservation of the disc space. Mild endplate changes at L4-5 and L5-S1 as well as facet hypertrophy at L3-4, L4-5 and L5-S1 is also noted.

~~IMPRESSION: Degenerative changes without definite acute bony injury. Alignment, not significantly changed from prior exam.~~

YR LUMBAR SPINE

NAME-MCCONICO MARY

LUMBAR SPINE

Three views of the lumbar spine show partial sacralization of the L5 segment with hypoplastic twelfth ribs. A small osteophyte formation is seen throughout the lumbar region anteriorly and laterally with relative preservation of vertebral body and disc space height with only mild narrowing seen at L3-4. Facet hypertrophy is noted at L2-3, 3-4, and L4-5.

XR ANKLE - LEFT

NAME-MCCONICO MARY

LEFT ANKLE

REASON FOR REQUEST: Pain and swelling.

REPORT: Three views of the left ankle dated 06/22/06 show soft tissue swelling medially and laterally. There is no evidence of fracture or other acute bony abnormalities.

TUCOMEY HEALTHCARE SYSTEM
129 N. WASHINGTON STREET
SUMTER, SC 29150

VASCULAR REPORT

NAME: MCCONICO, MARY C

AGE: B - F

DATE: 12/17/07

ATTENDING PHYSICIAN: BRANT, RUSSELL V

MR#: [REDACTED]

Account#: [REDACTED]

REFERRING PHYSICIAN: BRANT, R.

ROOM: OP

TECH: J. GRANT

CLINICAL INTERPRETATION: DUPLEX LOWER EXTREMITY VENOUS STUDY

REASON FOR TEST: LEFT CALF PAIN - 729.5

This study is performed in transverse and longitudinal projections using a 7 MHz probe.

FINDINGS: Patient's common femoral, superficial femoral, and popliteal veins were interrogated with Doppler duplex bilaterally.

RIGHT SIDE: Doppler examination of the common femoral, superficial femoral, and popliteal veins reveals normal phasic and spontaneous flow. Normal response to augmentation. Imaging is satisfactory. Vessels are easily compressible. No evidence of deep vein thrombosis.

LEFT SIDE: Doppler examination again is completely normal. Imaging is satisfactory and the common femoral, superficial femoral, and popliteal are well visualized. There is no evidence of deep vein thrombosis.

CONCLUSION: Bilateral normal lower extremity venous study.

This was compared to a study performed on 09/17/2002, which was also normal.

DICG

DD: 12/18/07 0758

TD: 12/19/07 0956

Page 1 of 1
Authenticated by Gene F. Dickerson, M.D. On 12/19/2007 03:21:19 PM

ACCT NO: UNIT NO: 259534
PATIENT NAME: MCCONICO, MARY
DOY SEX: F
ORDERING PHYS: SHAW, RUSSELL V

EXAM: XR KNEE RIGHT W/OBLIQUES 1984
EXAM DATE: 04/06/2007 00:00:00
PHYS: ROSEFIELD JR, M KENNETH
REASON: R LATERAL KNEE PAIN

RIGHT KNEE

REASON FOR REQUEST: Pain.

REPORT: Four views of the right knee dated 04/06/07 show mild narrowing of the joint space medially with small osteophytes arising from the medial articular surfaces of the distal femur and proximal tibia. The joint space is well maintained laterally. No acute bone or joint abnormalities are seen.

IMPRESSION: Mild degenerative joint disease, right knee.

SUMTER FAMILY HEALTH CENTER
 279 N. LAFAYETTE DR.
 SUMTER, SC 29160
 PHONE: 803-774-4600

Reprinted from Electronic Medical Record - Created on 06/27/07
 Patient: MCCOWNICO, MARY MR No. 1 501908 DOB: *****
 PATIENT: Mary C McCownico MRNO: 501908
 VISIT DATE: 06/27/2007

PHYSICIAN: Lex Baber, PA

CHIEF COMPLAINTS: Followup of Diabetes Mellitus Type II; Followup of Hypertension; Followup of Hypertension

HISTORY OF PRESENT ILLNESS:

Mary is here regarding diabetes (follow-up), which started year(s) ago. This glucose 200-300.
 did not take up meds today, no bp check.

She is also here regarding sore throat resolved.

MEDICATIONS HISTORY:

Current medications prescribed to the patient are:

1. Celebrex 0.2 Mg, two tabs po bid
2. Clonidine 10 mg, 1 po qd pm
3. Glucophage 1000 Mg, 1 po bid
4. Glucosol XL 18 Mg, 2 PO BID for diabetes
5. Hyzaar 25 Mg-100 Mg, 1 po qd
6. Lasix 100 Urinary, 0.5 once EQ qHS
7. Lorine 400 mg, 1 po bid pm at night pain
8. Lyrica 75 Mg, 1 po bid
9. Norvasc 10 Mg, 1 po qd
10. Ranitidine Hydrochloride 150 Mg, 1 PO BID
11. Toprol-XL 25 Mg, 1 po qd for blood pressure
12. Zecor 40 Mg, 1 PO QD

Patient is also taking:

1. ASPIRIN 81 MG 1 PO QD

ALLERGIES:

1. ACEI- Cough

HEALTH MAINTENANCE HISTORY:

FLU VACCINE:		12/05/06
PNEUMOVAX:		01/28/06
CHOLESTEROL:	03/27/07	03/18/06
HEMOGLOBIN:		05/16/06
COLONOSCOPY:	12/21/03	10/17/06
PAP SMEAR:		05/16/06
MAMMOGRAM:		10/17/06
DILATED FUNDUS EXAM:	11/14/06	Dr Goodson
FUNDUS (cont):		
BREAST SELF-EXAM:	08/15/06	

EXAMINATION:

VITAL SIGNS: B/P - 182/88, Pulse - 88, Respiration - 20, Weight - 238.00 lbs

BMI - Not Calculated

CONSTITUTIONAL - no apparent distress, nontoxic in appearance, A + O X3
 SKIN - good coloration, warm, dry, no rashes or lesions
 HEAD - no trauma, normocephalic
 EYES - EOML with normal external exam
 THROAT - pharynx clear. No bulging of thyroids. Uvula midline

Printed Date: 7/20/07 6:17

Jun. 10. 2010 7:03PM Swanton Family Health Center

Re: 647' P. 35

Patient: MOONIGOD, MARY MRNO: 601906 1945 - Continued
NECK - supple, no lymph nodes; No carotid bruits, no jugular venous distention
CHEST - clear to auscultation, no wheezing, no crackles and no rales
CARDIAC - RRR S1, S2, no MURMUR/TH
ABDOMEN - no masses, no tenderness
EXTREMITIES - no foot ulcers, pedal pulses present and trace edema
NEUROLOGICAL - normal gait, normal balance, normal motor

ADDITIONAL FINDINGS:

TODAY'S LAB RESULTS:

1. Glucose: 298
2. Hemoglobin A1c: 11.7

DECISION MAKING:

ASSESSMENT:

1. Diabetes Mellitus Type II, Unchanged
2. Obesity, Unchanged

DIAGNOSTIC TESTS:

1. Glucose Finger Stick
2. Hgb A1c, finger stick
3. Microalbumin Creat Ratio, Random

DRUG RX:

1. Lantus: 100 Units/ml, 40 units SQ qHS, Discontinue, Refill: 0

FOLLOWUP: Return visit in 8 Weeks and Request Prior Medical Records- Colonoscopy report Dr Lowder

PLAN DISCUSSION: Increase lantus again as above, call me in 1-2 weeks wheezing, if still uncontrolled will increase or start two injections a day

Electronically signed by Les Baban, PA

SUMTER FAMILY HEALTH CENTER
 1275 N. LAFAYETTE DR.
 SUMTER, SC 29505
 PHONE: 803-774-4500

Reprinted from Electronic Medical Record - Created on 07/18/07 1
 Patient: MCCONICO, MARY MR No.: 501906 DOB: 5
 PATIENT: Mary C McConico MRNO: 501608 V
 BIRTH DATE: 07/18/2007

PHYSICIAN: Lee Beben, PA

CHIEF COMPLAINTS: left arm pain x4days.

HISTORY OF PRESENT ILLNESS:

Mary is here regarding left arm pain, which started Sunday night. This began without an injury or obvious cause. Associated with this is no chest pain. It is located in the from shoulder to the wrist, not in the hand, mid neck pain. The symptoms seem to be aggravated by movement of arm.
 Prior Vagupent has included lidma, no help.

MEDICATIONS HISTORY:

Current medications prescribed to the patient are:

1. Celebrex 0.2 Mg, two tabs po bid
2. Glardin 10 mg, 1 po qd pm
3. Glucophage 1000 Mg, 1 po bid
4. Glucotrol XL 10 Mg, 2 PO BID for diabetes
5. Hyzaar 25 Mg-100 Mg, 1 po qd
6. Lasix 100 Unlabeled, 40 units 50 qhs
7. Lidocaine 400 mg, 1 po bid prn antiarrhythmia
8. Lyrica 75 Mg, 1 po bid
9. Norvasc 10 Mg, 1 po qd
10. Risperidone Hydrochloride 100 Mg, 1 PO BID
11. Toprol-XL 25 Mg, 1 po qd for blood pressure
12. Zoscor 40 Mg, 1 PO QD

Patient is also taking:

1. ASPIRIN 81 MG 1 PO QD

ALLERGIES:

1. ACE- Cough

EXAMINATION:

VITAL SIGNS: BP - 100/82, Pulse - 82, Temperature - 97.7, Weight - 252.00 lbs

BMI - Not Calculated

CONSTITUTIONAL - guarding left arm
 EXTREMITIES - tenderness of left lateral epicondyle, tenderness of forearm, wrist and shoulder nontender; pain w/ resisted abduction of shoulder, no edema, no erythema warmth or swelling of hand, good radial pulse and cap refill, cervical compression (-)

DECISION MAKING:

ASSESSMENT:

LT. Pain in Joint Involving Upper Arm, New

DRUG RX:

1. Tramadol Hydrochloride 50 mg, 1-2 tabs po q5h prn pain, Dose: 30, Ratio: 0

INJECTIONS: Toradol Injection- 80mg IM

Jun. 10, 2016 7:03PM Sutter Family Health Center

No. 6471 P. 33

Patient: MCCONICO, MARY MRNO: 601008 DOI

- Continued

FOLLOWUP: Return Within 1 Week

Electronically signed by Les Geben, PA

Access Code: 0003-7-18

SUMTER FAMILY HEALTH CENTER
1270 N. LAVERGNE DR.
SUMTER, SC 29150
PHONE: 803-774-4300

Reprinted from Electronic Medical Record - Created on 07/29/07
Patient: MCCONICO, MARY MR No.: 501906 2031
PATIENT: Mary C McConico MRNO: 501906
LAST DATE: 07/28/2007

PHYSICIAN: Les Behan, PA

CHIEF COMPLAINT: Followup of Diabetes Mellitus Type II; Followup of Pain in Joint Involving Upper Arm.

HISTORY OF PRESENT ILLNESS:

Mary is here regarding the left arm pain. This doing much better, pain almost gone now.
- She is also here regarding diabetes follow-up. This glucose 170-200.

MEDICATIONS HISTORY:

Current medications prescribed to the patient are:

1. Celebrex 0.2 Mg, two tabs po bid
2. Chondrin 10 mg, 1 po qd pin
3. Glucophage 1000 Mg, 1 po bid
4. Glucotrol XL 10 Mg, 2 PO BID for diabetes
5. Hyzaar 20 Mg-400 Mg, 1 po qd
6. Lasix 100 Units/ml, 40 units SQ qHS
7. Lidine 400 mg, 1 po bid pm arthritis pain
8. Lyrica 75 Mg, 1 po bid
9. Norvasc 10 Mg, 1 po qd
10. Pantidine Hydrochloride 150 Mg, 1 PO BID
11. Toprol-XL 25 Mg, 1 po qd for blood pressure
12. Tramadol Hydrochloride 50 mg, 1-2 tabs po qhs pm pain
13. Zosyn 40 Mg, 1 PO QD

Patient is also taking:

1. ASPIRIN 81 MG 1 PO QD

ALLERGIES:

1. ACEI- Cough

HEALTH MAINTENANCE HISTORY:

FLU VACCINE:	12/05/08
PNEUMOVAX:	01/06/08
CHOLESTEROL:	03/27/07
HEMOCCULT:	09/15/08
COLONOSCOPY:	12/11/03
PAP SMEAR:	08/18/05
MAMMOGRAM:	10/17/06
DILATED FUNDUS EXAM:	11/14/06
FUNDUS (note):	Dr. Goodson
BREAST SELF-EXAM:	09/15/08

EXAMINATION:

VITAL SIGNS: BP - 130/80, Pulse - 80, Temperature - 98.4, Weight - 231.00 lbs

BMI - Not Calculated

CONSTITUTIONAL - no apparent distress, nontoxic in appearance, A + O X3

SKIN - good coloration, warm, dry, no rashes or lesions

HEAD - no tinnitus, nystagmus

CHEST - clear to auscultation, no wheezing, no crackles and no rales

CARDIAC - RRR S1, S2, no M/R/G/TB

Sumter Family Health Center 2007-1-26

JUN 10 2012 7:03PM Suite Family Health Center

Re: 647: 2, 3

Patient MCCONICO, MARY MRNO: 501809 DOB:
EXTREMITIES - arm NT, full active ROM, distal RV intact

Continued

DECISION MAKING:

ASSESSMENT:

1. Diabetes Mellitus Type II, Uncontrolled
2. Hyperlipidemia, Stable
3. Osteoarthritis, Controlled
4. Hypertension, Controlled
5. Coronary artery disease, Stable
6. Gastroesophageal Reflux Disease, Controlled
7. Pain in Joint Involving Upper Arm, Improving

DRUG RX:

1. Lantus 100 Units/d, 25 units AM 25 units PM, Dose: 3, Route: 6

FOLLOWUP: Return Visit in 2 Months

PLAN DISCUSSION: Start two injections/day as above

Electronically signed by Lee Beboh, PA

Jan. 13, 2010 7:22PM Sumter Family Health Center

No. 647 P. 28

SUMTER FAMILY HEALTH CENTER

1178 N. LAFAYETTE DR.

SUMTER, SC 29150

PHONE: 803-774-4888

Reprinted from Electronic Medical Record - Created on 11/03/07
Patient: MCCORMICK, MARY MA. No.: 501908 DOB:

PATIENT: Mary C. McCormick
DOB: 11/08/2007

MRNO: 501908

PHYSICIAN: Les Baben, PA

CHIEF COMPLAINTS: Followup of Diabetes Mellitus Type II.

HISTORY OF PRESENT ILLNESS:

Mary is here regarding diabetes (follow-up). This insulin 35 am 20 pm and glucose now 250 or so.
walking qd, following diet.

MEDICATIONS HISTORY:

Current medications prescribed to the patient are:

1. Celebrex 100 mg, two tabs po bid
2. Claritin 10 mg, 1 po qd pm
3. Glucophage 1000 Mg, 1 po bid
4. Glucotrol XL 10 Mg, 1 PO BID for diabetes
5. Hyzlar 25 Mg-100 Mg, 1 po qd
6. Lantus 100 Units/ml, 35 units AM 28 units PM
7. Lofex 400 mg, 1 po bid prn arthritis pain
8. Lyrica 75 Mg, 1 po bid
9. Nasonex 10 Mg, 1 po qd
10. Repidone Hydrochloride 150 Mg, 1 PO BID
11. Toprolol 25 Mg, 1 po qd for blood pressure
12. Tramadol Hydrochloride 50 Mg, 1-2 tabs po q6h prn pain
13. Zocor 40 Mg, 1 PO QD

Patient is also taking:

1. ASPIRIN 81 MG 1 PO QD

ALLERGIES:

1. ACEI- Cough

REVIEW OF SYSTEMS:

GENERAL - Denies fever, or chills

RESPIRATORY - Denies shortness of breath, cough, wheezing

CARDIOVASCULAR - no chest discomfort with walking

GASTROINTESTINAL - Denies nausea, vomiting, diarrhea, constipation, Denies abdominal pain, melena and or bright red blood

GENITOURINARY - Denies dysuria, frequency of urination, urgency, or hesitancy

MUSCULOSKELETAL - occ back pain

HEALTH MAINTENANCE HISTORY:

FLU VACCINE:		12/05/08
PNEUMOVAX:		01/06/08
CHOLESTEROL:	09/28/07	
HEMOGLOBIN:		09/13/08
COLONOSCOPY:	12/31/03	
COLONOSCOPY (note):		Dr Lowder, Diverticulosis
PAP SMEAR:		09/15/08
MAMMOGRAM:		10/17/08
DILATED PUPIL EXAM:	11/14/08	
FUNDUS (note):		Dr Goodman
BREAST SELF-EXAM:	08/13/08	

Jun. 15, 2010 7:03PM Santer Family Health Center

No. 6471 P. 25

Patient: MCDONICO, MARY MRNO: 501906 DOB - Continued

PAST HISTORY:

Diseases: Diabetes, Hypertension, Hyperlipidemia, GERD and Heart Disease
Surgeries: Craniotomy for SAH 7/89, C-section 01
Other:

SOCIAL HISTORY:

Alcohol Use: No ETOH
Smoking: No tobacco
Occupation: Disabled

EXAMINATION:

VITAL SIGNS: BP - 114/72, Pulse - 84, Weight - 262.50 lbs

BMI - Not Calculated

CONSTITUTIONAL: - no apparent distress, nontoxic in appearance, A + O X3

SKIN: - good coloration, warm, dry, no rashes or lesions

HEAD: - no trauma, normocephalic

EYES: - EOMI with normal external exam

NECK: - supple, no lymph nodes; No carotid bruits. No thyromegaly

CHEST: - clear to auscultation, no wheezing, no crackles and no rales

CARDIAC: - RRR S1, S2, no M/R/V/T/H

ABDOMEN: - no masses, no tenderness

EXTREMITIES: - no edema, no foot ulcers and pedal pulses present

NEUROLOGICAL: - normal gait, normal balance, normal motor

DECISION MAKING:

ASSESSMENT:

1. Diabetes Mellitus Type II, Uncontrolled
2. Hypertension, Stable
3. Gouty arthropathy, Controlled
4. Hypertension, Controlled
5. Coronary artery disease, Stable
6. Gastroesophageal Reflux Disease, Controlled
7. Pain in Joint Involving Upper Arm, Improved

DIAGNOSTIC TESTS:

DRUG Rx:

1. Lantus 100 Units/ml, 40 units AM 25 units PM, Diet: S, Refill: 5
2. Nitroglycerin 0.4 mg, 1 sl q5min prn, Diet: S0, Refill: 5

PLAN DISCUSSION: EKG today shows a NSR, easy transition, nonspecific ST-T wave changes at leads, no prior findings, discussed with Dr. Brand, refer back to cardi. if all nig

Electronically signed by Les Beben, PA

Jul 09 2010 7:32PM Sumter Family Health Center

No. 647 2. 25

SUMTER FAMILY HEALTH CENTER
1278 N. LAFAYETTE DR.
SUMTER, SC 29150
PHONE: 803-774-4500

Reprinted from Electronic Medical Record - Created on 12/17/07
Patient: MOCENICO, MARY MR. No.: 501906 DOB:
PATIENT: Mary C Mocenico DOB: MRNO: 601906
ISS DATE: 12/17/2007

PHYSICIAN: Les Behan, PA

CHIEF COMPLAINT: Followup of Diabetes Mellitus Type II; Rx. Ref.

HISTORY OF PRESENT ILLNESS:

Mary is here regarding diabetes (follow-up). This home glucose and 160-200. Associated with this is no vision blurring or polyuria.
Prior treatment has included she has treated her HS insulin all the way up to 80 units, walking in mall regularly every day, no chest pain with walking, heart seen cardiologist.

-- She is also here regarding ongoing pain in left leg. This pain meds help, no pain walking.
She is concerned about her daughter is concerned she may have a blood clot in her leg.

MEDICATIONS HISTORY:

Current medications prescribed to the patient are:

1. Citalopram 0.2 Mg, two tabs po bid
2. Clostrin 10 mg, 1 po qd pm
3. Glucophage 1000 Mg, 1 po bid
4. Glucotrol XL 10 Mg, 1 PO BID for diabetes
5. Hyzaar 25 mg-100 Mg, 1 po qd
6. Lantus 100 Units/ml, 40 units AM 25 units PM
7. Lidocaine 400 mg, 1 po bid pm with pain
8. Lyrica 75 Mg, 1 po bid
9. Naroglysterin 0.4 mg, 1 si qd with pain
10. Norvasc 10 Mg, 1 po qd
11. Pantidine Hydrochloride 150 Mg, 1 PO BID
12. Toprol-XL 25 Mg, 1 po qd for blood pressure
13. Transdermal Hydrochloride 50 Mg, 1-2 tabs po qd pm pain
14. Zocor 40 Mg, 1 PO QD

Patient is also taking:

1. ASPIRIN 81 MG 1 PO QD

ALLERGIES:

1. ACEI- Cough

HEALTH MAINTENANCE HISTORY:

FLU VACCINE:	11/09/07
PNEUMOVAX:	01/08/08
CHOLESTEROL:	08/25/07
HEMOCCULT:	09/15/08
COLONOSCOPY:	12/31/03
COLONOSCOPY (note):	Dr Lowder, Diverticulosis
PAP SMEAR:	08/16/08
MAMMOGRAM:	10/17/08
DILATED FUNDUS EXAM:	12/28/07
FUNDUS (note):	Dr Goodson
BREAST SELF-EXAM:	08/15/08

PAST HISTORY:

Illnesses: Diabetes, Hypertension, Hyperlipidemia, GERD and Heart Disease;
Surgeries: craniotomy for SAM 7/98, C-section, D;
Other:

Jan. 10, 2010 7:02 PM S. J. Family Health Center

No. 5471 P. 26

Patient: MCCONICO, MARY MRNO: 501805 DOB: - Continued

EXAMINATION:

VITAL SIGNS: BP - 114/80, Pulse - 72, Weight - 247.00 lbs

BM - Not Calculated

CONSTITUTIONAL - no apparent distress, non-toxic in appearance, A + O X3

SKIN - good coloration, warm, dry, no rashes or lesions

HEAD - no trauma, normocephalic

EYES - EOM with normal external exam

THROAT - pharynx clear, no injection or exudates, Uvula midline

NECK - supple, no lymph nodes, No crepitus, No thyromegaly

CHEST - clear to auscultation, no wheezing, no crackles and no rales

CARDIAC - RRR S1 S2, no MURMURS

ABDOMEN - no masses, no tenderness

EXTREMITIES - no edema, no foot ulcers, pedal pulses present, minimal left calf tenderness and no cords

NEUROLOGICAL - normal gait, normal balance, normal motor

DECISION MAKING:

ASSESSMENT:

1. Coronary artery disease, Uncertain

DIAGNOSTIC TESTS:

1. Ultrasound LE Veins

DRUG RX:

1. Glucosol 10 Mg, 1 PO BID for diabetes, Disp: #120 (One Hundred Twenty), Refills: 6
2. Lasix 100 Units/ml, 30 units tid, 80 units PM, Disp: 0, Refills: 0
3. Norvasc 10 Mg, 1 po qd, Disp: #30 (Thirty), Refills: 6
4. Rantidine Hydrochloride 150 Mg, 1 PO bid, Disp: #30 (Thirty), Refills: 6
5. Zocor 40 Mg, 1 PO QD, Disp: 30 (Thirty), Refills: 6

REFERRAL: Refer to Cardiology - Dr Thomas has seen before

FOLLOWUP: Return Visit in 1 Month

PLAN DISCUSSION: Increase AM Insulin 10 units

Electronically signed by Les Beben, PA

21/09/1997 09:55:48 MARY MCCORMICK 504906
 62 years Female Black
 YOUNG FAMILY HEALTH
 DT:11/4/12 Room: 4
 Op:12 TOM

Di:
 Rate 46 - Normal sinus rhythm, rate 46
 PR 167 - Early transition
 QRS 65 - Diffuse nonspecific T wave abnormalities
 QT 403
 QTc 418

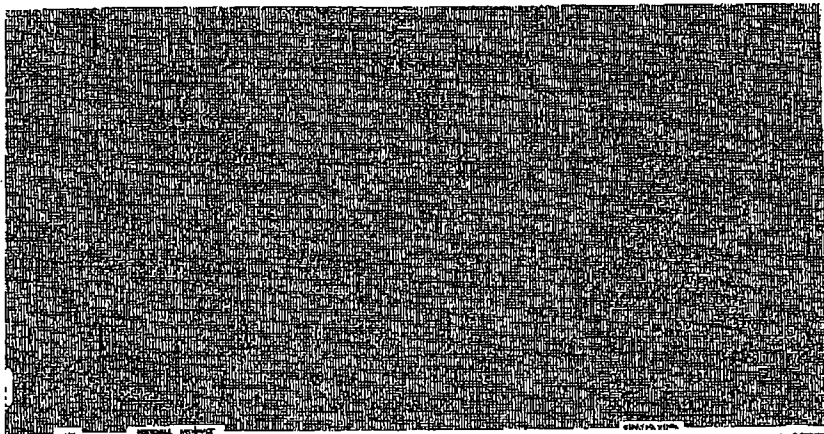
NO PRIOR TRAUMAS
 LAB

Requested by:
 LRS DESIN

AXIS--
 P 32
 QRS 16
 T

- ATRIAL BIG -

PRELIMINARY-DO NOT WRITE



Sumter Family Health Center
 1200 N. 1st St.
 Sumter, SC 29166
 Phone 803-771-4801

Registered from Electronic Medical Record - Created on 12/17/07 E
 ER No. 1 501906 DOB:

Jan 10 2010 7:02PM \$,111 Family Health Center No. 547 2, 27

ACCT NO: 12997959 UNIT NO: 269534
PATIENT NAME: MCCONICO, MARY
DOB: SEX: F
ORDERING PHYS: BRANT, RUSSELL V

EXAM: MAM BIL CAD AND SCREENING
EXAM DATE: 10/08/2009 00:00:00
PHYS: PANNELL, TIMOTHY L

TECHNICIAN: GSW
REASON: SCREENING

MAMMOGRAM

Screening mammograms were obtained using digital mammography with CAD review. Evaluation shows breasts of average density without suspicious masses. Several scattered benign groups of calcifications are present and appear to be unchanged from the previous study of 10/2006.

IMPRESSION: Scattered benign-appearing calcifications which are stable from previous exam. No specific mammographic evidence of malignancy and routine mammographic followup in one year is recommended.

ACR CODE - 2 - BENIGN

SIGNED REPORT: AUTHENTICATED BY PANNELL TIMOTHY L
TRANSCRIBED DATE/TIME 2009/10/08 12:39:00
Location: 02

ACCT NO: 12975278 UNIT NO: 269534
PATIENT NAME: MCCONECO, MARY
DOB: SEX: F
ORDERING PHYS: BEBEN, LESLIE A

EXAM: XR HEEL - RIGHT 1839
EXAM DATE: 01/22/2008 00:00:00
PHYS: ROSEFIELD JR, M KENNETH

TECHNICIAN: U
REASON: RT HEEL PAIN

RIGHT HEEL

REASON: Right heel pain.

REPORT: Two views of the right heel show an 11 mm posterior
calcaneal spur. No acute bony abnormalities are seen.

SIGNED REPORT: AUTHENTICATED BY ROSEFIELD JR M KENNETH
TRANSCRIBED DATE/TIME 2008/01/22 11:42:00
Location: OP

SUMTER FAMILY HEALTH CENTER
1279 N. LAFAYETTE DR.
SEVENTH, SC 29150
PHONE: 803-774-4900

Reprinted from Electronic Medical Record - Created on 01/18/08 1
Patient: MCCORMICK, MARY MR No.: 501906 DOB: 1
PATIENT: Mary C McCormick DOB: MRNO: 501906
EST DATE: 01/18/2008

PHYSICIAN: Les Geben, PA

CHIEF COMPLAINTS: Followup of Diabetes Mellitus Type II; Refills.

HISTORY OF PRESENT ILLNESS:

Mary is here regarding diabetes (follow-up). This glucose remain in 200 range.
She is also here regarding right head pain. This began without an injury or obvious cause.

MEDICATIONS HISTORY:

Current medications prescribed to the patient are:

1. Calapree 0.2 Mg, two tabs po bid
2. Claritin 10 mg, 1 po qd prn
3. Glucophage 1000 Mg, 1 po bid
4. Glipizide 5 mg, 1 PO BID for diabetes
5. Hyzaar 25 Mg-100 Mg, 1 po qd
6. Lantus 100 Units/ml, 30 units AM, 20 units PM
7. Lorbid 400 mg, 1 po bid prn stomach pain
8. Lyrica 75 Mg, 1 po bid
9. Nitroglycerin 0.4 mg, 1 sl q5min prn
10. Norvasc 10 mg, 1 po qd
11. Risperidone Hydrochloride 160 Mg, 1 PO BID
12. Toprol-XL 25 Mg, 1 po qd for blood pressure
13. Tramadol Hydrochloride 50 Mg, 1-2 tabs po q6h prn pain
14. Zocor 40 Mg, 1 PO QD

Patient is also taking:

1. ASPIRIN 81 MG 1 PO QD

ALLERGIES:

1. ACEI- Cough

HEALTH MAINTENANCE HISTORY:

FLU VACCINE:	11/08/07
PNEUMOVAX:	01/08/08
CHOLESTEROL:	09/25/07
HEMOCCULT:	08/15/06
COLONOSCOPY:	12/31/03
COLONOSCOPY (note):	Dr. Lowder, Diverticulosis
PAP SMEAR:	08/15/06
MAMMOGRAM:	10/17/06
DILATED FUNDUS EXAM:	12/28/07
FUNDUS (note):	Dr. Goodson
BREAST SELF-EXAM:	08/15/06

EXAMINATION:

VITAL SIGNS: BP - 140/80, Pulse - 78, Temperature - 98.1, Weight - 252.50 lbs

BMI - Not Calculated

CONSTITUTIONAL - no apparent distress, noricoid in appearance, A + O X3

SKIN - good coloration, warm, dry, no rashes or lesions

HEAD - no trauma, normocephalic

Page 1 of 2

Create Date: 2008-1-18

JUN 10, 2010 7:02PM Sinter Family Health Center

No. 647: 2, 24

Patient: MCCONICO, MARY MRNO: 601606 DOB - Continued
EYES - EOMs with normal adnexal exam
THROAT - pharynx clear. No injection or exudates. Uvula midline
NECK - supple, no lymph nodes; No carotid bruits. No thyromegaly
CHEST - clear to auscultation, no wheezing, no crackles and no rales
CARDIAC - RRR S1, S2, no MURMURS
ABDOMEN - no masses, no tenderness
EXTREMITIES - mild tenderness of articular areas
NEUROLOGICAL - normal gait, normal reflexes, normal motor

TODAY'S LAB RESULTS:
1. Hemoglobin A1c: 12.0

DECISION MAKING:

ASSESSMENT:
1. Plantar Fasciitis, New
2. Diabetes Mellitus Type II, Uncontrolled
3. Hypertension, Stable
4. Gouty arthropathy, Controlled
5. Hypertension, Stable
6. Coronary artery disease, Stable
7. Gastroesophageal Reflux Disease, Stable

DIAGNOSTIC TESTS:
1. Hb A1c, finger stick
2. X-Ray Right Calcaneus

DRUG RX:
1. Celebrex 0.2 mg, two tabs po bid, Disp: 120, Refills: 6
2. Glucophage XR 10 Mg, 1 PO BID for diabetes, Disp: 90 (Qty), Refills: 6
3. Myxaz 25 mg/100 Mg, 1 po qd, Disp: 90, Refills: 6
4. Lasix 100 UH/ml, 40 units AM, 80 units PM, Disp: 0, Refills: 0
5. Norvasc 10 Mg, 1 po qd, Disp: 90 (Qty), Refills: 6
6. Ranitidine Hydrochloride 150 Mg, 1 PO BID, Disp: 90 (Qty), Refills: 6
7. Restan 500 Mg, 1 po bid pm and pain, Disp: 60, Refills: 3

The following drugs were stopped:
1. Lasix 400 mg

FOLLOWUP: Return visit in 3 Weeks

PLAN DISCUSSION: Increase insulin by one unit, discussed stretching for PF

Electronically signed by Lee Behn, PA

ACCT NO: UNIT NO: 269534
PATIENT NAME: MCCONICO, MARY
DOB: SEX:
ORDERING PHYS: SRANT, RUSSELL V

EXAM: OP/US ABDOMEN COMPLETE 4500
EXAM DATE: 03/21/2008 00:00:00
PHYS: PANNELL, TIMOTHY L

TECHNICIAN: 1
REASON: RUQ PAIN

ABDOMINAL ULTRASOUND

Sonographic evaluation of the right upper quadrant shows a well-distended gallbladder without gallstones. The common bile duct was not dilated. Survey examination of the liver and kidneys shows no suspicious masses or hydronephrosis. A 2.4 cm cyst is seen in the upper pole of the right kidney. Pancreas was fairly well visualized and normal in appearance. Spleen, abdominal aorta, and inferior vena cava were unremarkable. There is increased echotexture of the liver diffusely suggesting fatty infiltration.

IMPRESSION: Fatty infiltration of the liver. Right renal cyst.

SIGNED REPORT: AUTHENTICATED BY PANNELL, TIMOTHY L
TRANSCRIBED DATE/TIME 2008/03/21 08:04:00
Location: OP

Jan. 10, 2010 7:01PM Sumter Family Health Center

Vol. 6471 P. 21

SUMTER FAMILY HEALTH CENTER
1378 N. LAFAETTE DR.
SUMTER, SC 29100
PHONE: 803.774.4500

Reprinted from Electronic Medical Record - Created on 02/08/09 0
Patient: MCCONICO, MARY MR No.: 501936 DOB: *****
PATIENT: Mary C McConico DOB: MRNO: 501906
DOB DATE: 02/08/2008

PHYSICIAN: Lee Behan, PA

CHIEF COMPLAINT: Follow-up of Diabetes Mellitus Type II Refills

HISTORY OF PRESENT ILLNESS:

Mary is here regarding diabetes (follow-up). This glucose 150-200. Associated with this is feeling well, no cold symptoms or cough, no acid pain, no dysuria.

MEDICATIONS HISTORY:

Current medications prescribed to the patient are:

1. Catapres 0.2 Mg, two tabs po bid
2. Claritin 10 mg, 1 po qd pm
3. Glucophage 1000 Mg, 1 po bid
4. Glucotrol XL 10 Mg, 1 PO BID for diabetes
5. Hyzaar 25 mg-100 Mg, 1 po qd
6. Lantus 100 Units/ml, 40 units AM, 80 units PM
7. Lyrica 75 Mg, 1 po bid
8. Miloprogesteron 0.4 mg, 1 at qd pm
9. Norvasc 10 Mg, 1 po qd
10. Sandilina Hydrochloride 150 Mg, 1 PO BID
11. Relafen 500 Mg, 1 po bid pre acute pain.
12. Toprol-XL 25 Mg, 1 po qd for blood pressure
13. Tramadol Hydrochloride 50 Mg, 1-2 tabs po qth pre pain
14. Zosyn 40 Mg, 1 PO QD

Patient is also taking:

1. ASPIRIN 81 MG 1 PO QD

ALLERGIES:

1. ACEI- Cough

HEALTH/MAINTENANCE HISTORY:

FLU VACCINE:	11/08/07
PNEUMOVAX:	01/08/09
CHOLESTEROL:	08/25/07
HEMOGLOBIN:	05/15/08
COLONOSCOPY:	12/11/03
COLONOSCOPY (note):	Dr. Lowder, Diverticulosis
PAP SMEAR:	09/16/08
MAMMOGRAM:	10/17/09
DILATED FUNDUS EXAM:	01/22/08
FUNDUS (note):	no retinopathy
BREAST SELF-EXAM:	09/15/08

EXAMINATION:

VITAL SIGNS: BP - 122/80, Pulse - 72, Respiration - 18, Weight - 252.00 lbs

BMI - Not Calculated

CONSTITUTIONAL - no apparent distress, nontoxic in appearance, A + O X3

SKIN - good coloration, warm, dry, no rashes or lesions

HEAD - no trauma, normocephalic

EYES - EOMs with normal external exams

Printed Date: 2008-7-8

Jun. 10. 2010 7:02PM Sutter Family Health Center

No. 6471 P. 22

Patient: MCCONICO, MARY MRN: 501906 DOB: - Continued
THROAT - pharynx clear. No injection or exudates. Uvula midline
NECK - supple, no lymph nodes; No carotid bruits. No thyromegaly
CHEST - clear to auscultation, no wheezing, no crackles and no rales
CARDIAC - RRR 81, S2, no MURMURS
ABDOMEN - no masses, no tenderness
EXTREMITIES - no edema, no deformities and pedal pulses present

DECISION MAKING:

ASSESSMENT:

1. Diabetes Mellitus Type II, Improving
2. Hypertension, Stable
3. Gouty Arthropathy, Controlled
4. Hyperlipidemia, Stable
5. Coronary artery disease, Stable
6. Gastroesophageal Reflux Disease, Stable
7. Plantar Fasciitis, Resolved

DRUG RX:

1. Glucosol XL 10 Mg, 1 PO BID for diabetes, Disp: 90 (Sixty), Refills: 5
2. Hymear 25 Mg-100 Mg, 1 po qd, Disp: 30, Refills: 5
3. Lantus 100 Units/ml, 80 units AA, 80 units PM, Disp: 0, Refills: 0
4. Norvasc 10 Mg, 1 po qd, Disp: 90 (Thirty), Refills: 5
5. Zosar 40 Mg, 1 PO QD, Disp: 30 (Thirty), Refills: 5

FOLLOWUP: Return Visit in 1 Month

PLAN DISCUSSION: Discussed insulin resistance with Dr Brown, can titrate Lantus to 200 units/day or more, also discussed addition of premeal Nologin in the future, close followup.

Electronically signed by Lee Baban, PA

SUMTER FAMILY HEALTH CENTER
1378 N. LAFAYETTE DR.
SUMTER, SC 29150
PHONE: 803-774-4500

Reprinted from Electronic Medical Record - Created on
Patient: MCCONICO, MARY MR No.: 501906 DOB: 5
PATIENT: Mary C McConico DOB: MRNO: 501906
BIRTH DATE: 03/11/2008

PHYSICIAN: Les Baban, PA

CHIEF COMPLAINTS: Followup of Diabetes Mellitus Type II; Followup of Hypertension.

HISTORY OF PRESENT ILLNESS:

Mary is here regarding diabetes (follow-up). This glucose 100-200.
- She is also here regarding gout pain in right ankle like AAA, resten helps.

MEDICATIONS HISTORY:

Current medications prescribed to the patient are:

1. Celebrex 0.2 Mg, two tabs po bid
2. Glucophage 1000 Mg, 1 po qd pm
3. Glucophage 1000 Mg, 1 po bid
4. Glucophage 1000 Mg, 1 po BID for diabetes
5. Myosin 25 Mg-100 Mg, 1 po qd
6. Lantus 100 Units/ml, 80 units AM, 80 units PM
7. Lyrica 75 Mg, 1 po bid
8. Nitroglycerin 0.4 mg, 1 sl qd pm
9. Norvasc 10 Mg, 1 po qd
10. Fentanyl Hydrochloride 150 Mg, 1 PO BID
11. Reltan 500 Mg, 1 po bid pm ankle pain
12. Toprolol 25 Mg, 1 po qd for blood pressure
13. Tramadol Hydrochloride 50 Mg, 1-2 tabs po qth pm pain
14. Zoscor 40 Mg, 1 PO QD

Patient is also taking:
1. ASPIRIN 81 MG 1 PO QD

ALLERGIES:

1. ACEI- Cough

PAST HISTORY:

Illnesses: Diabetes, Hypernatremia, Hyperlipidemia, GERD and Heart Disease;
Surgeries: craniotomy for SAH 7/98, C-section, D;
Other: Nuclear stress test negative 1/16/06 EF 66%;

EXAMINATION:

VITAL SIGNS: BP - 125/85, Pulse - 80, Respiration - 20, Weight - 254.00 lbs, OHO - 0.00 inches
BMI - Not Calculated

CONSTITUTIONAL - no apparent distress, nontoxic in appearance, A + O X3
SKIN - good coloration, warm, dry, no rashes or lesions
HEAD - no trauma, normocephalic
EYES - SOD with normal external exam
CHEST - clear to auscultation, no wheezing, no crackles and no rales
CARDIAC - RRR S1, S2, no M/R/G/T/H
EXTREMITIES - no edema, no deformities and pedal pulse present

TODAY'S LAB RESULTS:

1. Glucose: 240

Jun '08 7:01 PM - Server Family Health Center

No. 647 P. 26

Patient: MCCONICO, MARY MRNO: 601606 DOB: () - Continued

DECISION MAKING:

ASSESSMENT:

1. Diabetes Mellitus Type II, Improving
2. Hyperlipidemia, Stable
3. Gouty arthropathy, Controlled
4. Hypertension, Stable
5. Coronary artery disease, Stable
6. Gastroesophageal Reflux Disease, Stable

DIAGNOSTIC TESTS:

1. Glucose Finger Stick
2. Comp Metabolic Panel
3. Lipid Panel
4. Uric Acid

DRUG RX:

1. Lantus 100 Units/ml, 60 units AM, 60 units PM, Disp: 4, Refills: 6
2. Zocor 40 Mg, 1 po qd for cholesterol, Disp: 30 (Thirty), Refills: 6

The following drugs were stopped:

1. Lyrica 75 Mg
2. Tramadol Hydrochloride 50 Mg

FOLLOWUP: Return visit in 8 Weeks

PLAN DISCUSSION: Increase AHA Unasyn

Electronically signed by Lee Babes, PA

SUMTER FAMILY HEALTH CENTER
1278 N. LAFAYETTE DR.
SUMTER, SC 29106
PH: 803-774-4501

Reprinted from Electronic Medical Record - Created on 03/18/08 11:17:00 AM
Patient: MCCORMICK, MARY MR No.: 801906 DOB:
PATIENT: Mary C McCormick DOB: MRNO: 801906
EST DATE: 03/18/2008

PHYSICIAN: Lee Barber, PA

CHIEF COMPLAINTS: FBS @ home this AM 180; not getting better, no other ex; pt took colon cleanser on last Fri, head day started with Rn abd pain.

HISTORY OF PRESENT ILLNESS:

Mary is here regarding abd pain, which started last Friday. This began without an injury or obvious cause. Associated with this is nausea, no vomiting, no diarrhea, BMe normal, no fever, able to eat, no dysuria and no hematuria. It is located in the sterile in RUQ and radiates down.

REMEDICATIONS HISTORY:

Current medications prescribed to the patient are:

1. Celebrex 0.2 Mg, two tabs po bid
2. Crestin 10 mg, 1 po qd pm
3. Glucophage 1000 Mg, 1 po bid
4. Glucophage 20 10 Mg, 1 PO BID for diabetes
5. Hyzaar 25 Mg-100 Mg, 1 po qd
6. Lasix 100 Urine/ml, 60 urate Abx, 80 urate PM
7. Nitroglycerin 0.4 mg, 1 el qsm in pm
8. Motrin 10 Mg, 1 po qd
9. Ranitidine Hydrochloride 150 Mg, 1 PO BID
10. Raloxifen 600 Mg, 1 po bid pm ankle pain
11. Toprol-XL 25 Mg, 1 po qd for blood pressure
12. Zocor 40 Mg, 1 po qd for cholesterol

Patient is also taking:

1. ASPIRIN 81 MG 1 PO QD

ALLERGIES:

1. ACEF- Cough

PAST HISTORY:

Illnesses: Diabetes, Hypertension, Hyperlipidemia, GERD and Heart Disease;

Surgery: cholecystectomy for GALT-7/09, C-section, D-;

Other: Nuclear stress test negative 1/10/08 EF 65%;

EXAMINATION:

VITAL SIGNS: B/P - 172/80, Pulse - 94, Respiration - 20, Temperature - 98.3, Weight - 248.00 lbs

BMI - Not Calculated

CONSTITUTIONAL - no apparent distress, nontoxic in appearance, A + O Xs

SKIN - good coloration, warm, dry, no rashes or lesions

HEAD - no trauma, normocephalic

EYES - anisocoric

CHEST - clear to auscultation, no wheezing, no crackles and no rales

CARDIO - RRR S1, S2, no M/R/G/T/H

ABDOMEN - normal bowel sounds, RUQ tenderness and no rebound

EXTREMITIES - no edema and no deformities

DECISION MAKING:

Jun 12, 2010 7:01PM Sunter Family Health Center

No. 647: 2, 19

Patient: MCCONICO, MARY MRNO: 501608 DOB:

Continued

ASSESSMENT:

1. Abdominal pain, vague, New
2. Diabetes Mellitus Type II, Stable
3. Hypertension, Stable

DIAGNOSTIC TESTS:

1. Ultrasound Abdomen
2. UA, Auto w/o Micro
3. CBC w/ Diff P/L
4. Comprehensive Metabolic Panel

DRUG RX:

1. Metformin 40 mg, 1 po qd, Disp: samples, Refills: 0

FOLLOWUP: Return visit in 1 Week

Electronically signed by Lee Soben, PA

Jun. 10. 2010 7:01PM Sumter Family Health Center

19.8471 2. 15

SUMTER FAMILY HEALTH CENTER

208 N. LAMAYETTE DR.
SUMTER, SC 29186
PHONE: 803-774-6800

Reprinted from Electronic Medical Record - Created on 03/25/08 08:48-17
Patient: MCCONICO, MARY MR No.: 501306 DOB:
PATIENT: Mary C McConico DOB: MRNO: 501306
EST DATE: 03/25/2008

PHYSICIAN: Les Baban, PA

CHIEF COMPLAINTS: Followup of Diabetes Mellitus Type II; Followup of Hyperlipidemia; Followup of Hypertension.

HISTORY OF PRESENT ILLNESS:

Mary is here regarding RU abd pain. This doing a little better, hurts more at night. Associated with this is no fever, nausea, no vomiting, no diarrhea.

- She is also here regarding right heel pain, which started several days (4) ago. This began without an injury or obvious cause.

MEDICATIONS HISTORY:

Current medications prescribed to the patient are:

1. Captopril 0.2 Mg, two tabs po bid
2. Claritin 10 mg, 1 po qd pm
3. Glucophage 1000 Mg, 1 po bid
4. Glucosolol 10 Mg, 1 PO BID for diabetes
5. Myxart 25 mg-100 Mg, 1 po qd
6. Lantus 100 Units/ml, 65 units AM, 80 units PM
7. Nexium 40 mg, 1 po qd
8. Nitroglycerin 0.4 mg, 1 sl q5min prn
9. Norvasc 10 Mg, 1 po qd
10. Ranitidine Hydrochloride 150 Mg, 1 PO BID
11. Rofenfan 500 Mg, 1 po bid prn artho pain
12. Toprol-XL 25 Mg, 1 po qd for blood pressure
13. Zocor 40 Mg, 1 po qd for cholesterol

Patient is also taking:

1. ASPIRIN 81 MG 1 PO QD

ALLERGIES:

1. ACE- Cough

HEALTH MAINTENANCE HISTORY:

FLU/VACCINE:	11/08/07
PNEUMOVAX:	01/08/08
CHOLESTEROL:	03/11/08 03/15/08
HEMOCCULT:	12/31/03
COLONOSCOPY:	Dr Lowder, Diverticulosis
COLONOSCOPY (note):	03/15/08
PAP SMEAR:	10/17/06
MAMMOGRAM:	
DILATED FUNDUS EXAM:	01/22/08 no retinal pathology
FLANDUS (note):	
BREAST SELF-EXAM:	03/15/08

PAST HISTORY:

Diagnosis: Diabetes, Hypertension, Hyperlipidemia, GERD and Heart Disease;
Surgeries: cesarean for SAH 7/89, C-section, CT;
Other: Nuclear stress test negative 1/18/08 EF 55%;

SOCIAL HISTORY:

Alcohol Use: No ETOH
Smoking: No tobacco
Occupation: Disabled

Page 1 of 2

Create Date: 2008-3-25

Jan. 12, 2010 7:51PM Sunter Family Health Center

No. 6471 P. 16

Patient: MCCONICO, MARY MRND: 601908 DOB: - Continued

EXAMINATION:

VITAL SIGNS: BP - 140/80, Pulse - 68, Respiration - 20, Temperature - 98.8, Weight - 248.00 lbs, Blood Sugar - 295 d/d mg

BMI - Not Calculated

CONSTITUTIONAL - no apparent distress, nontoxic in appearance, A + D X3

SKIN - good coloration, warm, dry, no rashes or lesions

HEAD - no trauma, normocephalic

EYES - anisocoria

THROAT - pharynx clear, No injection or exudates. Uvula midline

NECK - no nodes and no nuchal rigidity

CHEST - clear to auscultation, no wheezing, no crackles and no rales

CARDIAC - RRR S1, S2, no MURMURS

ABDOMEN - normal bowel sounds, no masses, no tenderness and no CVAT

EXTREMITIES - no edema and no deformities

TODAY'S LAB RESULTS:

1. Hemoglobin A1c: 10.9

DECISION MAKING:

ASSESSMENT:

1. Diabetes Mellitus Type II, Uncontrolled

2. Ovary atrophy, Worsening

3. Hypertension, Stable

4. Abdominal pain unspecified, Improving

DIAGNOSTIC TESTS:

1. Glucose Finger Stick

2. Hgb A1c, finger stick

DRUG RX:

1. Lantus 100 Units/ml, 70 units AM, 80 units PM, Dose: 4, Refill: 6

2. Niaspan 40 Mg, 1 po qd, Dose: 80 (Thru), Refill: 2

3. Tramadol Hydrochloride 50 mg, 1-2 tabs po q6h prn pain, Dose: 30, Refill: 1

The following drugs were stopped:

1. Ranitidine Hydrochloride 150 Mg

FOLLOWUP: Return visit in 2 Weeks

PLAN DISCUSSION: Increase AM insulin

Electronically signed by Lee Deben, PA

04/22/2008 3:00PM Sumter Family Health Center

As 4471 3, 13

SUMTER FAMILY HEALTH CENTER
1270 N. LAURENCE DR.
SUMTER, SC 29100
PHONE: 803-774-4580

Reprinted from Electronic Medical Record - Created on 04/22/08 8
Patient: MCCONICO, MARY MR. No.: 501906 DOB: *****
PATIENT: Mary C McConico DOB: MARNO: 501906
BMT DATE: 04/22/2008

PHYSICIAN: Lee Beben, PA

CHIEF COMPLAINTS: Followup of Diabetes Mellitus Type II; Followup of Gouty arthropathy.

HISTORY OF PRESENT ILLNESS:

Mary is here regarding diabetes (follow-up). This usually 150-160 in AM. Associated with this is otherwise feeling well.

MEDICATIONS HISTORY:

Current medications prescribed to the patient are:

1. Casapris 0.2 Mg, two tabs po bid
2. Glucophage 1000 Mg, 1 po qd
3. Glucophage 1000 Mg, 1 po bid
4. Glucophage 1000 Mg, 1 po BID for diabetes
5. Myzart 25 Mg-100 Mg, 1 po qd
6. Lantus 100 U/ml/ml, 70 units AM, 30 units PM
7. Nodum 40 Mg, 1 po qd
8. Nitroglycerin 0.4 mg, 1 sl q5min prn
9. Norvasc 10 Mg, 1 po qd
10. Relafen 500 Mg, 1 po bid prn antise pain
11. Toprol-XL 25 Mg, 1 po qd for blood pressure
12. Tramadol Hydrochloride 50 mg, 1-2 tabs po q8h prn pain
13. Zocor 40 Mg, 1 po qd for cholesterol

Patient is also taking:

1. ASPIRIN 81 MG 1 PO QD

ALLERGIES:

1. ACEI- Cough

PAST HISTORY:

Diseases: Diabetes, Hypertension, Hyperlipidemia, GERD and CAD

Surgeries: craniotomy for BAH 7/08, C-section, D

Other: Nuclear stress test negative 1/16/06 EF 68%;

EXAMINATION:

VITAL SIGNS: BP - 140/55, Pulse - 74, Respiration - 20, Temperature - 98.6, Weight - 252.00 lbs

BMI - Not Calculated

CONSTITUTIONAL - no apparent distress, normal in appearance, A + O x3

SKIN - good coloration, warm, dry, no rashes or lesions

HEAD - no tinnitus, normocephalic

EYES - EOMI with normal external exam

THROAT - pharynx clear. No injection or exudates. Uvula midline

NECK - no nodes and no thyroid rigidity

CHEST - clear to auscultation, no wheezing, no crackles and no rales

CARDIAC - RRR S1, S2, no MURMURS

EXTREMITIES - no edema and no deformities

DECISION MAKING:

Jun. 16, 2010 7:31PM Surter Family Health Center

No. 6471 P. 14

Patient: MCCORMICK, MARY MRNO: 601808 DOB - Continued

ASSESSMENT:

1. Diabetes Mellitus Type II, Improving
2. Hyperlipidemia, Controlled
3. Gouty Arthropathy, Stable

DRUGS RX:

1. Lantus 100 Units/ml, 70 units AM, 65 units PM, Glarg 4, Refills: 6

FOLLOWUP: Return Visit in 3 Months

PLAN DISCUSSION: Increase PM Insulin

Electronically signed by Lex Hohen, PA 4/22/2008 9:44Z

02. '0. 20'0 7:00PM Series: Family Health Center

Ac. 6471 P. 11

SUMTER FAMILY HEALTH CENTER
1579 N. LAFAYETTE DR.
SUMTER, SC 29150
PHONE 803-774-4800

Reprinted from Electronic Medical Record - Created on 08/20/08 11:17
Patient: MCCONICO, MARY MR No.: 501906 DOB: *****
PATIENT: Mary C McConico DOB: ***** MRND: 501906
VISIT DATE: 08/20/2008

PHYSICIAN: RUSSELL BRANT, MD

CHIEF COMPLAINTS: Followup of Diabetes Mellitus Type II.

HISTORY OF PRESENT ILLNESS:

- Hyperlipidemia. Patient took medication as instructed. Since taking the medication, the severity has been well controlled.
- Diabetes Type 2. Patient taking meds as prescribed but really cannot afford to take this amt of insulin, having to pay \$80 per week for med. Since taking the prescribed medication, the severity has been uncontrolled and not really getting any better.
- Hypertension. Severity was described as well controlled. An associated sign and symptom is elevated microalbumin.

MEDICATIONS HISTORY:

- Current medications prescribed to the patient are:
1. Amlodipine 10 mg po, 1 PO QD for blood pressure
 2. Captopril 1.2 mg, two tabs po bid
 3. Glaxin 10 mg, 1 po qd
 4. Glucophage 1000 Mg, 1 po bid
 5. Glucoset X1 10 Mg, 1 PO BID for diabetes
 6. Hyzlar 25 Mg-100 Mg, 1 PO Q AM for blood pressure
 7. Lantus 100 Units/ml, 70 units AM, 65 units PM
 8. Norstat 40 Mg, 1 po qd
 9. Nitroglycerin 0.4 mg, 1 sl q4h prn
 10. Relafen 500 Mg, 1 po bid prn ankle pain
 11. Toprol-XL 25 Mg, 1 po qd for blood pressure
 12. Transdermal Hydrochloride 50 mg, 1-2 tabs po q4h prn pain
 13. Zocor 40 Mg, 1 po qd for cholesterol

Patient is also taking:

1. ASPIRIN 81 MG 1 PO QD

ALLERGIES:

1. ACEI- Cough

HEALTH MAINTENANCE HISTORY:

FLU VACCINE:	11/06/07
PNEUMOVAX:	01/06/08
CHOLESTEROL:	09/15/09
HEMOCCULT:	12/31/03
COLONOSCOPY (note):	Dr Lowder, Diverticulosis
PAP SMEAR:	08/15/06
MAMMOGRAM:	10/17/06
DILATED FUNDUS EXAM:	01/22/08
FLUOROS (note):	no radiopathy
BREAST SELF-EXAM:	09/15/08

PAST HISTORY:

Diseases: Diabetes, Hypertension, Hyperlipidemia, GERD and CAD;
Surgeries: gastrectomy for SAH 7/95, C-section, D;
Other: Nuclear stress test negative 1/15/05 EF 65%;

SOCIAL HISTORY:

Page 1 of 2

Create Date: 2008-8-20

Jan. 10, 2010 7:00PM Sunter Family Health Center

No. 6471 F. 12

Patient: MCCONICO, MARY MRNO: 601808 DOB - Confirmed
Alcohol Use: No ETCH
Smoking: No tobacco
Occupation: Disabled

EXAMINATION:

VITAL SIGNS: BP - 120/70, Pulse - 78, Weight - 252.00 lbs

BMI - Not Calculated

CONSTITUTIONAL - no apparent distress, normal in appearance, A + O X3

SKIN - good coloration, warm, dry, no rashes or lesions

HEAD - no trauma, normocephalic

CHEST - clear to auscultation, no wheezing, no crackles and no rales

CARDIAC - normal heart sounds and physiologic rhythm, no murmurs and regular rhythm

EXTREMITIES - no edema and no deformities

TODAY'S LAB RESULTS:

1. Hemoglobin A1c: 10.8

DECISION MAKING:

ASSESSMENT:

1. Diabetes Mellitus Type II, Uncontrolled
2. Hypertension, Controlled
3. Gouty arthropathy, Stable
4. Hyperlipidemia, Controlled
5. Coronary artery disease, Stable
6. Gastroesophageal Reflux Disease, Stable

DIAGNOSTIC TESTS:

1. Hgb A1c, finger stick
2. Microalbumin/Creat Ratio, Random Ur

DRUG RX:

1. Lantus 100 Units/ml, 85 units PM, Diasp: 31 (One) Vial, Refills: 12

REFERRAL: Schedule PAP Visit

FOLLOWUP: Return Visit in 3 Months

PLAN DISCUSSION: Review of blood sugars show no significant improvement with increases in insulin but the cost of these increases are too burdensome for her now. Weight has also not declined in the face of significant hyperglycemia. Plan to ask her to restrict calories and decrease intake to evening dose only

Electronically signed by Russell Brent, MD 8/20/2008 10:18:19

SUMTER FAMILY HEALTH CENTER
 1075 N. LAFAYETTE DR.
 SUMTER, SC 29150
 PHONE: 803-774-4500

Reprinted from Electronic Medical Record - Created on 10/10/08 1
 Patient: MCCONICO, MARY V3 No.: 501906 DOB:

Printed

Wed 10 Oct 2008 01:44:33 PM CDT

Page 1 of 1



PATIENT NAME: MCCONICO, MARY C
 MRN: 301906
 ACCOUNT # (Opt):
 DATE OF BIRTH:
 REQUESTING DR: BRANT, ROSSELL V MD
 ATTENDING DR:
 CC DR:
 ORDER LOCATION: OP
 ROOM NUMBER: WY-
 SERVICE DATE: 10-08-2008 08:12
 EXAM DATE: 10-08-2008 12:32
 REPORT DATE: 10-08-2008 14:25

PROCEDURES PERFORMED ACCORDING TO DEPARTMENTAL PROTOCOLS

STUDY: MAMMO/CAD/SCZ MAM BIL CAD AND SCREENING
 REASON: SCREENING

MAMMOGRAM

Screening mammograms were obtained using digital mammography with CAD review. Evaluation shows breasts of average density without suspicious masses. Several scattered benign groups of calcifications are present and appear to be unchanged from the previous study of 10/2006.

IMPRESSION: scattered benign-appearing calcifications which are stable from previous exam. No specific mammographic evidence of malignancy and routine mammographic follow-up is recommended.

ACR CODE - 2 - BENIGN

TRANSCRIPTIONIST: WHEELER, JUNE
 READING RADIOLOGIST: FANNELL, TIMOTHY MD
 This report has been reviewed and released by:

Tim Fannell

FANNELL, TIMOTHY MD

Timothy Fannell

Printed on 10-08-2008 14:25 EDT

ORIGINAL REPORT

Page 1 of 1

Creation Date: 2008-10-8

SUMTER FAMILY HEALTH CENTER

2070 N. LAFAYETTE DR.
SUMTER, SC 29520
PHONE: 803-774-4500

Reprinted from Electronic Medical Record - Created on 11/24/08 09:00 AM
Patient: MCCORMICK, MARY MR No.: 501906 DOB:

PATIENT: Mary C. McCormick DOB: BIRTH: 501906
DATE: 11/24/2008

PHYSICIAN: Russell Sten, MD

CHIEF COMPLAINTS: Followup of Diabetes Mellitus Type II; Followup of Hypertension; Followup of Hyperlipidemia.

HISTORY OF PRESENT ILLNESS:

- Hypertension. Patient took medication as instructed. Since taking the medication, the severity has been well controlled.
- Diabetes Type 2. Patient has trouble affording medications. Since taking the prescribed medication, the severity has been worsening.
- Hyperlipidemia. Severity was described as uncontrolled. An associated sign and symptom is elevated microalbumin.

MEDICATIONS HISTORY:

Current medications prescribed to the patient are:

1. Atenolol 10 mg, 1 PO QD for blood pressure
2. Omeprazole 40 mg, two tabs po bid
3. Glucophage 1000 mg, 1 po bid
4. Glucophage 1000 mg, 1 po bid
5. Glucophage 1000 mg, 1 po bid for diabetes
6. Tylenol 325 mg-100 mg, 1 PO Q AM for blood pressure
7. Lasix 100 Uml/ml, 85 units PM
8. Nexium 40 mg, 1 po qd
9. Nitroglycerin 0.4 mg, 1 sl q5min prn
10. Relafen 800 mg, 1 po bid prn arthralgia
11. Tylenol 325 mg, 1 po qd for blood pressure
12. Tramadol Hydrochloride 50 mg, 1-2 tabs po qpr prn pain
13. Zocor 40 mg, 1 po qd for cholesterol

Patient is also taking:

1. ASPIRIN 81 MG 1 PO QD

ALLERGIES:

1. ACEI- Cough

HEALTH MAINTENANCE HISTORY:

FLU VACCINE:	11/08/07
PNEUMOVAX:	01/05/06
CHOLESTEROL:	03/11/08
HEMOCCULT:	02/15/06
COLONOSCOPY:	12/21/03
COLONOSCOPY (note):	Dr. Lowder, Diverticulosis
PAP SMEAR:	09/30/03
MAMMOGRAPHY:	10/08/03
MAMMOGRAM (note):	normal
PHYSICAL EXAM:	08/30/07
PELVIC EXAM:	08/30/06
DILATED FUNDUS EXAM:	01/22/08
FUNDUS (note):	no retinopathy
BREAST SELF-EXAM:	08/30/06

PAST HISTORY:

Illnesses: Diabetes, Hypertension, Hyperlipidemia, GERD and CAD;
Surgeries: craniotomy for SAH 7/99, C-section, 0.

Jan. 10, 2010 7:35PM Sumner Family Health Center

No. 6471 P. 5

Patient: MCCONICO, MARY MRNO: 501906 DOB: Continued
Order: Nuclear stress test negative 1/15/08 EF 66

SOCIAL HISTORY:

Alcohol Use:	No tobacco	No ETOH
Smoking:		
Illicit Drug Use:	No street drugs	
Diet:	diabetic	
Lifestyle:	married	
Exercise:	walks daily	
Occupation:	Disabled	
Sexual Activity:	married	

EXAMINATION:

VITAL SIGNS: BP - 100/64, Pulse - 68, Respiration - 18, Weight - 245.00 lbs

BMI - Not Calculated

CONSTITUTIONAL: - Pleasant obese female

SKIN - warm to touch

HEAD - no trauma, normocephalic

CHEST - Normal respiratory rate and rhythm. Breath sounds clear to auscultation, no wheezing, rales or rhonchi.

CARDIAC - normal heart sounds and physiologic rhythm

EXTREMITIES - no edema

TODAY'S LAB RESULTS:

1. Glucose: 407
2. Hemoglobin A1c: 12.2

DECISION MAKING: She seems to be adherent to medical therapy but has not responded. Cannot afford to increase insulin so change to NPH and increase daily dosage

ASSESSMENT:

1. Diabetes Mellitus Type II, Uncontrolled
2. Hypertension, Uncontrolled
3. Coronary artery disease, Stable
4. Gastroesophageal Reflux Disease, Stable
5. Hyperlipidemia, Stable
6. Peripheral neuropathy, Stable
7. Obesity, Stable

DRUG RX:

1. Novolin N human recombinant 100 units/mL, 60 units BID, Disp: 63 (Three) vials, Refill: prn

INJECTIONS: Influenza Vaccine-Split Virus (Adult)

FOLLOWUP: Return Visit in 1 Month

Electronically signed by Russell Brent, MD 1/24/2010 8:50:47

JUN 30, 2010 7:00PM Syntex Family Health Center

No. 6471 P. 6

SUMTER FAMILY HEALTH CENTER
1379 N. LAFAYETTE DR.
SUMTER, SC 29150
PHONE: 803-774-4500

Reprinted from Electronic Medical Record - Created on 12/24/08 09:00:00
Patient: MCCONICO, MARY MR. No.: 501905 DOB: 1/1/50
PATIENT: Mary C McConico DOB: 1/1/50 MRNO: 801905
BIRT DATE: 12/24/2008
PHYSICIAN: Russell Brant, MD

CHIEF COMPLAINTS: Followup of Diabetes Mellitus Type II

HISTORY OF PRESENT ILLNESS:

- Hypertension. Patient took medication as instructed. Since taking the medication, the severity has been well controlled.
- Diabetes Type II. Patient takes meds as prescribed. Since taking the prescribed medication, the severity has been showing some improvement with switch to NPH insulin.
- Hypernatremia. Severity was described as improving. An associated sign and symptom is elevated microalbumin.

MEDICATIONS HISTORY:

- Current medications prescribed to the patient are:
1. Amlodipine 10 mg, 1 PO QD for blood pressure
 2. Celsipres 0.2 Mg, two tabs po bid
 3. Claritin 10 mg, 1 po qd prn
 4. Glucophage 1000 Mg, 1 po bid
 5. Glucosyl 30 10 Mg, 1 PO BID for diabetes
 6. Nyradol 25 Mg-100 Mg, 1 PO Q AM for blood pressure
 7. Neelium 40 Mg, 1 po qd
 8. Nitroglycerin 0.4 mg, 3 sl q5min prn
 9. Novolin N human recombinant 100 U/bottle, 50 units BID
 10. Robitussin 500 Mg, 1 po bid prn upper path
 11. Toprolol 25 Mg, 1 po qd for blood pressure
 12. Tramadol Hydrochloride 50 mg, 1-2 tabs po q6h prn pain
 13. Zocor 40 Mg, 1 po qd for cholesterol

Patient is also taking:

1. ASPIRIN 81 MG 1 PO QD

ALLERGIES:

1. ACE- Cough

HEALTH MAINTENANCE HISTORY:

FLU VACCINE:	11/24/09
PNEUMONIA:	01/08/09
CHOLESTEROL:	03/11/08
HEMOGLOBIN:	09/15/08
COLONOSCOPY:	12/31/03
COLONOSCOPY (note):	Dr. Lowder, Diverticulosis
PAP SMEAR:	08/03/08
MAMMOGRAM:	10/03/08
MAMMOGRAM (note):	normal
PHYSICAL EXAM:	09/20/08
PELVIC EXAM:	09/20/08
DILATED FUNDUS EXAM:	01/22/06
FUNDUS (note):	no retinopathy
BREAST SELF-EXAM:	09/30/08

PAST HISTORY:

Illnesses: Diabetes, Hypertension, Hypertension, GERD and CAD;
Surgeries: craniotomy for SAH 7/89, C-section, O;

Jan. 10, 2010 7:00PM Sutter Family Health Center

No. 6271 P. 7

Patient: MCCONICO, MARY MRNO: 601908 DOB: - Continued
 Other: Nuclear stress test negative 1/10/08 EF 62...

SOCIAL HISTORY:

Alcohol Use:	No tobacco	No ETOW
Smoking:		
Illicit Drug Use:	No street drugs	
Diet:	diabetic	
Lifestyle:	married	
Exercise:	walks daily	
Occupation:	Disabled	
Sexual Activity:	married	

EXAMINATION:

VITAL SIGNS: B/P - 130/80, Pulse - 74, Weight - 247.00 lbs, Blood Sugar - 233 d/mg

BMI - Not Calculated

CONSTITUTIONAL - Pleasant obese female

SKIN - warm to touch

HEAD - no trauma, normocephalic

CHEST - Normal respiratory rate and rhythm. Breath sounds clear to auscultation, no wheezing, rales or rhonchi.

CARDIAC - normal heart sounds and physiologic rhythm

EXTREMITIES - no edema, no deformities, no foot ulcers, pedal pulses diminished, toes/ankles need ulping and vibration senses present but diminished

DECISION MAKING: she is encouraged to titrate NPH upward to achieve FBS between 100 to 130

ASSESSMENT:

1. Diabetes Mellitus Type II, Improving
2. Hypertension, Stable
3. Gouty arthropathy, Stable
4. Obesity, mild to moderate, Stable
5. Hyperlipidemia, Improving
6. Coronary artery disease, Stable
7. Gastroesophageal Reflux Disease, Stable

DRUG RX:

1. Amlodipine 10 mg, 1 PO QD for blood pressure, Dose: 833 (Thry), Refill: 12
2. Carafree 0.2 Mg, 2 PO BID for blood pressure, Dose: 120, Refill: 12
3. Glucotrol XL 10 Mg, 1 PO BID for diabetes, Dose: 560 (Stdy), Refill: 12
4. Myxear 25 Mg-100 Mg, 1 PO Q AM for blood pressure, Dose: 730, Refill: 12
5. Ranitidine Hydrochloride 150 mg, 1 PO BID for stomach, Dose: 660 (Stdy), Refill: 12
6. Toprol-XL 25 Mg, 1 PO QD for blood pressure, Dose: 650 (Thry), Refill: 12

FOLLOWUP: Return Visit in 3 Months

Electronically signed by Russell Brand, MD 12/24/2008 8:44:0

Jun. 13. 2010 6:59PM S. v. r. Family Health Center

No. 5471 P. 4

SUMMIT FAMILY HEALTH CENTER
1370 N. LAFAYETTE DR.
SUMMIT, SC 29150
PHONE: 803-774-4500

Reprinted from Electronic Medical Record - Created on 05/26/09 0
Patient: MCCORMICK, MARY MR No.: 501908 DOB:
PATIENT: Mary C McCormick DOB: MRNO: 501908
ISIT DATE: 03/26/2009

PHYSICIAN: Russell Grant, MD

CHIEF COMPLAINTS: Followup of Coronary artery disease; Followup of Diabetes mellitus Type II; Followup of Hyperlipidemia;
Followup of Hypertension; Followup of Obesity/morbid.

HISTORY OF PRESENT ILLNESS:

- Hyperlipidemia. Patient took medication as instructed. Since taking the medication, the severity has been well controlled.
- Diabetes Type 2. Patient takes meds as prescribed. Since taking the prescribed medication, the severity has been not really any better than last OV, has increased insulin to 60 units BID.
- Hypertension. Severity was described as improving. An associated sign and symptom is states her insurance company is informing her that insurance is soon to be generic.

MEDICATIONS HISTORY:

- Current medications prescribed to the patient are:
1. Amlodipine 10 mg, 1 PO QD for blood pressure
 2. Calspro D2 Mg, 2 PO BID for blood pressure
 3. Glitin 10 mg, 1 po qd prn
 4. Glucophage 1000 Mg, 1 PO BID for diabetes
 5. Glucosolol XL 10 Mg, 1 PO BID for diabetes
 6. Hyzaar 25 Mg-100 Mg, 1 PO Q AM for blood pressure
 7. Nitroglycerin 0.4 mg, 1 W qsm prn
 8. Niprolin H human recombinant 100 units/mL, 60 units BID
 9. Reglidine hydrochloride 160 mg, 1 PO BID for stomach
 10. Toprol-XL 25 Mg, 1 PO QD for blood pressure
 11. Zocor 40 Mg, 1 po qd for cholesterol

Patient is also taking:
1. ASPIRIN 81 MG 1 PO QD

ALLERGIES:
1. ACEI- Cough

HEALTH MAINTENANCE HISTORY:

FLU VACCINE:	11/24/03
PNEUMOVAX:	01/08/09
CHOLESTEROL:	08/11/08
HEMOCCULT:	08/15/08
COLONOSCOPY:	12/21/03
COLONOSCOPY (note):	Dr. Louder, Diverticulosis
PAP SMEAR:	08/30/08
PAP SMEAR (note):	negative on 09/30/08 for cancer
MAHMOGRAM:	10/06/08
MAHMOGRAM (note):	normal
PHYSICAL EXAM:	08/30/08
PELVIC EXAM:	08/30/08
DILATED FUNDUS EXAM:	01/22/08
FUNDUS (note):	no retinopathy
BREAST SELF-EXAM:	09/30/08

PAST HISTORY:

Page 1 of 2

Creation Date: 2009-3-26

Aug 2010 6:59PM Sunter Family Health Center

No. 647 2. 5

Patient: MCCONICO, MARY MRNO: 501608 - Continued
Illnesses: GERD, CAD, Diabetes, Hypertension and hyperlipidemia;
Surgeries: craniotomy for SAH 7/99, C-section, D.
Other: Nuclear stress test negative 1/16/09 EF 66%;

SOCIAL HISTORY:

Alcohol Use:	No tobacco	No ETOH
Smoking:		
Medi Drug Use:		No street drugs
Diet:		diabetic
Lifestyle:	married	
Exercise:	walks daily	Disabled
Occupation:		
Sexual Activity:		married

EXAMINATION:

VITAL SIGNS: BP - 128/82, Pulse - 82, Respiration - 18, Weight - 244.00 lbs, Blood Sugar - 240 dlmg

BMI - Not Calculated

CONSTITUTIONAL: - looks like stated age, in no distress and obese

SKIN: - warm to touch

HEAD: - no trauma, normocephalic

CHEST: - Normal respiratory rate and rhythm, Breath sounds clear to auscultation, no wheezing, rales or rhonchi.

CARDIAC: - normal heart sounds and physiologic rhythm

EXTREMITIES: - no peripheral edema

TODAY'S LAB RESULTS:

1. Glucose: 240

DECISION MAKING: add TZD as insulin sensitizer

ASSESSMENT:

1. Diabetes Mellitus Type II, Uncontrolled
2. Hyperlipidemia, Stable
3. Gouty arthropathy, Stable
4. Obstructive Pulmonary Disease, Stable
5. Hypertension, Improving
6. Coronary artery disease, Stable
7. Gastroesophageal Reflux Disease, Stable

DIAGNOSTIC TESTS:

1. CBC w/ diff w/ Plt
2. CMP
3. Lipid Panel
4. Microalbumin/Creatinine Ratio

DRUG RX:

1. Actos 15 mg, 1 PO QD for Insulin, Dose: 830 (Thirty), Refills: 12
2. Zocor 40 Mg, 1 PO QHS for cholesterol, Dose: 30 (Thirty), Refills: 12

The following drugs were stopped: No longer needed
1. Chantix 16 mg

FOLLOWUP: Return Visit in 3 Months

Electronically signed by Russell Ernst, MD 3/26/2009 11:51:23

Age - 64

Palmetto Adult Medicine - Jordan

HISTORY AND PHYSICAL

Name: Mary McConico Date: 1-6-90
Chief Complaint: HTN, IOM, Hypertension, 2 medications
if all are initiated H.V. conversion
BS-253 breakfast @ 7:00 am

64y - Dorah - 1999
- heart certhid rhythm as noted 1999 - not stop
secret - some on touch
no weight loss, fluid on eye, dry wt.
HTN - vis to below
sweat to touch & active

Past Medical Hx:

Coronary

Past Surgical Hx:

Bow surg - phle.
C-surg

Family History:

HTN -
Atherosclerosis -

Social:

Tob: - 650

ETOH: - 1985

Review of Systems

Abnormalities will be noted

Constitutional	/	Skin	/
Eyes	/	Hemat/Lymph	/
ENT/Oropharynx	/	Allergy/Immun	/
Cardiovascular	/	Neurological	/
Respiratory	/	Gastrointestinal	/
Gastrointestinal	/	Endocrine	/
Musculoskeletal	/	Psychiatric	/

PHYSICAL EXAM: (/ if normal or absent; X if abnormal)

VITALS: Wt 259 lb 166" BP 170/90 P 84 R 18 Temp

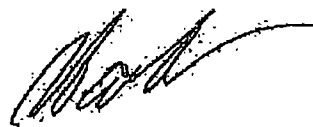
HEAD: / AT/NC
EYES: / PERILA / conj/ids / sclera / BOM / fund (non-dil)
EENT: / external ears/nose / otoscopic / hearing / mucosa/sep/turbid / lips/teeth/gums / oropharynx / sinuses
NECK: / FROM / supple / sym / thyroid
RESP: / effort / percussion / palp / ausc
CV: / rate / rhythm / palp / apco / murmurs / carotid a / aorta / fem a / pedal / edema/varicosities
CHEST: / breast / inspect / palp / Chest Wall / palp
GI: / abd insp / bowel sounds / abd palp / liver / spleen / hernia? / anus / stool
GU: Male: / penis / scrotum / prostate
Female: Pelvic exam: / ext / internal / bladder / cervix / uterus / adnexa
LYMPH: / neck / axilla / groin / other
NEURO: / CN / DTR'S / cranial sensation
MS: / gait/station / digits/nails
Joints/bones/muscles: / head/neck / spine/ribs/pelvis / RUE / RLE / LUE / LLE
INTEGUMENT: / inspect/skin / palp skin/tactile
PSYCHIATRIC: / judgement/insight / Mental status / alert/orient/memory/mood/affect

MEDICAL DECISION MAKING

- AP ① IOPM - uncut
- ② HSN - uncut
- ③ Hypertension - ? cut

date when the
COP
COP
Lopd

Plm to the H. H. H.



Standard Office Supply - Dallas, TX 75225

Form 1071

NO. 166 P. 13

PALMERITO-ADULT ME

NOV. 10, 2010 5:47PM

ACCT NO: UNIT NO: 269534
PATIENT: MONIGO, MARY
DOB: SEX: F
ORDERING PHYS: CHAPPELL, THOMAS M

EXAM: MAM BIL CAD AND SCREENING
EXAM DATE: 01/11/2010 00:00:00
PHYS: ROSEFIELD JR, M KENNETH

TECHNICIAN: YN
REASON: SCREENING

Screening mammography was performed utilizing digital mammography and CAD review. The parenchymal pattern is of average density. No suspicious areas are identified. There has been no significant change from prior studies. Regular annual follow-up screening mammography is recommended.

IMPRESSION: Negative mammograms.

NOTE:

A. A negative mammography x-ray report should not delay biopsy if a dominant or clinically suspicious mass is present. 10- 15 percent of cancers are not identified by x-ray.

B. Adenosis and dense breasts may obscure an underlying neoplasm.

ACR CODE - 1 - NEGATIVE

SIGNED REPORT: AUTHENTICATED BY ROSEFIELD JR M KENNETH
TRANSCRIBED DATE/TIME 2010/01/11 10:56:00
Location: 02

Palmceto Adult Medicine - Jordan

ESTABLISHED OFFICE VISIT

Name: Mary McConer Date: 1-22-10
Chief Complaint: She IDDM, HTN, Labs

HPI:

64yr - IDDM
Diagn - 1977
Sever - Insulin Reg
Locate - System
Cont - @ home
@ home
@ home

Severity
Duration
Location
Timing
Context
M. Factor
Assoc. Sx

☒ Past Medical Hx reviewed on Front Sheet Of Chart or First H & P

☐ Medication list reviewed and updated

☒ Family Hx Reviewed on Initial Note or Front Sheet of Chart

Tobacco Yes ☐ No ☒

Alcohol Yes ☐ No ☒

Review of Systems

☒ Indicates reviewed system

Abnormalities will be noted

☒ Constitutional

☒ Eye

☒ ENT/Mouth

☒ Cardiovascular

☒ Respiratory

☒ Gastrointestinal

☒ Musculoskeletal

☒ Skin

☒ Heme/Lymph

☒ Allergy/Imun

☒ Neurological

☒ Genitourinary

☒ Endocrine

☒ Psychiatric

Original Office Stamp - Date SD necessary
NOV 10 2010 5:46PM

Page # 50

PALMETTO ADULT ME

NOV 10 2010 5:46PM

PHYSICAL EXAM: (✓ if normal or absent; ✗ if abnormal)

VITALS: Wt 259 lb Ht 110 BP 130/70 Pulse 88 Resp 14 Temp 98.4

HEAD: ✓ ATNC
EYES: ✓ PERLA conj/lids ✓ sclera EOM ✓ fund (non-dil)
ENMT: external ears/nose otoscopic hearing mucosa, sep, umbilic lips/teeth/gloss tropharynx sinuses
NECK: ✓ FROM supple ✓ sym thyroide
RESP: ✓ effort ✓ percussion ✓ palp ✓ egco
CV: ✓ rate ✓ rhythm ✓ palp ✓ ausc murmurs carotid a. aorta fem a. pedal edema/varicosities
CHEST: Breast ✓ inspect ✓ palp Chest Wall: palp
GI: ✓ abd insp ✓ bowel sounds ✓ abd palp liver spleen hernia? anus stool
GU: Male: penis scrotum perineum Female: Pelvic exam ext. urethra bladder cervix uterus adnexa
LYMPH: neck axilla groin other
NEURO: CN ✓ DTR'S ✓ exam sensation
MS: ✓ gait/station ✓ digits/nails
Joints/bones/muscles: ✓ head/neck ✓ spine/ribs/pelvis RUE (RLE) LUE (LLE) ✓ ulnar of foot
INTEGUMENT: ✓ inspect skin ✓ palp skin/subcut
PSYCHIATRIC: ✓ judgement/insight Mental status alert/oriented/memory/mood/affect

ASSESSMENT & PLAN:

MOO PMS - 4 to 12 weeks Hx 8.5
60 wt PMS - 100 lb / 100 lb
Impaired chest

① Hx - will be 100 lb

② Hx - to goal wt 500 lb

PHYSICIAN SIGNATURE

Palmetto Adult Medicine - Jordan

ESTABLISHED OFFICE VISIT

Name: Mary McConner Date: 6-25-10
Chief Complaint: The IODM HTAL. hyperlip

HPI:

64yo IODM

Duration 1999.

Seiz - nocturnal Abx 1/10 - 8.5

to Fortikem

It was exting -> back problems w/ Dr. McConner

temporarily was unable to exercise.

Back 80% better

Severity
Duration
Location
Timing
Context
M. Factor
Assess. Sx

☒ Past Medical Hx reviewed on Front Sheet Of Chart or First H & P

☐ Medication List reviewed and updated

☐ Family Hx Reviewed on Initial Note or Front Sheet of Chart

Tobacco Yes ☐ No ☒

Alcohol Yes ☐ No ☒

Review of Systems

☒ Indicates reviewed system

Abnormalities will be noted

☒ Constitutional

☒ Eye

☒ ENT/mouth

☒ Cardiovascular

☒ Respiratory

☒ Gastrointestinal

☒ Musculoskeletal

☐ Skin

☐ Heme/Lymph

☐ Allergy/Immun

☐ Neurological

☐ Genitourinary

☐ Endocrine

☐ Psychiatric

Palmetto Adult Medicine - Jordan, SC
NOV 10 2010 5:46PM

Form 10-01A

PALMETTO ADULT MED

NOV 10 2010 5:46PM

PHYSICAL EXAM: (✓ if normal or absent; X if abnormal)

VITALS: Wt 2603 Ht 166 BP 130/78 Pulse 80 Resp 18 Temp 98.2

HEAD: ATNC
 EYES: PERRLA conjunctiva sciera BOMI fund (non-dil)
 ENMT: external nasal otoscopic hearing mucosa esp. larynx lips/teeth/gums oropharynx sinuses
 NECK: FROM supple sym thyroid
 RESP: effort percussion palp apex
 CV: rate hythm palp apex truncus carotid a. aorta fem a. pedal edema/varicosities
 CHEST: breast insp palp chest wall palp
 GI: abd insp bowel sounds abd palp liver spleen hernia? anus stool
 GU: Male: penis scrotum prostate
 Female: polye exam ext urethra bladder cervix uterus adnexa
 LYMPH: neck axilla groin other
 NSURO: CN DT'S exam function
 MS: ambulation gait balance
 Joints/bones/muscles: head/neck spine/ribs/pelvis RUE RLU LUE LLE
 INTEGUMENTS: inspection palp skin subcut
 PSYCHIATRIC: appearance/manner mental status alert/orient/memory/mood/affect

ASSESSMENT & PLAN:

① FROM - not to goal
 now can't extend
 + BS

② HT - to goal
 ortho HT

③ gait - to goal
 5m walk test

PHYSICIAN SIGNATURE

RO. 166

PALIMETTO, ADULT, MC.

NOV. 10. 2010 5:46PM

8/24

LabCorpLabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

SPECIMEN 145-277-4013-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION				
DA	PHONE			
PATIENT NAME MCCONICO, MARY C		AGE (YR/MOS)		
PT. ADDR: ST		SC: 29150-0000		
DATE OF COLLECTION TIME 5/25/2010 10:25	DATE RECEIVED 5/25/2010	DATE REPORTED 5/25/2010	TIME 5:42	LAB
CLINICAL INFORMATION CD: 20326002358				
PHYSICIAN ID JORDAN, H.		NPI 1124064733	PATIENT ID	
ACCOUNT# Palmetto Adult Medicine				
116 North Sumter St Ste 400 Sumter SC 29150-0000				
ACCOUNT NUMBER				

TEST	RESULT	LIMITS	LAB
Comp. Metabolic Panel (14)			
> Glucose, Serum	199 H mg/dL	65 - 99	01
BUN	15 mg/dL	5 - 26	01
> Creatinine, Serum	1.01 H mg/dL	0.57 - 1.00	01
> eGFR	55 L mL/min/1.73	>59	
eGFR African American	59 mL/min/1.73	>59	
Note: Persistent reduction for 3 months or more in an eGFR <60 mL/min/1.73 m2 defines CKD. Patients with eGFR values >/-60 mL/min/1.73 m2 may also have CKD if evidence of persistent proteinuria is present. Additional information may be found at www.kidney.org.			
BUN/Creatinine Ratio	15	8 - 27	
Sodium, Serum	144 mmol/L	135 - 145	01
Potassium, Serum	4.9 mmol/L	3.5 - 5.2	01
Chloride, Serum	102 mmol/L	97 - 108	01
Carbon Dioxide, Total	27 mmol/L	20 - 32	01
Calcium, Serum	9.2 mg/dL	8.5 - 10.2	01
Protein, Total, Serum	7.9 g/dL	6.0 - 8.5	01
Albumin, Serum	4.0 g/dL	3.8 - 4.8	01
Globulin, Total	3.9 g/dL	1.9 - 4.5	
> A/G Ratio	1.04	1.1 - 2.5	
Bilirubin, Total	0.3 mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	93 IU/L	23 - 165	01
AST (SGOT)	18 IU/L	8 - 40	01
ALT (SGPT)	17 IU/L	8 - 40	01
Lipid Panel			
Cholesterol, Total	167 mg/dL	100 - 199	01
Triglycerides	79 mg/dL	0 - 149	01
HDL Cholesterol	40 mg/dL	>39	01
Comment			
According to AHA-III Guidelines, HDL-C >39 mg/dL is considered a negative risk factor for CHD.			
VLDL Cholesterol Cal	16 mg/dL	5 - 40	
> LDL Cholesterol Calc	102 H mg/dL	0 - 99	
> Hemoglobin A1c	9.8 H %	4.8 - 5.6	01
> Hemoglobin A1c		5.7 - 6.4	
Increased risk for diabetes.			
Diabetes:			
Glycemic control for adults with diabetes:			
		<7.0	

Ptn Name: MCCONICO, MARY C	Ptn ID: 10505	Spec#: 145-277-4013-0	Seq#: 1540

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Page 04

LCM Version: 03/23/00

NO 166 P. 14

PALMETTO ADULT ME

NOV 10 2010 5:47PM

LabCorp

LabCorp Building
1447 York Court, Burlington, NC 27215-3581

Phone: 866-762-4341

SPECIMEN 007-277-3074-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page: 1
ADDITIONAL INFORMATION				
PHONE				
PATIENT NAME MCCONICO, MARY C		SEX F	AGE (YR/MO/DA)	
PT. ADDR.		SC	29150-0000	
DATE OF COLLECTION TIME 1/07/2010 8:53	DATE RECEIVED 1/07/2010	DATE REPORTED 1/08/2010	TIME 5:40	30
CLINICAL INFORMATION CD-20326901099				
PHYSICIAN ID JORDAN H		NEI 1126054750	PATIENT ID	
ACCOUNT: Palmetto Adult Medicine 115 North Sumter St Ste 400 Sumter, SC 29150-0000				
ACCOUNT NUMBER:				

TEST	RESULT	LIMITS	LAB
Comp. Metabolic Panel (14)			
Glucose, Serum	93 mg/dL	65 - 99	01
BUN	13 mg/dL	5 - 26	01
Creatinine, Serum	0.96 mg/dL	0.57 - 1.00	01
eGFR	59 mL/min/1.73	>59	01
eGFR AfricanAmerican	>59 mL/min/1.73	>59	01
Note: Persistent reduction for 3 months or more in an eGFR <60 mL/min/1.73 m2 defines CKD. Patients with eGFR values >=60 mL/min/1.73 m2 may also have CKD if evidence of persistent proteinuria is present. Additional information may be found at www.kidney.org.			
BUN/Creatinine Ratio	14	8 - 27	01
Sodium, Serum	141 mmol/L	135 - 145	01
Potassium, Serum	4.0 mmol/L	3.5 - 5.2	01
Chloride, Serum	101 mmol/L	97 - 108	01
Carbon Dioxide, Total	26 mmol/L	20 - 32	01
Calcium, Serum	9.5 mg/dL	8.6 - 10.2	01
Please note reference interval changes			
Protein, Total, Serum	8.1 g/dL	6.0 - 8.5	01
Albumin, Serum	4.3 g/dL	3.6 - 4.8	01
Globulin, Total	3.8 g/dL	1.5 - 4.5	01
A/G Ratio	1.1	1.1 - 2.5	01
Bilirubin, Total	0.3 mg/dL	0.1 - 1.2	01
Alkaline Phosphatase, S	96 IU/L	25 - 165	01
AST (SGOT)	19 IU/L	0 - 40	01
ALT (SGPT)	18 IU/L	0 - 40	01
CBC, Platelet; No Differential			
WBC	8.7 x10E3/uL	4.0 - 10.5	01
RBC	4.13 x10E6/uL	3.80 - 5.10	01
Hemoglobin	11.7 g/dL	11.5 - 15.0	01
Hematocrit	35.8 %	34.0 - 44.0	01
MCV	87 fL	80 - 98	01
MCH	28.3 pg	27.0 - 34.0	01
MCHC	32.7 g/dL	32.0 - 36.0	01
RDW	13.4u %	11.7 - 15.0	01
Platelets	291 x10E3/uL	140 - 415	01
Lipid Panel			
Cholesterol, Total	183 mg/dL	100 - 199	01
Triglycerides	84 mg/dL	0 - 149	01
HDL Cholesterol	56 mg/dL	>39	01

Patient Name: MCCONICO, MARY C	Pt ID: 18505	Spec #: 007-277-3074-0	Seq #: 30

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

LCM Version: 03.23.00

NO 10 091 02

NO 10 091 02

NO 10 091 02



LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #
007-277-3074-0	S	BN	COMPLETE	2

ADDITIONAL INFORMATION

PHONE:

PATIENT NAME

MCCONICO, MARY C

SEX

F

AGE (YR/MOS)

29/50-0000

PT. AOB:

SC

DATE OF COLLECTION TIME

1/07/2010 1:53

DATE RECEIVED

1/07/2010

DATE REPORTED

1/08/2010

TIME

5:40

50

CLINICAL INFORMATION

CD-20325901099

PHYSICIAN ID

JORDAN H

NP

1124064718

PATIENT ID

5

ACCOUNT: Palmetto Adult Medicine

116 North Summit St Ste 400

Sumter SC 29150-0000

ACCOUNT NUMBER:

TEST	RESULT	LIMITS	LAB

Comment

According to AHA-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.

VLDL Cholesterol Calc

17 mg/dL

5 - 40

> HDL Cholesterol Calc

110 mg/dL

0 - 99

> Hemoglobin A1c

8.3%

<7.0

01

> Hemoglobin A1c

Diabetic Adult

Healthy Adult

<7.0

4.8 - 5.9

(DCE/NGSP)

American Diabetes Association's Summary of Glycemic Recommendations For Adults with Diabetes:
Hemoglobin A1c <7.0%. More stringent glycemic goals (A1c <6.0%) may further reduce complications at the cost of increased risk of hypoglycemia.

IAS: 01:BN LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

DIRECTOR: William F. Hancock MD

Patient Name: MCCONICO, MARY C	Ref No: 10505	Spec ID: 007-277-3074-0	Seq #: 50

Results are Flagged in Accordance with Age-Dependent Reference Ranges

91' 11" 991' 00"

Last

Report

3M LINDA J. LINDA

LCM Version: 03/23/00

NOV 10 10:10 AM 5:47 PM



The following report contains confidential information belonging to the reader that is legally privileged. It is intended only for the individual or entity named in the document. The authorized recipient of this document is prohibited from disclosing this information to any other party without consent from the sender. Printing, copying, distributing, forwarding, losing, displaying contents of this document is strictly prohibited.

TUOMEY HEALTHCARE SYSTEM
129 NORTH WASHINGTON STREET
SUMMIT 29150
Phone:

Name:	MARY MCCONICO	Exam Date:	6/9/2010
Patient ID:	QUORTU269534	Exam:	CT HEAD W/O CONTRAST 7337
DOB:		Reason:	CT HWO
Phone:		Referrer:	H. JORDAN, MD
Acc#:		Referrer 2:	

Results

CT OF THE BRAIN WITHOUT CONTRAST - 06/09/10

COMPARISON: 09/25/03.

FINDINGS: Noncontrast CT images of the brain demonstrate no acute hemorrhage or infarct. There are postsurgical changes consistent with clipping of an aneurysm in the region of the left anterior circle of Willis. Minimal encephalomalacic change in the left high parietal lobe is seen. Postsurgical changes in the left parietal bone and temporal bone are noted. No mass effect, shift or extraxial fluid collections are seen.

IMPRESSION: Chronic and postsurgical changes. No acute process seen.

Report Electronically Signed by: **RICHARD PATRICK JR**
Report Signed on: **6/9/2010**

Pt Name:	MARY MCCONICO	Exam:	CT HEAD W/O CONTRAST
Patient ID:	QUORTU269534	Acc#:	73371 CT HWO
Completed Date:	6/9/2010 2:04:00 PM	Interpreting Rad:	RICHARD PATRICK JR
Transcribed By:	Sandy Becker	Dictated Date:	6/9/2010 2:44 PM
Transcribed Date:	6/9/2010 12:00:00 AM	Finalized Date:	6/9/2010

NOV 16 5:47 PM

NOV 10 2010 5:47 PM

Palmetto Adult Medicine - Jordan

ESTABLISHED OFFICE VISIT

Name: Mary MacConica

Date: 10-16-10

Chief Complaint: She says, CT scan brain,
? fewer blisters

HPI: Drain
severely - mouth
both medial & wet dry
BS 15.1
Careful about 1st list
Colpitis
Acute
metformin & Plavix

Severity
Duration
Location
Timing
Context
M. Factor
Assoc. Sx

☒ Past Medical Hx reviewed on Front Sheet Of Chart or Front H & P

☐ Medication list reviewed and updated

☐ Family Hx Reviewed on Initial Note or Front Sheet of Chart

Tobacco Yes ☒ No ☒

Alcohol Yes ☒ No ☒

Review of Systems

☒ Indicates reviewed system

Abnormalities will be noted

☒ Constitutional Cardiac exam
☐ Eye
☐ ENT/Mouth
☐ Cardiovascular
☐ Respiratory
☐ Gastrointestinal
☐ Musculoskeletal

☐ Skin
☐ Hem/Lymph
☐ Allergy/Immu
☐ Neurological
☐ Genitourinary
☐ Endocrine
☐ Psychiatric

Extended Office Supply - 500, 500, 500, 500, 500

Form # 501A

NOV 16 2010

NOV 10 2010 5:46PM PALMETTO ADULT M

PHYSICAL EXAM: (✓ if normal or absent; X if abnormal)

VITALS: Wt 263 in 66" HT 146/82 Pulse 80 Resp 16 Temp 98.2

HEAD: ☒ ATNC
EYES: ☒ PERRLA ☒ conj/ids ☒ sclera ☒ EOMI ☒ fund (non-dil)
ENMT: ☒ external ear/nose ☒ otoscopic ☒ hearing ☒ mucosa sep/turbin ☒ lips/teeth/gums ☒ oropharynx ☒ sinuses
NECK: ☒ FROM ☒ supple ☒ spinal ☒ thyroid
RESP: ☒ effort ☒ percussion ☒ palp ☒ ausc
CV: ☒ rate ☒ rhythm ☒ palp ☒ pulse ☒ murmurs ☒ carotids ☒ aorta ☒ fem a ☒ pedal ☒ edema/varicosities
CHEST: ☒ Breast ☒ inspec ☒ palp ☒ Chest Wall ☒ palp
GI: ☒ abd insp ☒ bowel sounds ☒ abd palp ☒ liver ☒ spleen ☒ hernia? ☒ anus ☒ rectal
GU: Male: ☒ penis ☒ scrotum ☒ prostate
Female: ☒ Pelvic exam ☒ ext ☒ urethra ☒ bladder ☒ cervix ☒ uterus ☒ adnexa
LYMPH: ☒ neck ☒ axilla ☒ groin ☒ other
NEURO: ☒ CN ☒ DTR's ☒ exam sensation
MS: ☒ gait/station ☒ digits/nails
Joints/bones/muscles: ☒ head/neck ☒ spine/hips/pelvis ☒ RUE ☒ RLE ☒ LUE ☒ LLE
INTEGUMENT: ☒ inspect skin ☒ palp skin/subcut
PSYCHIATRIC: ☒ judgment/insight ☒ Mental status ☒ alert/orient/memory/mood/affect

ASSESSMENT & PLAN:

N/O @ Home - Abx sent to govt.
8.8. → 7-0.
+ Hx of L 25% H 30%
conten of the med.

② Dizziness - CT scan, vertigo.

③ Hx - to high function.
metastatic by dual methods.

PHYSICIAN SIGNATURE 

NO. 166 P. 1

Form 5-1018

PALMISTO ADULT M

NOV. 10. 2010 5:46PM

Palmetto Adult Medicine - Jordan

ESTABLISHED OFFICE VISIT

Name: Mary McConico

Date: 8-24-10

Chief Complaint: F/u - Diabetic - Cholesterol

HPI: ADDM

BS > 16.8 & 7.0. E. HbA1c.

Pt self stopped - Pw to list - Now!

Control - Glipizide, Metformin, Rosuvastatin

no t in BS.

exams were f. off well

on E. HbA1c

BP up - Pt is HbA1c

Severity
Duration
Location
Timing
Content
M. Factor
Assoc. Ex.

☒ Past Medical Hx reviewed on Front Sheet Of Chart or First H & P

☐ Medication Hx reviewed and updated

☐ Family Hx Reviewed on Initial Note or Front Sheet of Chart

Tobacco Yes ☐ No ☒

Alcohol Yes ☐ No ☒

(2)

Review of Systems

✓ Indicates reviewed system

Abnormalities will be noted

☐ Constitutional	☐ Skin
☐ Eye	☐ Hem/Lymph
☒ ENT/mouth <u>Ventilo Nasal</u>	☐ Allergy/Immun
☐ Cardiovascular	☐ Neurological
☐ Respiratory	☐ Genitourinary
☐ Gastrointestinal	☐ Endocrine
☒ Musculoskeletal <u>Pain pt</u>	☐ Psychiatric

Palmetto Adult Medicine - Jordan
NOV 16 9 54 AM

Form #5014

PALMETTO ADULT M
NOV 16 2010 5:46 PM

VITALS: Wt 260 Ht 5'6" BP 184/86 Pulse 92 Resp 24 Temp 98.0

ASSESSMENT & PLAN:

APC. LTR - Uncontrollable
Clonal O. 7, 1303
Metoprolol & 2. 787 } on Helix can't off-line
Hy 2000 units
Amalok
② Mitter can't off Helix
Centa Bank
③ Platanus Pasnith - Pac Mess
a. pads

PHYSICIAN SIGNATURE

5 SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

Injured employee MARY C. JUNE ^{1st} No. 1944
 Injury Date 10-13-77 Time 1:00 AM/PM AM Date Reported 10-13 Last Day Worked 10-13
 Did employee return to work? NO Date returned 10-17-77
 Where acc. occurred DEPT # 20 TUBING
 Witnesses GLENDA TANKA
 Emp. doing what work when injured? EMPLOYEE WAS SITTING ON WORK TABLE DUE TO WEAKNESS & DIZZINESS
 Kind and extent of injury SEVERE HEADACHE
 Name-address of doctor-hospital TUDNEY HOSPITAL SUMNER

Description of acc. EMPLOYEE SITTING ON TABLE WITH HEAD HUNG DOWN AND WHEN APPROACHED BY GLENDA TANKA FELL OVER ON THE TABLE AFTER WHICH GLENDA PLACED HER ON THE FLOOR AND RUBBED HER HEAD

Was there equipment malfunction? ☐ Yes ☒ No

Describe damage to eqpt. or property NONE

SUPERVISOR MUST COMPLETE THE FOLLOWING

Unsafe condition or act causing acc. SEVERE HEADACHE

Action taken or to be taken to prevent similar acc.

INSTRUCTED EMPLOYEE TO ALWAYS NOTIFY SUPERVISION IF SHE IS SII

Supervisor and dept. R.E. [Signature] Ind. P.A. Date 10/18/77

Form Furnished by Employers Insurance of Wausau, Wausau, Wisconsin
 (For Policyholder's Internal Use Only)

304-29 4-72

(over)

Group Health Claims—Metropolitan Life

STATEMENT OF CLAIM

CLAIM NUMBER

Exide
PO Box 1797

FOR ACCIDENT AND SICKNESS WEEKLY BENEFITS

TO BE COMPLETED BY THE EMPLOYEE
(Please answer all questions)

Social Security No.

1. Employee's name (Print) Mr. Mary McConico Age
2. Address: No 1 Street Sunter State SC Zip Code 29150
3. Date you were first disabled by this sickness or injury 3-9-79 19
4. If you were Hospitalized or a bed patient, answer the following:
 - (a) Name and Address of Hospital
 - (b) Date Admitted 19 at (Hour) a.m. / p.m.
 - (c) Date Discharged 19 at (Hour) a.m. / p.m.
5. Was an accident involved? ☐ Yes ☒ No If "Yes," answer the following:
 - (a) When did the accident happen? Date 19 at (Hour) a.m. / p.m.
 - (b) Were you at work when the accident happened? ☐ Yes ☐ No
 - (c) Give a brief description of the accident

I hereby authorize the Physician to release any information requested with respect to this Claim.
I certify that the information furnished by me in support of this claim is true and correct.

Date 3-19-79 19

Signed Mary McConico (Insured Employee)

TO BE COMPLETED BY THE EMPLOYER
(Please answer all questions)

1. Employee's name Mary McConico Certificate No. Group No. 8048-G
2. Amount of weekly benefit, \$ 93.00 Issue date of this benefit January 1, 1979 (Date)
3. If this coverage has been canceled, give the date and reason
4. (a) Date last worked March 8, 1979
- (b) Date returned to work 19
5. Has this claim been considered in connection with Workmen's Compensation coverage? ☐ Yes ☒ No
If "Yes," what is the present status of the compensation claim?
6. Give any information which might assist the Company in the consideration of this claim

HRLY 8048-20-52 0903

Employer **ESB INCORPORATED**
Branch EIBD, ESB, Inc. Sunter, S.C.

Date March 19, 1979

By Beverly B. Schmidt (Name) Nurse (Title)

GM 24 8048 A (5-72) Printed in U.S.A.

GD-1

ATTENDING PHYSICIAN'S STATEMENT

Patient's name Mary McConico

Age _____

Nature of sickness or injury (Describe complications, if any) This patient is pregnant with EDC 10/15/79

Did this sickness or injury arise out of patient's employment? ☐ Yes ☒ No
If "Yes," explain _____

Nature of surgical or obstetrical procedure, if any (Describe fully) _____

Date performed 3/9/79 19____

Give dates of treatments:

Office XX

Home _____

Hospital _____

The patient has been continuously disabled (unable to work) from _____ 19____ through _____ 19____
If still disabled, when should patient be able to return to work? _____ 19____

Remarks: I do not feel that this patient should be exposed to lead hazards at Exide and have recommended to patient that she no longer work at Exide, from this date 3/9/79, until the day of her delivery.

Date 3/12/79 19____

Signed _____

William H. Carpenter, M.D.

Address 325 West Calhoun Street
Sumter, S. C. 29150

Group Health Plans
Metropolitan Life Insurance Company

Attending Physician's Supplementary Statement

To Be Completed By The Employee

(Please answer all questions)

Employee's name (Print) Mary M. Conio Employee Identification No. _____ Age _____
Present address _____
(City) _____ (State) _____ (Zip Code) _____
Employer ESB, Inc.
(Name of employing firm or company at time of illness) (Group No., if known)

To Be Completed By The Attending Physician

Patient's name Mary M. Conio Age _____
Nature of sickness or injury (If any complications, recent confinement or surgery, please explain.)
Intrauterine pregnancy, possible corpus luteum cyst, possible uterine
fibroids, tumor
Date of first treatment 3/9/79 19 every 3 weeks
Date of most recent treatment 4/5/79 19 _____
Frequency of treatments every 3 weeks
The patient has been continuously disabled (unable to work) from 3/9/79 19 _____
The patient was or will be able to return to work on 11/26/79 19 _____
Remarks Paralytic grand due head abnormality.
Conio's Vol. his prep.
Name (Please print) W.H. Carpenter M.D.
(Attending Physician)
Address 325 W. Calhoun
Sumter, SC.
Phone Number (Include Area Code) 803-775-8351
Signature [Signature]
Date 4/6/79 19 _____
G.H. 117 (5-73)

APR 09 1979

**The
Precertification
Center®**

Health Benefits Management, Inc.

The Precertification Center®
P.O. Box 898125
Camp Hill, PA 17089-8125

DIS

DISABILITY CLAIM FORM

Name (Please print) Mary C. McConico		Special Security Number	Employee Number 1944
Home Address [Blank]		Sex MALE ☐ ☒ FEMALE	Group Number
Employer's Name and Address YUASA-EXIDE, Inc. PO BOX 1791 SUMTER, SC 29150		Date of Birth	
Physician's Name and Address Dr. PETERS 415 N. Salem Ave SUMTER, SC 29150		If Accident, Date of Accident NA	
Physician's Phone Number (803) 773-3391		Was This Job Related YES ☐ ☒ NO	
Type of Sickness or Injury blood pressure problems		Date of Surgery, If Applicable 3/2/98	
If Hospitalized, Admission and Discharge Dates: Admission Date 2/26/98 Discharge Date 3/2/98		If Pregnancy, Expected Date of Delivery NA	
Date First Seen By Any Doctor For This Condition 2/26/98	First Date Unable To Work Due To This Condition 2/26/98	Estimated Date Of Return To Work 3/8/98	
Employee Status ☐ Exempt ☐ Nonexempt ☒ Fulltime ☐ Parttime			
Activities Involved In Your Job (Check all that apply)			
☒ Desk Job - If this applies, are you able to leave your desk as needed? Yes ☐ No ☐ ☒ Walking (Most of the time) ☒ Lifting ☐ Bending ☒ Typing or Operating a CRT ☒ Standing (Most of the time)		☒ Moving equipment, furniture, etc. ☒ Driving a vehicle ☒ Operating Equipment ☒ Chemical Exposure ☐ Other (Give a brief description)	

I hereby authorize The Precertification Center® to obtain any medical information necessary to process this claim.

Signature

Mary C. McConico

Date

3/10/98

1-800-441-9950

1-800-626-9090 FAX

2918 C 6/93



TRANS-GENERAL
LIFE INSURANCE COMPANY

A MEMBER OF THE TRANS-GENERAL GROUP

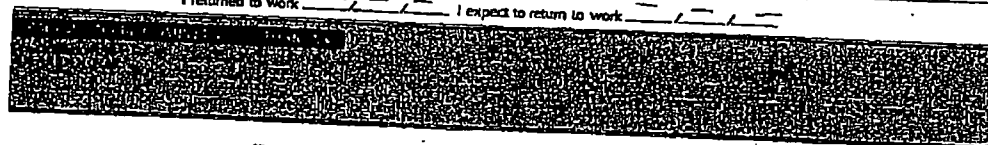
**Continued Life Insurance
Attending Physician's Statement**

Any person who knowingly and with intent to defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information may be subject to civil or criminal penalties, depending upon state law.

Please type or print. The patient is responsible for the completion of this form without expense to Trans-General Life Insurance Company.

PART A. TO BE COMPLETED BY PATIENT

Full Name Mary C. McConico
Address _____
City _____ State S-C Zip Code 29150
Area Code 3 Telephone No. 34 Birthdate _____ Patient No. _____
Occupation Plate Wrapper Social Security No. _____
Employer Yusa Group Policy No. _____
I returned to work _____ I expect to return to work _____



1. Information

Diagnosis SUBARACHNOID HEMORRHAGE, CVA
ICDA Classification _____
Symptoms (R) HEMIPARESIS - IMPROVING

Height 5'6" Weight 225

2. History

When did symptoms appear or accident happen? 7/23/99

Has patient ever had same or similar condition? ☐ Yes ☒ No

If Yes, indicate when _____ Describe: _____

Date patient first consulted you for this condition 10/13/99

Dates of subsequent treatment NUMEROUS - AVAILABLE IF NEEDED - YOU MAY WISH TO REQUEST RECORDS.

If patient was hospitalized, please state reasons: BRAIN SURGERY, INTENSIVE CARE, REHAB

Name of Hospital MCLEOD REGIONAL

Address 555 E. CHAVES City ELORANCE State SC Zip Code 29501

Date Admitted 7/23/99 Date Discharged 8/11/99

Please complete reverse side.

3. Assessment Date you recomm^d patient should stop working: 7/23/99 Why? STROKE

Cardiac (if applicable)

- a. Functional capacity (American Heart Ass'n.) ☐ Class 1 (no limitation) ☐ Class 2 (slight limitation)
☐ Class 3 (marked limitation) ☐ Class 4 (complete limitation)
- b. Blood pressure (last visit) 138 / 84
Systolic Diastolic

Physical Impairment

- ☐ Class 1—No limitation of functional capacity; capable of heavy work.* No restrictions (0-10%)
☐ Class 2—Medium manual activity.* (15-30%)
☐ Class 3—Slight limitation of functional capacity; capable of light work.* (35-55%)
☒ Class 4—Moderate limitation of functional capacity; capable of clerical/administrative (sedentary*) activity. (60-70%)
☐ Class 5—Severe limitation of functional capacity; incapable of minimal (sedentary*) activity. (75-100%)
- *as defined in Federal Dictionary of Occupational Titles

Mental/Nervous Impairment (if applicable)

- ☐ Class 1—Patient is able to function under stress and engage in interpersonal relations. (no limitations)
☐ Class 2—Patient is able to function in most stress situations and engage in most interpersonal relations. (slight limitations)
☐ Class 3—Patient is able to engage in only limited stress limitations and engage only in limited interpersonal relations. (moderate limitations)
☐ Class 4—Patient is unable to engage in stress situations or engage in interpersonal relations. (marked limitations)
☐ Class 5—Patient has significant loss of psychological, physiological, personal and social adjustment. (severe limitations)

Describe the patient's physical and mental limitations and work activity restrictions by indicating below:

- ☐ Standing ☐ Climbing ☐ Bending ☐ Use of hands ☐ Sitting
☐ Walking ☐ Stopping ☐ Lifting ☐ Pushing ☐ Pulling
☐ Psychological ☐ Other _____

How long will the described limitations impair the patient? _____

4. Treatment

Planned course of treatment (please include expected duration, surgeries, therapy, etc.)

CONTROL OF HYPERTENSION, PHYSICAL THERAPY

Medications prescribed and dates of prescription: CATABAS 12/97 HCTZ 11/99 LOTREL 6/99
DILANTIN 10/99

List other treating or referring physicians: (continue on separate page, if necessary)

NAME	ADDRESS
1. <u>WILLIAM B. NASO</u> <u>(NEURO SURGERY)</u>	<u>MCKEON REGIONAL MEDICAL CENTER</u> <u>FLORANCE SC 29501</u> City State Zip code
2. _____	_____ City State Zip code

5. Prognosis

Describe patient's condition since onset of symptoms: 95% IMPROVED

Check one: ☐ Recovered ☒ Improved ☐ Unchanged ☐ Retrogressed

When do you expect a fundamental or marked change in patient's condition?

Check one: ☐ Never ☐ Condition expected to regress ☒ Condition expected to improve

State anticipated date: 1/1/00, or, Unable to determine, follow-up in _____ months

When do you anticipate the patient can return to work? X

State anticipated date: 1/1/00, or, Unable to determine, follow-up in _____ months

Remarks:

PATIENT STATES SHE WAS PLACED ON DISABILITY
BY DR NASO AND IS STILL UNABLE TO WORK
PLEASE REFER PROGNOSTIC QUESTIONS TO DR NASO - LAR

Name of physician completing this form LESLIE B. BEHN CARL W. PETER Specialty FAMILY PRACTICE
Address 712 W. LIBERTY City SUMTER State SC Zip Code 29150
Area Code 803 Telephone No. 773-3391 Taxpayer Identification No. _____
Signature Carl W. Peter Date 5/31/00



TRANS-GENER
LIFE INSURANCE COMPANY

A MEMBER OF THE TRANS-GENERAL GROUP

Continued Life Insurance
Employee's Initial Statement

PLEASE TYPE OR PRINT. FORM WILL BE RETURNED FOR UNANSWERED QUESTIONS.

1. Employee

Full Name Mary C. McConico

Street Address _____

City _____

State _____

Zip Code _____

Area Code 303 Telephone No. _____

Birthdate _____

Social Security No. _____

ex Male

Female

(Please circle)

Do you have an individual life insurance policy? ☐ Yes ☒ No

If yes, indicate insurance carrier name, address and telephone number.

Did you receive a Certificate of Insurance?
Brochure? ☐ Yes ☒ No

☐ Yes ☒ No

2. Employment

Name of Employer Yusa Estate Group Policy No. _____

Address _____

Telephone No. 481-6200

State your job title and describe your duties at work plate wrapper, (wrap plates)

Date hired 3/4/74 Last day at work 7/23/99

Date you became unable to work at your occupation as a result of illness or injury: 7/23/99

Are you now working at your occupation or another occupation? ☐ Yes ☒ No

If yes, list names of employers, address, telephone number, and dates of employment.

Are you self-employed at any activity? ☐ Yes ☒ No

Date you resumed part-time work _____

Date you resumed full-time work _____

3. Disability

Explain how your illness or injury prevents you from working:

TG1286 (2/85)

Please complete reverse side

Date of last increase 11.23.98
Earnings Prior to Increase 9.03 per hr.

Does employee have life insurance for dependents under your group policy with Trans-General Life? ☐ Yes ☒ No
Does employee have Long Term or Short Term Disability insurance with Trans-General Life Insurance Company or with another carrier? ☒ Yes ☐ No

If yes, list coverage type, insurance carrier(s) name and address. Short Term Disability
The Reconciliation Center P.O. Box 898125
210 weeks max-expired Camp Hill, PA 17089-8125

4. Premiums

PLEASE CONTINUE PAYMENT OF PREMIUMS UNTIL OTHERWISE NOTIFIED.

If premiums have already been terminated, give date paid through

5. Attachments

PLEASE ATTACH COPIES OF THE FOLLOWING:

- Original Enrollment card and any subsequent beneficiary changes
- Copy of Job Description
- Employment Application or Resume

6. Employer Representative Completing This Form

Employer Sumner Iron
Address P.O. Box 1797
City Sumner State SC Zip Code 29151
Area Code 803 Telephone 481-6203 Policy Number
Prepared by B. Loupe Ficker Title HR Assistant Manager
Signature B. Loupe Ficker (Please Print) Date 11/13/02

Return to: Trans-General Life Insurance Company
Benefits Department, M.S. 20560
P.O. Box 1840
Hartford, CT 06144-1840
1-800-443-3221

HIGHMARK.
LIFE & CASUALTY GROUP

Highmark Life Insurance Company
Highmark Life Insurance Company of New York
Highmark Casualty Insurance Company
Highmark Services Company

October 30, 2000

Ms. Marv C. McConico,

Re: Continued Life Insurance Claim
Yuasa, Inc.
Group Policy

Dear Ms. McConico:

We are pleased to inform you that we have approved your claim for Continued Life Insurance. The Group Policy provides for a continuance of your Group Life Insurance while you remain totally disabled. However, this continuance does not apply to your Accidental Death & Dismemberment Insurance, which ends on the date of this approval of your Continued Life Insurance.

The following amount of Group Life Insurance was in force on the date you became disabled and will remain in force without further premium payment, provided you remain Totally Disabled, according to the terms of the contract:

\$ 19,000 Basic Group Term Life Insurance
Continued Life Insurance Approved Effective July 24, 1999
Current Beneficiary: Teresa Ingram - 50%
Cliffor McConico - 25%
Clinton McConico - 25%

Please note that approved benefits are subject to change based on contractual provisions in the policy.

Mailing Address: PO Box 535061 • Pittsburgh PA 15253-5061
Overnight Deliveries: Fifth Avenue Place • 120 Fifth Avenue • Pittsburgh PA 15222-3099
www.highmarklife.com

Telephone: (412) 544-1000 • (800) 328-5433

October 30, 2000

Annually, we will require additional information including objective medical evidence that you remain totally disabled. On those occasions it will be necessary for us to obtain current certification from your attending physician or from a physician of our choice.

If you have any questions or need additional information, please call me at 1-800-328-5433.

Sincerely,

Debbie Goysovich
Continued Life Insurance Analyst

CC: Layne Fidler }
Yuasa, Inc. }
P. O. Box 1797 }
Sumter, SC 29151 }

YUASA INC.
PERSONAL DATA SHEET

CLOCK #	DATE:
NAME <u>Mary McConico</u>	ADDRESS:
HIRE DATE	SS #:
TELEPHONE #	BADGE #
CURRENT JOB STATUS	TRANSFER - PERMANENT / TEMPORARY
Dept. #:	Dept. #:
Job Title	Job Title
Grade	Grade
Wage:	Wage:
	Shift / Perm
	Direct / Indirect
	Incentive/Nonincentive
	Work Instructions Required:
Bereavement	Military (Attach Pay Voucher)
Vacation	Jury (Attach Pay Voucher)
Excused Absence	Other:
Replacement	Bidding:
Polling	
Terminated - Accrued vacation Hours:	

Effective date(s): <u>10/20/00</u>
Comments: <u>Emp. on permanent disability</u>
SUP. / MGR <u>[Signature]</u>
H.R. Approval
Distribution:
Accounting: H.R.
Supervisor
Medical
Quality Control

P11 SHEET

12/30/97:31 PM

Yuasa, Inc. - Employee Master Record

☐ Job Change
 ☐ Pay Rate Change
 ☒ Termination
 ☐ Transfer/Relocation
 ☐ LOA
 ☐ Other

PERSONAL

SSN	Associate Name (L, F MI)	Home Address (Street 1)	Home Address (Street 2)	City	State	Zip	Home Phone
	McDonnell, Mary C						

ORGANIZATION

Pay Group	Location	Location Description	Dept. / Home	Department Name	State	Supervisor
23	23	Plate Wrapping	IS110	SG-Wrap Sleeve Part	SG	

JOB

Job Code	Business Title	Grade	Sal Plan	Std Hours	FLSA	Rate	Rating	Reason	Amount	%	Salary Range
											Minimum Midpoint Maximum 10 16.82 20 Compa Ratio: 1.00 Annual Rate: \$ 18,782.40

SALARY HISTORY

Date	Action	Reason	Jobcode	Title	Grade	FLSA	Rate	Rating	Amount	%	Shift	Location	Department
11/23/1998	PAY		14	Plate Wrapping		N	\$ 9.030		-0.37	-3.94	1	23	Platefin
06/20/1998	PAY		14	Plate Wrapping		N	\$ 9.400		-1.85	-16.44	1	23	Platefin
05/03/1998	PAY		14	Plate Wrapping		N	\$11.250		-0.53	-4.50	1	23	Platefin
04/19/1998	DTA		14	Plate Wrapping		N	\$11.780		1.53	14.93	1	23	Platefin

TERMINATION

Reason:
 Last Day Worked:
 Pay Thru Date:
 Vacation Days:
 Other:
 Next Review Date:
 Review Type:

APPROVALS

Signature	Date
BMF	11/7/00

COMMENTS

(Information Printed As Of: 11/06/2000)

Emp. on permanent & total disability

1a 1Q 1med

Employee ID: 249766264
 File Number: 001944
 Hire Date: 03/04/1974
 Status: Active
 Service Date: 06/07/2000

Effective Date of Action:

10/30/00
 MM DD YYYY



11/6/00

Mary McConico

Dear Ms. McConico:

I am sending you this letter to notify you that we did receive your approval for Permanent and Total Disability. Therefore, we will be removing you from our active payroll effective 10/30/2000. I am also enclosing the form to be completed for retirement. If you could, please return it to me as soon as possible.

Please let me know if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Layne M. Fidler'.

Layne M. Fidler
Assistant Human Resources Manager

YUASA, INC.
U.S. Highway 15 South
P.O. Box 1797, Sumter, SC 29150
Phone: 803-481-6201 Fax: 803-481-6222

STATE OF SOUTH CAROLINA
'WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 9930459

MARY MCCONICO,

Employee,

-vs-

YUASA-EXIDE, INC.,

Employer,

and

LIBERTY MUTUAL,

Carrier.

**Certified
Transcript**

DEPOSITION OF:
MARY MCCONICO

Given before Trisha G. Rarick, Court Reporter and Notary
Public, at the STEINBERG LAW FIRM, 61 Broad Street,
Charleston, South Carolina, on March 11, 2011, at 1:13 p.m.

Job No. CS318015

Verit- -orate Services

800-567-8658

973-410-4040

A P P E A R A N C E S

ON BEHALF OF THE EMPLOYEE:

STEINBERG LAW FIRM, LLP

BY: MICHAEL JORDAN

118 Goose Creek Boulevard

Goose Creek, SC 29445

843.572.0700

ON BEHALF OF THE EMPLOYER/CARRIER:

TURNER, PADGET, GRAHAM & LANEY

BY: VERNON F. DUNBAR

1901 Main Street

17th Floor

Greenville, SC 29201

803.254.2200

vdunbar@turnerpadget.com

I N D E X

EXAMINATION

Page

By MR. DUNBAR

4

By MR. JORDAN

19

Certificate of Reporter

21

1 MARY MCCONICO,
2 having been first duly sworn, was examined and testified as
3 follows:

4 EXAMINATION

5 BY MR. DUNBAR:

6 Q Ms. McConico, my name is Vernon Dunbar,
7 and I'm going to ask you about a lot of personal
8 background information pertaining to your health and
9 also about your work at Yuasa-Exide. If I ask you
10 any question that you don't understand, you need for
11 me to repeat, ask me, and I'll gladly do so.

12 A All right.

13 Q And I'm going to make this as short and
14 sweet as possible. Before we begin, are you under
15 the influence of any drugs, alcohol, medication or
16 anything that could interfere with your ability to
17 answer any questions this afternoon?

18 A No.

19 Q All right. Would you please state your
20 full name for me?

21 A Mary Camilla McConico.

22 Q Ms. McConico, what is your maiden name?

23 A June.

24 Q When you were growing up as an adult, did
25 you go by any nicknames or aliases other than Mary

1 McConico or Mary June?

2 A Big Mary.

3 Q Okay. Did you graduate from high school?

4 A No.

5 Q How far did you go in school?

6 A Eighth grade.

7 Q Did you get any education after you last
8 went to school?

9 A No.

10 Q Okay. Are you married?

11 A Yeah.

12 Q What's your husband's name?

13 A Calvin.

14 Q How long have you been married
15 approximately?

16 A 31 years.

17 Q Do you have any children?

18 A Two -- I have three. I had three but one
19 died.

20 Q Okay. Are they all adult children now?

21 A Yes.

22 Q What's your address?

23 A

24

25 Q How long have you lived at that address?

1 A About 30 years.

2 Q Do you have any relatives or siblings who
3 ever worked at Yuasa-Exide?

4 A My husband.

5 Q Okay. Do you know a Richard McConico?

6 A That's my brother-in-law.

7 Q Okay. Any other persons you know worked
8 at Yuasa-Exide when you were there that may be
9 related to you in some way, shape or form?

10 A Brother-in-laws.

11 Q Okay. I know Richard. Is there another
12 brother-in-law?

13 A Pete Moore.

14 Q Anyone else?

15 A Alfred Conyers.

16 Q Anyone else?

17 A LaVivian Moore (phonetic).

18 Q Okay. When did you -- I'm sorry --

19 A Friends or --

20 Q No. Just someone who may be related.

21 When did you start working at Yuasa?

22 A In '74.

23 Q Okay. And when did you last work there?

24 A In '99.

25 Q Why did you stop working in 1999?

1 A I had a stroke.
2 Q Okay.
3 A And an aneurysm.
4 Q Where were you hospitalized?
5 A Tuomey -- no. McLeod General I think.
6 Q Who is your family doctor?
7 A Dr. Jordan.
8 Q Where is Dr. Jordan located?
9 A On Sumter Street in Tuomey Hospital.
10 Q Okay. How long has Dr. Jordan been your
11 family doctor?
12 A About a year..
13 Q Okay. Who was your family doctor before
14 Dr. Jordan?
15 A Dr. Beben.
16 Q Do you know how to spell that?
17 A B-E-B-E-N.
18 Q Okay. And where was he located?
19 A In Sumter Health -- Sumter Family.
20 Q Okay.
21 A On North Lafayette.
22 Q Okay. Who is your gynecologist?
23 A I don't know. That in the office.
24 Q They're in the same office?
25 A Yeah.

1 Q Okay. What was your job at Yuasa? What
2 department did they have you working in primarily
3 when you were an employee?

4 A Plate wrapping.

5 Q Plate wrapping? Now, when you were a
6 plate wrapper, did they ever put you in the medical
7 removal program?

8 A One time.

9 Q One time? Do you recall how high your
10 blood levels had gotten?

11 A No.

12 Q Okay. Do you recall when you may have
13 been placed in the medical removal program?

14 A No.

15 Q Okay. Did the stroke affect your memory
16 at all?

17 A Some.

18 Q Okay. I notice you walk with a cane. How
19 long have you been utilizing or using a cane?

20 A About 10 years.

21 Q Okay. Did the doctor prescribe that --

22 A Yes.

23 Q -- for you? Which doctor?

24 A Dr. Beben.

25 Q Do you use a cane all the time?

1 A No.

2 Q Okay. When --

3 A Only when I have to walk a long ways.

4 Q Okay. What do you consider a long ways?

5 A couple of blocks, 5 blocks, 20 blocks?

6 A About 2 blocks.

7 Q Okay. Are you able to drive an
8 automobile?

9 A I drive to the store about -- about 20
10 minutes for -- from my house most of the time.

11 Q Tell me what problems -- health problems
12 you have now.

13 A Diabetes, the blood pressure, cholesterol,
14 gout, numbness in my hands, swellings in my --
15 swelling in my foots. That's it.

16 Q Okay. Who treats you for most of your
17 problems?

18 A Dr. Jordan.

19 Q Now, for your diabetes, do you take
20 insulin or medication, or do you control it by diet?

21 A Insulin and pills.

22 Q Insulin and pills? Okay. How about your
23 high blood pressure? Do you take medication?

24 A Pills.

25 Q Do you take any medications for

1 cholesterol or the gout?

2 A Yes.

3 Q What do you do for your hand numbness and
4 your feet swelling? Do you take --

5 A Nothing.

6 Q Have you talked to the doctor about the
7 hand numbness and the swelling of the feet?

8 A Yes.

9 Q What does he or she attribute it to?

10 A I take a bottle and walk -- I take a
11 bottle and put in your freezer and let it freeze up,
12 and then I roll my foot on it.

13 Q Okay. Did they ever tell you -- or any
14 doctor -- has any doctor ever told you why your
15 hands are numb or your feet swell?

16 A No.

17 Q Has any doctor related any of the health
18 problems you just told me about to your work at
19 Exide or exposure to lead?

20 A No.

21 Q Tell me why do you think -- well, strike
22 that.

23 Do you think your problems come from being
24 exposed to lead?

25 A I'll say yeah.

1 Q Okay. Tell me why you think so.

2 A Because I didn't have any problems till I
3 went there.

4 Q Do you have --

5 A Until I had the surgery.

6 Q What surgery was that?

7 A The aneurysm.

8 Q Okay. Do you have any brothers or
9 sisters?

10 A Yes.

11 Q How many brothers, how many sisters?

12 A Six brothers and two sisters.

13 Q How would you describe the health of your
14 brothers and sisters?

15 A I lost one this last year.

16 Q Brother or sister?

17 A Brother.

18 Q What did he die of?

19 A Well, he had both his legs cut off.

20 Q Okay.

21 A Diabetes.

22 Q Okay. Any other siblings or brothers and
23 sisters suffer from diabetes?

24 A Yeah. My sister.

25 Q Any other problems your brothers or

1 sisters may have other than diabetes that you know
2 about?

3 A The gout.

4 Q Anything else?

5 A No.

6 Q How about your parents' health? How
7 were -- how was their health to the best of your
8 recollection?

9 A They're both passed already.

10 Q Did they have problems or suffer with
11 diabetes or gout or high blood pressure?

12 A Both.

13 Q Both parents did?

14 A Yeah.

15 Q And they had --

16 A Gout and blood pressure.

17 Q Did they have diabetes?

18 A Yes.

19 Q How long have you suffered with diabetes?

20 A 10 years.

21 Q After you suffered your stroke and
22 aneurysm, were you able to return to work?

23 A No.

24 Q Did you apply for Social Security
25 Disability?

1 A Yes.

2 Q Did you receive it?

3 A Yes.

4 Q Did you have to wait, and did you have to
5 appeal it, or did you get it the first time?

6 A No.

7 Q Got it the first time?

8 A Yes. My doctor had it fixed. When I come
9 home, all I had to do was go to --

10 Q You get Medicare in terms of your health
11 benefits?

12 A Yeah. The white and blue card?

13 Q Yes, ma'am.

14 A Uh-huh.

15 Q Now, did you and your husband work in the
16 same department?

17 A No.

18 Q Are his problems -- health problems
19 similar to yours or are they different?

20 A They different.

21 Q Okay. What problems he has?

22 A I don't know.

23 Q Okay. Does he ever complain about
24 numbness of the hands?

25 A Yes.

1 Q Okay. Does he complain about gout?

2 A No.

3 Q Does he complain about high blood
4 pressure?

5 A Yeah.

6 Q Does he have diabetes?

7 A No.

8 Q Tell me what do you do to pass the time?

9 A Pardon me?

10 Q During the day, what do you do? What are
11 some of your activities you do?

12 A I walk in the morning, come back and have
13 breakfast and do my housework.

14 Q How far do you walk?

15 A 30 minutes.

16 Q Did any doctor suggest or recommend that
17 you walk?

18 A Yes.

19 Q And how long have you been doing that, in
20 terms of walking daily?

21 A About 10 years.

22 Q What type of housework do you do?

23 A I clean my room, the bathroom, sweep.
24 That's it.

25 Q Okay. What type of automobile do you

1 drive?

2 A A Mercury.

3 Q What's the furthest distance -- I know you
4 drive to the store. What's the furthest distance
5 you've driven within the past two years?

6 A I can't remember.

7 Q Okay. Now, does your husband work?

8 A No.

9 Q How long has he been out of work, or when
10 is the last time he worked is probably a better way
11 to ask it?

12 A When Exide closed.

13 Q Okay. So he's there with you every day?

14 A Uh-huh.

15 Q Before Exide closed, between '99 and 2001,
16 he went to work?

17 A Yes.

18 Q Would you be at home alone by yourself
19 taking care of yourself?

20 A Yes.

21 Q Okay. Did you prepare meals, or do you
22 prepare meals?

23 A Sometimes.

24 Q Now, does your husband have any hobbies
25 that take him away from the house for a few hours at

1 a time?

2 A He like to hunt, but that's only certain
3 times of the year.

4 Q When he hunts, how long is he out hunting?

5 A Maybe from the morning to maybe about 2:30
6 or 3 -- 3:00.

7 Q Are you having any other medical problems
8 other than the ones you've just told me about?

9 A No.

10 Q Do you have any problems with your
11 kidneys?

12 A No.

13 Q Do you have any problems with your memory?

14 A Yes.

15 Q When did that start?

16 A When I had my stroke in '99.

17 Q You have had memory problems since '99.

18 As we sit here today, have those memory problems
19 gotten worse or stayed about the same?

20 A Stayed about the same.

21 Q Do you think you were exposed to more lead
22 than people who worked in other departments?

23 A Yes.

24 Q Tell me why you think that.

25 A Because I was working right in it. The

1 plates come straight to -- from the -- from the back
2 straight up to me.

3 Q Did they make you wear a respirator?

4 A Sometimes.

5 Q Were you ever reprimanded, disciplined or
6 cautioned for not following any safety directions or
7 safety rules and regulations?

8 A No. I don't think so.

9 Q Since your stroke, have you been involved
10 in any type of accidents? And when I say accidents,
11 slip and fall at Wal-Mart, automobile accidents,
12 your next-door neighbor dog biting you, falling off
13 a porch. Have you been involved in any accidents
14 since your stroke?

15 A When I was in the hospital, I fell a
16 couple of times, but that was in the hospital.

17 Q Okay. Anything other than that?

18 A No.

19 Q Have you been hospitalized other than for
20 the stroke and the aneurysm? I know you had
21 children. You were hospitalized for that, but other
22 than those things?

23 A That's it.

24 Q Have you been convicted of any crimes
25 within the past 10 years?

1 A No.
2 Q Do you have any problems with vision?
3 A Yes.
4 Q When did you first know that you had
5 vision problems?
6 A I don't remember. Must have been about
7 three -- two, three years ago.
8 Q Okay. Do you see a specialist for that?
9 A Yes.
10 Q Who do you see?
11 A I know where his office is, but I can't --
12 Q Where is his office located?
13 A Westmont Boulevard.
14 Q What does he treat you for?
15 A Just eye problem. Just eyes. Just -- I
16 go and he check my eyes. That's all.
17 Q Okay. Did you take any medications such
18 as drops for glaucoma or anything like that?
19 A I have drops.
20 Q Okay.
21 A But I don't do it all the time.
22 Q Okay. Has he told you you have glaucoma
23 or anything like that?
24 A No.
25 Q Okay. Suffer with cataracts?

1 A No.

2 Q What is your height?

3 A I don't know.

4 Q What is your weight?

5 A About 240.

6 Q How much do you receive from Social
7 Security Disability? What is the amount of your
8 monthly stipend or check?

9 A 1,295.

10 MR. DUNBAR: All right, ma'am. That's all
11 the questions I have.

12 MR. JORDAN: Just a couple of follow ups.

13 EXAMINATION

14 BY MR. JORDAN:

15 Q Do you have any problems with dizziness or
16 swimming in your head?

17 A Yes.

18 Q When did they start?

19 A After I had my stroke.

20 Q Okay. How often does that affect you?

21 A When I get up to -- go to get up, I get
22 dizzy.

23 MR. JORDAN: Okay. I don't have any other
24 questions.

25 MR. DUNBAR: Okay.

(Deposition was concluded at 1:33 p.m.)

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Ver

orate Services

800-567-8658

973-410-4040

1 STATE OF SOUTH CAROLINA.)

2 COUNTY OF CHARLESTON)

3 I, Trisha G. Rarick, a Court Reporter and
4 Notary Public of the State of South Carolina at
5 Large, do hereby certify that the witness in the
6 foregoing deposition was by me duly sworn to
7 testify to the truth, the whole truth and nothing
8 but the truth in the within-entitled cause; that
9 said deposition was taken at the time and location
10 therein stated; that the testimony of the witness
11 and all objections made at the time of the
12 examination were recorded stenographically by me
13 and were thereafter transcribed by computer-aided
14 transcription; that the foregoing is a full,
15 complete and true record of the testimony of the
16 witness and of all objections made at the time of
17 the examination; and that the witness was given an
18 opportunity to read and correct said deposition
19 and to subscribe the same.

20 Should the signature of the witness not
21 be affixed to the deposition, the witness shall
22 not have availed himself of the opportunity to
23 sign or the signature has been waived.

24 I further certify that I am neither
25 related to nor counsel for any party to the cause
pending or interested in the events thereof.

Witness my hand, I have hereunto affixed
my official seal on 3, 23, 2011, at
Charleston, Charleston County, South Carolina.


Trisha G. Rarick
Court Reporter

20 My commission expires:

21 April 9, 2019

22

23

24

25

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO: 9930459

MARY C. McCONICO,

Employee,

Claimant,

vs.

YUASA-EXIDE, INC.,

Employer,

AND

ARROWPOINT CAPITAL CORPORATION,

Carrier,

Defendants.

**EMPLOYEE/CLAIMANT
KNOWLEDGE AFFIDAVIT**

PERSONALLY APPEARED before me, Mary C. Mcconico, who, after being duly sworn, deposes and says that:

I am the Claimant in this worker's compensation matter. Prior to sustaining a work related accident or contracting an occupational disease, I was aware of the following preexisting conditions as indicated below:

(1) Arthritis

☒

(2) Epilepsy

☐

(3) Diabetes

☒

(4) Cardiac Disease

☐

(5) Loss of sight of one or both eyes or partial loss of uncorrected vision of more than 75% bilateral

☐

(6)	Cerebral Palsy	_____
(7)	Multiple sclerosis	_____
(8)	Parkinson's disease	_____
(9)	Cerebral vascular accident	<u>✓</u>
(10)	Tuberculosis	_____
(11)	Silicosis	_____
(12)	Depression or psychological injury (psycho/neurotic disability)	_____
(13)	Disability from poliomyelitis	_____
(14)	Chronic osteomyelitis and ankylosis of joints	<u>✓</u>
(15)	Hyperinsulinism	_____
(16)	Arterial sclerosis	_____
(17)	Muscular dystrophy	_____
(18)	Thrombophlebitis	_____
(19)	Varicose veins	_____
(20)	Heavy metal poisoning <i>Lead</i>	<u>✓</u>
(21)	Compressed air sequelae	_____
(22)	Ruptured intervertebral disc	_____
(23)	Hodgkin's disease	_____
(24)	Brain damage	<u>✓</u>
(25)	Deafness	<u>✓</u>
(26)	Cancer	_____
(27)	Pulmonary disease	_____

(28) Sickle Cell anemia _____

(29) Mental retardation _____

(30) Other (please specify) _____

Gout

FURTHER AFFIANT SAYETH NOT.

Mary C. McConico
Mary C. McConico

April 7, 2011

Witnessed by:

[Signature]
(Signature)

Mitlen Crossin
(Printed name)

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

SCWCC FILE NO: 9930459

ARROWPOINT CAPITAL CORPORATION	)	
	)	
PLAINTIFF/CARRIER,	)	
	)	NOTICE OF WITNESSES AND
v.	)	WRITTEN MEDICAL REPORTS
	)	TO BE INTRODUCED AS
SOUTH CAROLINA SECOND INJURY FUND,	)	DIRECT EVIDENCE ON
	)	BEHALF OF DEFENDANT
DEFENDANT.	)	SOUTH CAROLINA SECOND
	)	INJURY FUND
	)	
In Re: MARY C. MCCONICO,	)	
	)	
Employee/Claimant,	)	
	)	
v.	)	
	)	
YUASA-EXIDE, INC.,	)	
	)	
Employer.	)	

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION, AND
VERNON DUNBAR, ESQUIRE, ATTORNEY FOR EMPLOYER/CARRIER

YOU ARE HEREBY NOTIFIED that the Defendant South Carolina Second Injury Fund, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330, (1976, as amended), herewith submits the following medical reports as direct evidence on behalf of the Defendant South Carolina Second Injury Fund, to wit:

NAME OF PHYSICIAN/OTHER	DATE OF REPORT	NUMBER OF PAGES

~~NONE~~
SEE ATTACHMENT

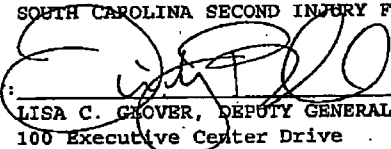
YOU ARE FURTHER HEREBY NOTIFIED that you have the right of cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the depositions of any of the physicians, whose reports are submitted, for the purpose of cross-examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others are being herewith forwarded to the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the Defendant South Carolina Second Injury Fund.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendant South Carolina Second Injury Fund:

None.

SOUTH CAROLINA SECOND INJURY FUND

By:  107

LISA C. GLOVER, DEPUTY GENERAL COUNSEL
100 Executive Center Drive
Suite 101
Columbia, South Carolina 29210
(803) 798-2722

August 2, 2012

SCWCC NO.: 99.0459

SCSIF NO.: 147569

August 2, 2012

ATTACHMENT TO NOTICE OF WITNESSES AND WRITTEN MEDICAL REPORTS
SOUTH CAROLINA SECOND INJURY FUND

NO.	NAME OF PHYSICIAN/OTHER	DATES	PAGES
1.	Notice Letter from Carrier	12/15/2010	1
2.	Letter from SIF to Carrier detailing all required information for consideration of accepting a claim	4/25/2011	2
3.	Email from Bob Turnmire, Manager - Desktop Support, SC Budget & Control Board, Division of State Information Technology (DSIT)	9/13/2011	2-8
3.	Exide Letter to Claimant, and accompanying interoffice letter, denying time off to pregnant Claimant because she has no disability	5/9/1979	3 - 4
4.	Sixteen (16) other Second Injury Fund Medical Questionnaires completed by Eugene Shippen on May 31, 2011, the same date as the one relied upon by Carrier	5/31/2011	5 - 52
5.	Fifteen (16) other Second Injury Fund Medical Questionnaires completed by Edward Baker on June 26, 2011, the same date as the one relied upon by Carrier	6/26/2011	53 - 97

TURNER PADGET

TURNER PADGET GRAHAM & LANEY P.A.

CHARLESTON
COLUMBIA
FLORENCE
GREENVILLE
MYRTLE BEACH

December 15, 2010

Vernon F. Dunbar
Attorney at Law

DD123
43
VDunbar@TurnerPadget.com
Direct Dial: (864) 552-4601
Direct Fax: (864) 282-5942

Mr. William Gunn
S.C. SECOND INJURY FUND
Koger Center, Santee Building, Suite 101
100 Executive Center Drive
Columbia, South Carolina 29210

RE: Claimant: Mary C. McConico
Employer: Yuasa-Exide, Inc.
Carrier: Arrowpoint Capital Corporation
Claim No.: Pending
WCC File No.: Pending
Our File No.: 03180.00211
D/A: 7/31/99

147569

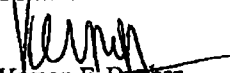
Dear Mr. Gunn:

This firm represents the Employer and Carrier in the matter referenced above. Mary C. McConico allegedly sustained a work-related injury to her brain, kidney, liver, musculoskeletal system, cognitive, pulmonary, neuropathic system.. Our investigation indicates that she had a pre-existing condition which may have combined with or been aggravated by her work injury. The accident occurred in Sumter County on or before July 31, 1999.

Please accept this letter as our notice of a potential claim for reimbursement benefits from the South Carolina Second Injury Fund. I would appreciate it if you would forward the appropriate documents to me so that we may complete this filing.

Very truly yours,

TURNER PADGET GRAHAM & LANEY P.A.


Vernon F. Dunbar

VFD/tmr

cc: Patti Wise, *SENT VIA EMAIL*
Dan Bausher, Esquire, *SENT VIA DISC*
Joseph Lewis, Esquire, *SENT VIA DISC*

BUSINESS • LITIGATION • SOLUTIONS

⑥

The South Carolina Second Injury Fund



WILLIAM E. GUNN
INTERIM DIRECTOR

100 EXECUTIVE CENTER DRIVE, SUITE 101
SANTEE BUILDING
COLUMBIA, S.C. 29210
www.scsif.sc.gov

(803) 758-2722
FAX: (803) 758-6290

April 25, 2011

VERNON F. DUNBAR
TURNER, PADGET
PO BOX 1509
GREENVILLE, SC 29602

RE: MARY C. MCCONICO VS. YUASA-EXIDE, INC.
SIF #: 147569 CARRIER CLAIM NUMBER:
WCC #: D147569

DEAR VERNON F. DUNBAR:
PLEASE SEND THE FOLLOWING:
*SECOND INJURY FUND CLAIM FORM
*MATERIAL TO SATISFY THE KNOWLEDGE REQUIREMENT
*NARRATIVE MEDICAL REPORTS
*FORM 15, FORM 18, FORM 20
*SETTLEMENT AGREEMENT -
CLINCHER, FORM 16, WCC ORDER, FORM 19
*FORM 12A/ACCORD FORM
*TREATING DOCTOR'S OPINION

IF WE DON'T HEAR FROM YOU WITHIN 90 DAYS, CONSIDER
THIS A GENERAL DENIAL.

Sincerely,

MARLA REHBORN
CLAIMS ANALYST

Section 42-7-320 (B)(2) states.. 'An employer, self-insurer, or insurance carrier must submit all required information for consideration of accepting a claim to the Second Injury Fund by June 30, 2011. Failure to submit all required information to the Fund by June 30, 2011, so that the claim can be accepted, compromised, or denied shall bar an employee self-insurer, or insurance carrier from recovery from the Fund.'

From: Harris, Mike
Sent: Friday, September 16, 2011 10:22 AM
To: Killen, Timothy
Subject: FW: files
FYI

Mike Harris
Deputy Director
803. 798-2722 x130
FAX: 803. 798-5290
mharris@sif.sc.gov

From: Turnmire, Bob
Sent: Tuesday, September 13, 2011 3:29 PM
To: Harris, Mike
Subject: files

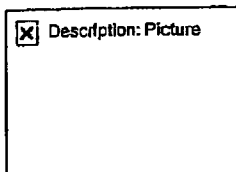
Mike,

I have looked at the files that you provided on CDs. These were files that you were unable to open on your workstation. After some research, I was able to determine that the files were not corrupted and were actually being read as designed. The files in question had the .nrl extension. Files with the .nrl extension are links to documents within a Document Management System. These links are simply references to the document and does not contain any actual data. When the file is opened in Word, it shows the Server Name, the Database name as well as other information about the document, including the document location number within the system. If the file is opened in the original Document Management environment, this file provides the information required to locate the document within the system and would then retrieve the document from the library. Since Second Injury Fund does not have access to the original file location, the link cannot be processed and the correct document cannot be opened.

Please let me know if you have any further questions.

Thanks,
Bob

Bob Turnmire
Manager - Desktop Support
SC Budget & Control Board
Division of State Information Technology (DSIT)
(803)734-2071
bob.turnmire@cio.sc.gov



EXIDE POWER SYSTEMS DIVISION

ESB INCORPORATED



SUMTER, SOUTH CAROLINA

(803) 481-8511

MAIL: P.O. BOX 1797, SUMTER, S.C. 29150

May 9, 1979

Mary McConico
401 Roger Ave.
Sumter, S.C. 29150

Dear Mary:

Your claim for Accident and Sickness benefits has been reviewed and benefits are denied as the medical evidence supplied does not support a disability which prevents you from performing your job under the terms of our policy.

You may appeal this decision of Metropolitan Life Insurance Company within 60 days by providing additional evidence supporting total disability. Any appeal should be sent to my attention for processing. Metropolitan will respond to the appeal usually within 30 days after they receive same.

Sincerely,

Dunbar P. Gibson, Jr.
Manager, Employee Relations

DPG:jw



INTEROFFICE
LETTER

78 FORM 1-4811

LOCATION		F	LOCATION	SUBJECT MARY MC CONICO
Corporate Office		R	Industrial Hygiene Lab	
T	NAME	O	T. F. McGraw, M.D.	
O	H. Andrew Smith	M	Medical Director	
TITLE OR ACTIVITY		TITLE OR ACTIVITY		
Benefits Analyst		Medical Director		
CC TO:		DATE	ANSWERING	FOLLOW UP DATE
G. Mullis, R.N. ✓		5/1/79		

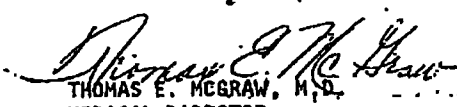
Information submitted does not establish presence of a medical condition requiring this employee's absence for such an inordinately long period (3/9/79 thru approximately 10/15/79) for an uncomplicated pregnancy.

I recommend that we proceed as directed in J. Snyder's Memo of Meeting, April 12, 1979.

Mrs. McConico should be informed of our position.

Every effort should be made by us to lessen her exposure. She should be biologically monitored with frequent PbBs as outlined in our medical guide.

Mrs. McConico's physician, Doctor Carpenter, has made up his mind and rendered his recommendation. I do not feel that we should attempt to influence Doctor Carpenter nor do I feel that a third doctor's opinion is warranted. All a third party can do is guess whether some ill health would accrue to Mrs. McConico in the future.


THOMAS E. MCGRAW, M.D.
MEDICAL DIRECTOR

TEM/bjc

SECOND INJURY FUND MEDICAL QUESTIONNAIRE

Re: Claimant: Morris Nelson
Employer: Yuasa-Exide, Inc.
WCC File No.: 8659620
Date of Accident: April 30, 1999

1. Did Morris Nelson have preexisting conditions of heavy metal poisoning, renal insufficiency, hypertension and osteoarthritis?

☒ Yes ☐ No

Please comment if necessary:

2. Were the preexisting conditions as stated above serious conditions which would constitute a hindrance or obstacle to employment or reemployment?

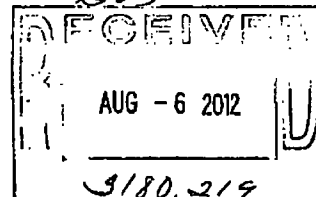
☒ Yes ☐ No

Please comment if necessary:

3. Did Morris Nelson's exposure to levels of lead either aggravate or combine with his underlying preexisting conditions and render him permanently disabled?

☒ Yes ☐ No

Please comment if necessary:



4. Because Morris Nelson had the aforesaid preexisting conditions, did these conditions cause him to lose substantially more time from work or to be disabled from work than he would have solely from the last exposure to lead on April 30, 1999.

☒ Yes ☐ No

Please comment if necessary:

5. Because Morris Nelson suffered from preexisting diseases, maladies and conditions as set forth above, did these conditions result in him having a substantially higher percentage of permanent disability than he would have had from the last known exposure to lead? The last exposure to lead occurred on April 30, 1999?

☒ Yes ☐ No

Please comment if necessary:

6. Have the medical costs in this case been substantially increased due to the existence of the preexisting factors/conditions as set forth above and in the medical records of Morris Nelson?

☒ Yes ☐ No

Please comment if necessary:

7. Does your review of Morris Nelson's blood lead level reports, medical files and other medical reports reflect he had suffered with heavy metal poisoning prior to April 30, 1999?

☒ Yes ☐ No

Please comment if necessary:

8. Because Morris Nelson had suffered with heavy metal poisoning prior to April 30, 1999, did his last exposure to lead on or about April 30, 1999 constitute a new accidental injury by virtue of this last exposure and aggravate the preexisting conditions as set forth above?

☒ Yes ☐ No

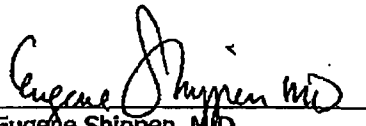
Please comment if necessary:

9. Did Morris Nelson's April 30, 1999 work related accident which exposed him to lead result in disability that was substantially greater by reason of the combined effects of the preexisting conditions and heavy metal poisoning or by aggravation of the preexisting conditions including heavy metal poisoning than would have resulted solely from the April 30, 1999 accidental injury?

☒ Yes ☐ No

Please comment if necessary:

By:


Eugene Shippen, MD.
Lead Toxicology Consultant
1124 Old Mill Road
Wyomissing, PA 19610

May 31, 2011

SECOND INJURY FUND MEDICAL QUESTIONNAIRE

Re: Claimant: Glinda Bossard
Employer: Yuasa-Exide, Inc.
WCC File No.: 9458124
Date of Accident: June 30, 2000

1. Did Glinda Bossard have preexisting conditions of heavy metal poisoning, bilateral total knee replacements, hypertension, apnea, arthritis and colon polyps?

☒ Yes ☐ No

Please comment if necessary:

2. Were the preexisting conditions as stated above serious conditions which would constitute a hindrance or obstacle to employment or reemployment?

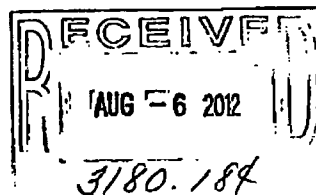
☒ Yes ☐ No

Please comment if necessary:

3. Did Glinda Bossard's exposure to levels of lead either aggravate or combine with her underlying preexisting conditions and render her permanently disabled?

☒ Yes ☐ No

Please comment if necessary:



4. Because Glinda Bossard had the aforesaid preexisting conditions, did these conditions cause her to lose substantially more time from work or to be disabled from work than she would have solely from the last exposure to lead on June 30, 2000.

☒ Yes ☐ No

Please comment if necessary:

5. Because Glinda Bossard suffered from preexisting diseases, maladies and conditions as set forth above, did these conditions result in her having a substantially higher percentage of permanent disability than she would have had from the last known exposure to lead? The last exposure to lead occurred on June 30, 2000?

☒ Yes ☐ No

Please comment if necessary:

6. Have the medical costs in this case been substantially increased due to the existence of the preexisting factors/conditions as set forth above and in the medical records of Glinda Bossard?

☒ Yes ☐ No

Please comment if necessary:

7. Does your review of Glinda Bossard's blood lead level reports, medical files and other medical reports reflect she had suffered with heavy metal poisoning prior to June 30, 2000?

☒ Yes ☐ No

Please comment if necessary:

8. Because Glinda Bossard had suffered with heavy metal poisoning prior to June 30, 2000, did her last exposure to lead on or about June 30, 2000 constitute a new accidental injury by virtue of this last exposure and aggravate the preexisting conditions as set forth above?

☒ Yes ☐ No

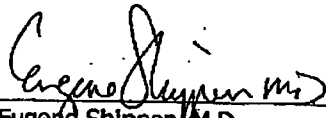
Please comment if necessary:

9. Did Glinda Bossard's June 30, 2000 work related accident which exposed her to lead result in disability that was substantially greater by reason of the combined effects of the preexisting conditions and heavy metal poisoning or by aggravation of the preexisting conditions including heavy metal poisoning than would have resulted solely from the June 30, 2000 accidental injury?

☒ Yes ☐ No

Please comment if necessary:

By:


Eugene Shippen, M.D.
Lead Toxicology Consultant
1124 Old Mill Road
Wyomissing, PA 19610

May 31, 2011

SECOND INJURY FUND MEDICAL QUESTIONNAIRE

Re: Claimant: Harold Harvin
Employer: Yuasa-Eide, Inc.
WCC File No.: 0031279
Date of Accident: December 31, 2000

1. Did Harold Harvin have preexisting conditions of heavy metal poisoning, kidney problems, pulmonary embolus, hypertension, diabetes, and osteoarthritis?

☒ Yes ☐ No

Please comment if necessary:

2. Were the preexisting conditions as stated above serious conditions which would constitute a hindrance or obstacle to employment or reemployment?

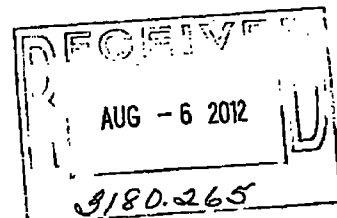
☒ Yes ☐ No

Please comment if necessary:

3. Did Harold Harvin's exposure to levels of lead either aggravate or combine with his underlying preexisting conditions and render him permanently disabled?

☒ Yes ☐ No

Please comment if necessary:



4. Because Harold Harvin had the aforesaid preexisting conditions, did these conditions cause him to lose substantially more time from work or to be disabled from work than he would have solely from the last exposure to lead on December 31, 2000.

☒ Yes ☐ No

Please comment if necessary:

5. Because Harold Harvin suffered from preexisting diseases, maladies and conditions as set forth above, did these conditions result in him having a substantially higher percentage of permanent disability than he would have had from the last known exposure to lead? The last exposure to lead occurred on December 31, 2000?

☒ Yes ☐ No

Please comment if necessary:

6. Have the medical costs in this case been substantially increased due to the existence of the preexisting factors/conditions as set forth above and in the medical records of Harold Harvin?

☒ Yes ☐ No

Please comment if necessary:

7. Does your review of Harold Harvin's blood lead level reports, medical files and other medical reports reflect he had suffered with heavy metal poisoning prior to December 31, 2000?

☒ Yes ☐ No

Please comment if necessary:

8. Because Harold Harvin had suffered with heavy metal poisoning prior to December 31, 2000, did his last exposure to lead on or about December 31, 2000 constitute a new accidental injury by virtue of this last exposure and aggravate the preexisting conditions as set forth above?

☒ Yes ☐ No

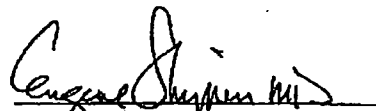
Please comment if necessary:

9. Did Harold Harvin's December 31, 2000 work related accident which exposed him to lead result in disability that was substantially greater by reason of the combined effects of the preexisting conditions and heavy metal poisoning or by aggravation of the preexisting conditions including heavy metal poisoning than would have resulted solely from the December 31, 2000 accidental injury?

☒ Yes ☐ No

Please comment if necessary:

By:


Eugene Shipper, M.D.
Lead Toxicology Consultant
1124 Old Mill Road
Wyomissing, PA 19610

May 31, 2011

SECOND INJURY FUND MEDICAL QUESTIONNAIRE

Re: Claimant: Odell Bradley, Jr.
Employer: Yuasa-Ecide, Inc.
WCC File No.: 9930448
Date of Accident: November 17, 1999

1. Did Odell Bradley, Jr. have preexisting conditions of heavy metal poisoning, hypertension, thyroid dysfunction, and osteoarthritis?

☒ Yes ☐ No

Please comment if necessary:

2. Were the preexisting conditions as stated above serious conditions which would constitute a hindrance or obstacle to employment or reemployment?

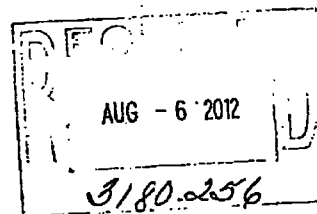
☒ Yes ☐ No

Please comment if necessary:

3. Did Odell Bradley, Jr.'s exposure to levels of lead either aggravate or combine with his underlying preexisting conditions and render him permanently disabled?

☒ Yes ☐ No

Please comment if necessary:



4. Because Odell Bradley, Jr. had the aforesaid preexisting conditions, did these conditions cause him to lose substantially more time from work or to be disabled from work than he would have solely from the last exposure to lead on November 17, 1999.

☒ Yes ☐ No

Please comment if necessary:

5. Because Odell Bradley, Jr. suffered from preexisting diseases, maladies and conditions as set forth above, did these conditions result in him having a substantially higher percentage of permanent disability than he would have had from the last known exposure to lead? The last exposure to lead occurred on November 17, 1999?

☒ Yes ☐ No

Please comment if necessary:

6. Have the medical costs in this case been substantially increased due to the existence of the preexisting factors/conditions as set forth above and in the medical records of Odell Bradley, Jr.?

☒ Yes ☐ No

Please comment if necessary:

7. Does your review of Odell Bradley, Jr.'s blood lead level reports, medical files and other medical reports reflect he had suffered with heavy metal poisoning prior to November 17, 1999?

☒ Yes ☐ No

Please comment if necessary:

8. Because Odell Bradley, Jr. had suffered with heavy metal poisoning prior to November 17, 1999, did his last exposure to lead on or about November 17, 1999 constitute a new accidental injury by virtue of this last exposure and aggravate the preexisting conditions as set forth above?

☒ Yes ☐ No

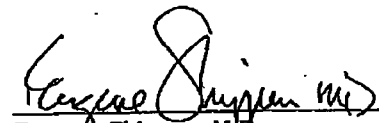
Please comment if necessary:

9. Did Odell Bradley, Jr.'s November 17, 1999 work related accident which exposed him to lead result in disability that was substantially greater by reason of the combined effects of the preexisting conditions and heavy metal poisoning or by aggravation of the preexisting conditions including heavy metal poisoning than would have resulted solely from the November 17, 1999 accidental injury?

☒ Yes ☐ No

Please comment if necessary:

By:


Eugene Shippen, M.D.
Lead Toxicology Consultant
1124 Old Mill Road
Wyomissing, PA 19610

May 31, 2011

SECOND INJURY FUND MEDICAL QUESTIONNAIRE

Re: Claimant: Vernice Brunson
Employer: Yuasa-Exide, Inc.
WCC File No.: 0128725
Date of Accident: May 31, 2001

1. Did Vernice Brunson have preexisting conditions of heavy metal poisoning, anemia, hematuria renal cysts, dermoid tumor in pelvis and knee replacement?

☒ Yes ☐ No

Please comment if necessary:

2. Were the preexisting conditions as stated above serious conditions which would constitute a hindrance or obstacle to employment or reemployment?

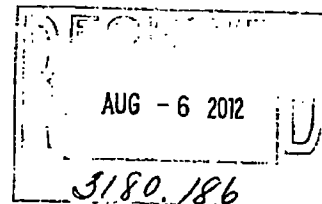
☒ Yes ☐ No

Please comment if necessary:

3. Did Vernice Brunson's exposure to levels of lead either aggravate or combine with her underlying preexisting conditions and render her permanently disabled?

☒ Yes ☐ No

Please comment if necessary:



4. Because Vernice Brunson had the aforesaid preexisting conditions, did these conditions cause her to lose substantially more time from work or to be disabled from work than she would have solely from the last exposure to lead on May 31, 2001.

☒ Yes ☐ No

Please comment if necessary:

5. Because Vernice Brunson suffered from preexisting diseases, maladies and conditions as set forth above, did these conditions result in her having a substantially higher percentage of permanent disability than she would have had from the last known exposure to lead? The last exposure to lead occurred on May 31, 2001?

☒ Yes ☐ No

Please comment if necessary:

6. Have the medical costs in this case been substantially increased due to the existence of the preexisting factors/conditions as set forth above and in the medical records of Vernice Brunson?

☒ Yes ☐ No

Please comment if necessary:

7. Does your review of Vernice Brunson's blood lead level reports, medical files and other medical reports reflect she had suffered with heavy metal poisoning prior to May 31, 2001?

☒ Yes ☐ No

Please comment if necessary:

8. Because Vernice Brunson had suffered with heavy metal poisoning prior to May 31, 2001, did her last exposure to lead on or about May 31, 2001 constitute a new accidental injury by virtue of this last exposure and aggravate the preexisting conditions as set forth above?

☒ Yes ☐ No

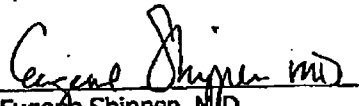
Please comment if necessary:

9. Did Vernice Brunson's May 31, 2001 work related accident which exposed her to lead result in disability that was substantially greater by reason of the combined effects of the preexisting conditions and heavy metal poisoning or by aggravation of the preexisting conditions including heavy metal poisoning than would have resulted solely from the May 31, 2001 accidental injury?

☒ Yes ☐ No

Please comment if necessary:

By:


Eugene Shippen, M.D.
Lead Toxicology Consultant
1124 Old Mill Road
Wyomissing, PA 19610

May 31, 2011

SECOND INJURY FUND MEDICAL QUESTIONNAIRE

Re: Claimant: Sidney Hodge
Employer: Yuasa-Exide, Inc.
WCC File No.: 0031294
Date of Accident: June 25, 1999

1. Did Sidney Hodge have preexisting conditions of heavy metal poisoning, coronary artery disease, and myocardial infarction?

☒ Yes ☐ No

Please comment if necessary:

2. Were the preexisting conditions as stated above serious conditions which would constitute a hindrance or obstacle to employment or reemployment?

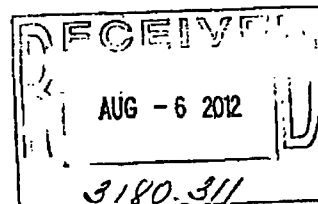
☒ Yes ☐ No

Please comment if necessary:

3. Did Sidney Hodge's exposure to levels of lead either aggravate or combine with his underlying preexisting conditions and render him permanently disabled?

☒ Yes ☐ No

Please comment if necessary:



4. Because Sidney Hodge had the aforesaid preexisting conditions, did these conditions cause him to lose substantially more time from work or to be disabled from work than he would have solely from the last exposure to lead on June 25, 1999.

☒ Yes ☐ No

Please comment if necessary:

5. Because Sidney Hodge suffered from preexisting diseases, maladies and conditions as set forth above, did these conditions result in him having a substantially higher percentage of permanent disability than he would have had from the last known exposure to lead? The last exposure to lead occurred on June 25, 1999?

☒ Yes ☐ No

Please comment if necessary:

6. Have the medical costs in this case been substantially increased due to the existence of the preexisting factors/conditions as set forth above and in the medical records of Sidney Hodge?

☒ Yes ☐ No

Please comment if necessary:

7. Does your review of Sidney Hodge's blood lead level reports, medical files and other medical reports reflect he had suffered with heavy metal poisoning prior to June 25, 1999?

☒ Yes ☐ No

Please comment if necessary:

8. Because Sidney Hodge had suffered with heavy metal poisoning prior to June 25, 1999, did his last exposure to lead on or about June 25, 1999 constitute a new accidental injury by virtue of this last exposure and aggravate the preexisting conditions as set forth above?

☒ Yes ☐ No

Please comment if necessary:

9. Did Sidney Hodge's June 25, 1999 work related accident which exposed him to lead result in disability that was substantially greater by reason of the combined effects of the preexisting conditions and heavy metal poisoning or by aggravation of the preexisting conditions including heavy metal poisoning than would have resulted solely from the June 25, 1999 accidental injury?

☒ Yes ☐ No

Please comment if necessary:

By: Eugene Shippen MD
Eugene Shippen, M.D.
Lead Toxicology Consultant
1124 Old Mill Road
Wyomissing, PA 19610

May 31, 2011

SECOND INJURY FUND MEDICAL QUESTIONNAIRE

Re: Claimant: Harold Chandler
Employer: Yuasa-Exide, Inc.
WCC File No.: 0128709
Date of Accident: January 18, 2001

1. Did Harold Chandler have preexisting conditions of heavy metal poisoning, alcoholism, liver failure and cardiovascular disease?

☒ Yes ☐ No

Please comment if necessary:

2. Were the preexisting conditions as stated above serious conditions which would constitute a hindrance or obstacle to employment or reemployment?

☒ Yes ☐ No

Please comment if necessary:

3. Did Harold Chandler's exposure to levels of lead either aggravate or combine with his underlying preexisting conditions and render him permanently disabled?

☒ Yes ☐ No

Please comment if necessary:

AUG - 6 2012

4. Because Harold Chandler had the aforesaid preexisting conditions, did these conditions cause him to lose substantially more time from work or to be disabled from work than he would have solely from the last exposure to lead on January 18, 2001.

☒ Yes ☐ No

Please comment if necessary:

5. Because Harold Chandler suffered from preexisting diseases, maladies and conditions as set forth above, did these conditions result in him having a substantially higher percentage of permanent disability than he would have had from the last known exposure to lead ? The last exposure to lead occurred on January 18, 2001?

☒ Yes ☐ No

Please comment if necessary:

6. Have the medical costs in this case been substantially increased due to the existence of the preexisting factors/conditions as set forth above and in the medical records of Harold Chandler?

☒ Yes ☐ No

Please comment if necessary:

7. Does your review of Harold Chandler's blood lead level reports, medical files and other medical reports reflect he had suffered with heavy metal poisoning prior to January 18, 2001?

☒ Yes ☐ No

Please comment if necessary:

8. Because Harold Chandler had suffered with heavy metal poisoning prior to January 18, 2001, did his last exposure to lead on or about January 18, 2001 constitute a new accidental injury by virtue of this last exposure and aggravate the preexisting conditions as set forth above?

☒ Yes ☐ No

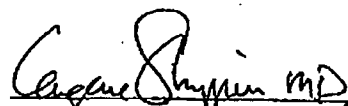
Please comment if necessary:

9. Did Harold Chandler's January 18, 2001 work related accident which exposed him to lead result in disability that was substantially greater by reason of the combined effects of the preexisting conditions and heavy metal poisoning or by aggravation of the preexisting conditions including heavy metal poisoning than would have resulted solely from the January 18, 2001 accidental injury?

☒ Yes ☐ No

Please comment if necessary:

By:



Eugene Shippen, M.D.
Lead Toxicology Consultant
1124 Old Mill Road
Wyomissing, PA 19610

May 31, 2011

SECOND INJURY FUND MEDICAL QUESTIONNAIRE

Re: Claimant: Johnny Rhodes
Employer: Yuasa-Exide, Inc.
WCC File No.: 9930448
Date of Accident: May 31, 2001

1. Did Johnny Rhodes have preexisting conditions of heavy metal poisoning, hypertension, congestive heart failure, chronic obstructive pulmonary disease, diabetic and hypertensive retinopathy?

☒ Yes ☐ No

Please comment if necessary:

2. Were the preexisting conditions as stated above serious conditions which would constitute a hindrance or obstacle to employment or reemployment?

☒ Yes ☐ No

Please comment if necessary:

3. Did Johnny Rhodes' exposure to levels of lead either aggravate or combine with his underlying preexisting conditions and render him permanently disabled?

☒ Yes ☐ No

Please comment if necessary:

4. Because Johnny Rhodes had the aforesaid preexisting conditions, did these conditions cause him to lose substantially more time from work or to be disabled from work than he would have solely from the last exposure to lead on May 31, 2001.

☒ Yes ☐ No

Please comment if necessary:

5. Because Johnny Rhodes suffered from preexisting diseases, maladies and conditions as set forth above, did these conditions result in him having a substantially higher percentage of permanent disability than he would have had from the last known exposure to lead? The last exposure to lead occurred on May 31, 2001?

☒ Yes ☐ No

Please comment if necessary:

6. Have the medical costs in this case been substantially increased due to the existence of the preexisting factors/conditions as set forth above and in the medical records of Johnny Rhodes?

☒ Yes ☐ No

Please comment if necessary:

7. Does your review of Johnny Rhodes' blood lead level reports, medical files and other medical reports reflect he had suffered with heavy metal poisoning prior to May 31, 2001?

☒ Yes ☐ No

Please comment if necessary:

8. Because Johnny Rhodes had suffered with heavy metal poisoning prior to May 31, 2001, did his last exposure to lead on or about May 31, 2001 constitute a new accidental injury by virtue of this last exposure and aggravate the preexisting conditions as set forth above?

☒ Yes ☐ No

Please comment if necessary:

9. Did Johnny Rhodes' May 31, 2001 work related accident which exposed him to lead result in disability that was substantially greater by reason of the combined effects of the preexisting conditions and heavy metal poisoning or by aggravation of the preexisting conditions including heavy metal poisoning than would have resulted solely from the May 31, 2001 accidental injury?

☒ Yes ☐ No

Please comment if necessary:

By:


Eugene Shippen, M.D.
Lead Toxicology Consultant
1124 Old Mill Road
Wyomissing, PA 19610

May 31, 2011

SECOND INJURY FUND MEDICAL QUESTIONNAIRE

Re: Claimant: David Laws, Jr.
Employer: Yuasa-Evide, Inc.
WCC File No.: 9930453
Date of Accident: March 31, 1999

1. Did David Laws, Jr. have preexisting conditions of heavy metal poisoning, myocardial infarctions, hypertension, coronary artery disease, osteoarthritis and hyperlipidemia?

☒ Yes ☐ No

Please comment if necessary:

2. Were the preexisting conditions as stated above serious conditions which would constitute a hindrance or obstacle to employment or reemployment?

☒ Yes ☐ No

Please comment if necessary:

3. Did David Laws, Jr.'s exposure to levels of lead either aggravate or combine with his underlying preexisting conditions and render him permanently disabled?

☒ Yes ☐ No

Please comment if necessary:

4. Because David Laws, Jr. had the aforesaid preexisting conditions, did these conditions cause him to lose substantially more time from work or to be disabled from work than he would have solely from the last exposure to lead on March 31, 1999.

☒ Yes ☐ No

Please comment if necessary:

5. Because David Laws, Jr. suffered from preexisting diseases, maladies and conditions as set forth above, did these conditions result in him having a substantially higher percentage of permanent disability than he would have had from the last known exposure to lead? The last exposure to lead occurred on March 31, 1999?

☒ Yes ☐ No

Please comment if necessary:

6. Have the medical costs in this case been substantially increased due to the existence of the preexisting factors/conditions as set forth above and in the medical records of David Laws, Jr.?

☒ Yes ☐ No

Please comment if necessary:

7. Does your review of David Laws, Jr.'s blood lead level reports, medical files and other medical reports reflect he had suffered with heavy metal poisoning prior to March 31, 1999?

☒ Yes ☐ No

Please comment if necessary:

8. Because David Laws, Jr. had suffered with heavy metal poisoning prior to March 31, 1999, did his last exposure to lead on or about March 31, 1999 constitute a new accidental injury by virtue of this last exposure and aggravate the preexisting conditions as set forth above?

☒ Yes ☐ No

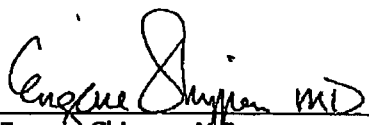
Please comment if necessary:

9. Did David Laws, Jr.'s March 31, 1999 work related accident which exposed him to lead result in disability that was substantially greater by reason of the combined effects of the preexisting conditions and heavy metal poisoning or by aggravation of the preexisting conditions including heavy metal poisoning than would have resulted solely from the March 31, 1999 accidental injury?

☒ Yes ☐ No

Please comment if necessary:

By:


Eugene Shippen, MD.
Lead Toxicology Consultant
1124 Old Mill Road
Wyomissing, PA 19610

May 31, 2011

SECOND INJURY FUND MEDICAL QUESTIONNAIRE

Re: Claimant: Alfred Conyers
Employer: Yuasa-Exide, Inc.
WCC File No.: 9930448
Date of Accident: January 31, 1999

1. Did Alfred Conyers have preexisting conditions of heavy metal poisoning and hypertension?

☒ Yes ☐ No

Please comment if necessary:

2. Were the preexisting conditions as stated above serious conditions which would constitute a hindrance or obstacle to employment or reemployment?

☒ Yes ☐ No

Please comment if necessary:

3. Did Alfred Conyers' exposure to levels of lead either aggravate or combine with his underlying preexisting conditions and render him permanently disabled?

☒ Yes ☐ No

Please comment if necessary:

4. Because Alfred Conyers had the aforesaid preexisting conditions, did these conditions cause him to lose substantially more time from work or to be disabled from work than he would have solely from the last exposure to lead on January 31, 1999.

☒ Yes ☐ No

Please comment if necessary:

5. Because Alfred Conyers suffered from preexisting diseases, maladies and conditions as set forth above, did these conditions result in him having a substantially higher percentage of permanent disability than he would have had from the last known exposure to lead? The last exposure to lead occurred on January 31, 1999?

☒ Yes ☐ No

Please comment if necessary:

6. Have the medical costs in this case been substantially increased due to the existence of the preexisting factors/conditions as set forth above and in the medical records of Alfred Conyers?

☒ Yes ☐ No

Please comment if necessary:

7. Does your review of Alfred Conyers' blood lead level reports, medical files and other medical reports reflect he had suffered with heavy metal poisoning prior to January 31, 1999?

☒ Yes ☐ No

Please comment if necessary:

8. Because Alfred Conyers had suffered with heavy metal poisoning prior to January 31, 1999, did his last exposure to lead on or about January 31, 1999 constitute a new accidental injury by virtue of this last exposure and aggravate the preexisting conditions as set forth above?

☒ Yes ☐ No

Please comment if necessary:

9. Did Alfred Conyers' January 31, 1999 work related accident which exposed him to lead result in disability that was substantially greater by reason of the combined effects of the preexisting conditions and heavy metal poisoning or by aggravation of the preexisting conditions including heavy metal poisoning than would have resulted solely from the January 31, 1999 accidental injury?

☒ Yes ☐ No

Please comment if necessary:

By:


Eugene Shippen, M.D.
Lead Toxicology Consultant
1124 Old Mill Road
Wyomissing, PA 19610

May 31, 2011

SECOND INJURY FUND MEDICAL QUESTIONNAIRE

Re: Claimant: Phillip Rembert, Jr.
Employer: Yuasa-Exide, Inc.
WCC File No.: 9930448
Date of Accident: May 31, 2001

1. Did Phillip Rembert, Jr. have preexisting conditions of heavy metal poisoning, cardiovascular disease, hypertensive renal disease and renal failure, sleep apnea, cardiac problems consisting of mitral valve replacement and pacemaker, arthritis and hypertension?

☒ Yes ☐ No

Please comment if necessary:

2. Were the preexisting conditions as stated above serious conditions which would constitute a hindrance or obstacle to employment or reemployment?

☒ Yes ☐ No

Please comment if necessary:

3. Did Phillip Rembert, Jr.' exposure to levels of lead either aggravate or combine with his underlying preexisting conditions and render him permanently disabled?

☒ Yes ☐ No

Please comment if necessary:

4. Because Phillip Rembert, Jr. had the aforesaid preexisting conditions, did these conditions cause him to lose substantially more time from work or to be disabled from work than he would have solely from the last exposure to lead on May 31, 2001.

☒ Yes ☐ No

Please comment if necessary:

5. Because Phillip Rembert, Jr. suffered from preexisting diseases, maladies and conditions as set forth above, did these conditions result in him having a substantially higher percentage of permanent disability than he would have had from the last known exposure to lead? The last exposure to lead occurred on May 31, 2001?

☒ Yes ☐ No

Please comment if necessary:

6. Have the medical costs in this case been substantially increased due to the existence of the preexisting factors/conditions as set forth above and in the medical records of Phillip Rembert, Jr.?

☒ Yes ☐ No

Please comment if necessary:

7. Does your review of Phillip Rembert, Jr.' blood lead level reports, medical files and other medical reports reflect he had suffered with heavy metal poisoning prior to May 31, 2001?

☒ Yes ☐ No

Please comment if necessary:

8. Because Phillip Rembert, Jr. had suffered with heavy metal poisoning prior to May 31, 2001, did his last exposure to lead on or about May 31, 2001 constitute a new accidental injury by virtue of this last exposure and aggravate the preexisting conditions as set forth above?

☒ Yes ☐ No

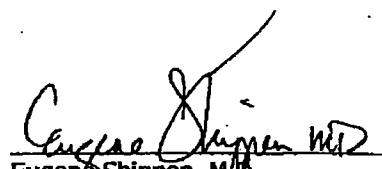
Please comment if necessary:

9. Did Phillip Rembert, Jr.' May 31, 2001 work related accident which exposed him to lead result in disability that was substantially greater by reason of the combined effects of the preexisting conditions and heavy metal poisoning or by aggravation of the preexisting conditions including heavy metal poisoning than would have resulted solely from the May 31, 2001 accidental injury?

☒ Yes ☐ No

Please comment if necessary:

By:


Eugene Shippen, M.D.
Lead Toxicology Consultant
1124 Old Mill Road
Wyomissing, PA 19610

May 31, 2011

SECOND INJURY FUND MEDICAL QUESTIONNAIRE

Re: Claimant: Richard McConico
Employer: Yuasa-Evide, Inc.
WCC File No.: 9930447
Date of Accident: December 31, 1999

1. Did Richard McConico have preexisting conditions of heavy metal poisoning, pulmonary problems/emphysema, hypertension, hypertensive cardiovascular disease and osteoarthritis?

☒ Yes ☐ No

Please comment if necessary:

2. Were the preexisting conditions as stated above serious conditions which would constitute a hindrance or obstacle to employment or reemployment?

☒ Yes ☐ No

Please comment if necessary:

3. Did Richard McConico's exposure to levels of lead either aggravate or combine with his underlying preexisting conditions and render him permanently disabled?

☒ Yes ☐ No

Please comment if necessary:

4. Because Richard McConico had the aforesaid preexisting conditions, did these conditions cause him to lose substantially more time from work or to be disabled from work than he would have solely from the last exposure to lead on December 31, 1999.

☒ Yes ☐ No

Please comment if necessary:

5. Because Richard McConico suffered from preexisting diseases, maladies and conditions as set forth above, did these conditions result in him having a substantially higher percentage of permanent disability than he would have had from the last known exposure to lead? The last exposure to lead occurred on December 31, 1999?

☒ Yes ☐ No

Please comment if necessary:

6. Have the medical costs in this case been substantially increased due to the existence of the preexisting factors/conditions as set forth above and in the medical records of Richard McConico?

☒ Yes ☐ No

Please comment if necessary:

7. Does your review of Richard McConico's blood lead level reports, medical files and other medical reports reflect he had suffered with heavy metal poisoning prior to December 31, 1999?

☒ Yes ☐ No

Please comment if necessary:

8. Because Richard McConico had suffered with heavy metal poisoning prior to December 31, 1999, did his last exposure to lead on or about December 31, 1999 constitute a new accidental injury by virtue of this last exposure and aggravate the preexisting conditions as set forth above?

☒ Yes ☐ No

Please comment if necessary:

9. Did Richard McConico's December 31, 1999 work related accident which exposed him to lead result in disability that was substantially greater by reason of the combined effects of the preexisting conditions and heavy metal poisoning or by aggravation of the preexisting conditions including heavy metal poisoning than would have resulted solely from the December 31, 1999 accidental injury?

☒ Yes ☐ No

Please comment if necessary:

By: Eugene Shippen M.D.
Eugene Shippen, M.D.
Lead Toxicology Consultant
1124 Old Mill Road
Wyomissing, PA 19610

May 31, 2011

SECOND INJURY FUND MEDICAL QUESTIONNAIRE

Re: Claimant: David Davis
Employer: Yuasa-Evide, Inc.
WCC File No.: 0128713
Date of Accident: March 30, 2001

1. Did David Davis have preexisting conditions of heavy metal poisoning, Sarcoidosis/pulmonary problems and arthritis?

☒ Yes ☐ No

Please comment if necessary:

2. Were the preexisting conditions as stated above serious conditions which would constitute a hindrance or obstacle to employment or reemployment?

☒ Yes ☐ No

Please comment if necessary:

3. Did David Davis's exposure to levels of lead either aggravate or combine with his underlying preexisting conditions and render him permanently disabled?

☒ Yes ☐ No

Please comment if necessary:

4. Because David Davis had the aforesaid preexisting conditions, did these conditions cause him to lose substantially more time from work or to be disabled from work than he would have solely from the last exposure to lead on March 30, 2001.

☒ Yes ☐ No

Please comment if necessary:

5. Because David Davis suffered from preexisting diseases, maladies and conditions as set forth above, did these conditions result in him having a substantially higher percentage of permanent disability than he would have had from the last known exposure to lead? The last exposure to lead occurred on March 30, 2001?

☒ Yes ☐ No

Please comment if necessary:

6. Have the medical costs in this case been substantially increased due to the existence of the preexisting factors/conditions as set forth above and in the medical records of David Davis?

☒ Yes ☐ No

Please comment if necessary:

7. Does your review of David Davis's blood lead level reports, medical files and other medical reports reflect he had suffered with heavy metal poisoning prior to March 30, 2001?

☒ Yes ☐ No

Please comment if necessary:

8. Because David Davis had suffered with heavy metal poisoning prior to March 30, 2001, did his last exposure to lead on or about March 30, 2001 constitute a new accidental injury by virtue of this last exposure and aggravate the preexisting conditions as set forth above?

☒ Yes ☐ No

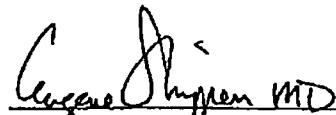
Please comment if necessary:

9. Did David Davis's March 30, 2001 work related accident which exposed him to lead result in disability that was substantially greater by reason of the combined effects of the preexisting conditions and heavy metal poisoning or by aggravation of the preexisting conditions including heavy metal poisoning than would have resulted solely from the March 30, 2001 accidental injury?

☒ Yes ☐ No

Please comment if necessary:

By:


Eugene Shippen, M.D.
Lead Toxicology Consultant
1124 Old Mill Road
Wyomissing, PA 19610

May 31, 2011

SECOND INJURY FUND MEDICAL QUESTIONNAIRE

Re: Claimant: Johnnie Lee Taylor
Employer: Yuasa-Evide, Inc.
WCC File No.: 9930448
Date of Accident: February 28, 1999

1. Did Johnnie Lee Taylor have preexisting conditions of heavy metal poisoning, diabetes, gout, asthma, hypertension, cardiac problems and mediastinal adenopathy?

☒ Yes ☐ No

Please comment if necessary:

2. Were the preexisting conditions as stated above serious conditions which would constitute a hindrance or obstacle to employment or reemployment?

☒ Yes ☐ No

Please comment if necessary:

3. Did Johnnie Lee Taylor's exposure to levels of lead either aggravate or combine with his underlying preexisting conditions and render him permanently disabled?

☒ Yes ☐ No

Please comment if necessary:

4. Because Johnnie Lee Taylor had the aforesaid preexisting conditions, did these conditions cause him to lose substantially more time from work or to be disabled from work than he would have solely from the last exposure to lead on February 28, 1999.

☒ Yes ☐ No

Please comment if necessary:

5. Because Johnnie Lee Taylor suffered from preexisting diseases, maladies and conditions as set forth above, did these conditions result in him having a substantially higher percentage of permanent disability than he would have had from the last known exposure to lead? The last exposure to lead occurred on February 28, 1999?

☒ Yes ☐ No

Please comment if necessary:

6. Have the medical costs in this case been substantially increased due to the existence of the preexisting factors/conditions as set forth above and in the medical records of Johnnie Lee Taylor?

☒ Yes ☐ No

Please comment if necessary:

7. Does your review of Johnnie Lee Taylor's blood lead level reports, medical files and other medical reports reflect he had suffered with heavy metal poisoning prior to February 28, 1999?

☒ Yes ☐ No

Please comment if necessary:

8. Because Johnnie Lee Taylor had suffered with heavy metal poisoning prior to February 28, 1999, did his last exposure to lead on or about February 28, 1999 constitute a new accidental injury by virtue of this last exposure and aggravate the preexisting conditions as set forth above?

☒ Yes ☐ No

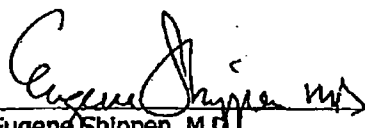
Please comment if necessary:

9. Did Johnnie Lee Taylor's February 28, 1999 work related accident which exposed him to lead result in disability that was substantially greater by reason of the combined effects of the preexisting conditions and heavy metal poisoning or by aggravation of the preexisting conditions including heavy metal poisoning than would have resulted solely from the February 28, 1999 accidental injury?

☒ Yes ☐ No

Please comment if necessary:

By:


Eugene Shippen, M.D.
Lead Toxicology Consultant
1124 Old Mill Road
Wyomissing, PA 19610

May 31, 2011

SECOND INJURY FUND MEDICAL QUESTIONNAIRE

Re: Claimant: Jerry Earl Mathis
Employer: Yuasa-Evide, Inc.
WCC File No.: 9832204
Date of Accident: December 31, 1998

1. Did Jerry Earl Mathis have preexisting conditions of heavy metal poisoning, peripheral neuropathy, carotid artery plaques, stenosis and hypertension?

☒ Yes ☐ No

Please comment if necessary:

2. Were the preexisting conditions as stated above serious conditions which would constitute a hindrance or obstacle to employment or reemployment?

☒ Yes ☐ No

Please comment if necessary:

3. Did Jerry Earl Mathis' exposure to levels of lead either aggravate or combine with his underlying preexisting conditions and render him permanently disabled?

☒ Yes ☐ No

Please comment if necessary:

4. Because Jerry Earl Mathis had the aforesaid preexisting conditions, did these conditions cause him to lose substantially more time from work or to be disabled from work than he would have solely from the last exposure to lead on December 31, 1998.

☒ Yes ☐ No

Please comment if necessary:

5. Because Jerry Earl Mathis suffered from preexisting diseases, maladies and conditions as set forth above, did these conditions result in him having a substantially higher percentage of permanent disability than he would have had from the last known exposure to lead? The last exposure to lead occurred on December 31, 1998?

☒ Yes ☐ No

Please comment if necessary:

6. Have the medical costs in this case been substantially increased due to the existence of the preexisting factors/conditions as set forth above and in the medical records of Jerry Earl Mathis?

☒ Yes ☐ No

Please comment if necessary:

7. Does your review of Jerry Earl Mathis' blood lead level reports, medical files and other medical reports reflect he had suffered with heavy metal poisoning prior to December 31, 1998?

☒ Yes ☐ No

Please comment if necessary:

8. Because Jerry Earl Mathis had suffered with heavy metal poisoning prior to December 31, 1998, did his last exposure to lead on or about December 31, 1998 constitute a new accidental injury by virtue of this last exposure and aggravate the preexisting conditions as set forth above?

X Yes No

Please comment if necessary:

9. Did Jerry Earl Mathis' December 31, 1998 work related accident which exposed him to lead result in disability that was substantially greater by reason of the combined effects of the preexisting conditions and heavy metal poisoning or by aggravation of the preexisting conditions including heavy metal poisoning than would have resulted solely from the December 31, 1998 accidental injury?

X Yes No

Please comment if necessary:

By:

Eugene Shippen M.D.
Eugene Shippen, M.D.
Lead Toxicology Consultant
1124 Old Mill Road
Wyomissing, PA 19610

May 31, 2011

SECOND INJURY FUND MEDICAL QUESTIONNAIRE

Re: Claimant: Albertus Conyers
Employer: Yuasa-Edde, Inc.
WCC File No.: 0128504
Date of Accident: May 18, 2000

1. Did Albertus Conyers have preexisting conditions of heavy metal poisoning, rectal bleeding, kidney/bladder problems and elevated cholesterol?

☒ Yes ☐ No

Please comment if necessary:

2. Were the preexisting conditions as stated above serious conditions which would constitute a hindrance or obstacle to employment or reemployment?

☒ Yes ☐ No

Please comment if necessary:

3. Did Albertus Conyers' last exposure to lead aggravate claimant's underlying conditions as set forth above or combined with the preexisting conditions/maladies to render him permanently disabled?

☒ Yes ☐ No

Please comment if necessary:

4. Because Albertus Conyers had the aforesaid preexisting conditions, did these conditions cause him to lose substantially more time from work or to be disabled from work than he would have solely from the last exposure to lead May 18, 2000.

☒ Yes ☐ No

Please comment if necessary:

5. Because Albertus Conyers suffered from preexisting diseases, maladies and conditions as set forth above, did these conditions result in him having a substantially higher percentage of permanent disability than he would have had from the last known exposure to lead, which occurred May 18, 2000?

☒ Yes ☐ No

Please comment if necessary:

6. Have the medical costs in this case been substantially increased due to the existence of the preexisting factors/conditions as set forth above and in the medical records of Albertus Conyers?

☒ Yes ☐ No

Please comment if necessary:

7. Does your review of Albertus Conyers' blood lead level and medical files and all other medical reports reflect he had suffered with heavy metal poisoning prior to on or before May 18, 2000?

☒ Yes ☐ No

Please comment if necessary:

8. Because Albertus Conyers had suffered with heavy metal poisoning prior to May 18, 2000, did his last exposure to lead on or about May 18, 2000 constitute a new accidental injury by virtue of this last exposure and aggravate the preexisting conditions as set forth above?

☒ Yes ☐ No

Please comment if necessary:

9. Did Albertus Conyers' May 18, 2000 work related accident which exposed him to lead result in disability that was substantially greater by reason of the combined effects of the preexisting conditions and heavy metal poisoning or by aggravation of the preexisting conditions including heavy metal poisoning than would have resulted solely from the May 18, 2000 accidental injury?

☒ Yes ☐ No

Please comment if necessary:

By: Eugene Shippen MD
Eugene Shippen, M.D.
Lead Toxicology Consultant
1124 Old Mill Road
Wyomissing, PA 19610

May 31, 2011

SECOND INJURY FUND MEDICAL QUESTIONNAIRE

Re: Claimant: Morris Nelson
Employer: Yuasa-Exide, Inc.
WCC File No.: 8659620
Date of Accident: April 30, 1999

1. Did Morris Nelson have preexisting conditions of heavy metal poisoning, renal insufficiency, hypertension and osteoarthritis?

X Yes _____ No

Please comment if necessary:

2. Were the preexisting conditions as stated above serious conditions which would constitute a hindrance or obstacle to employment or reemployment?

X Yes _____ No

Please comment if necessary:

3. Did Morris Nelson's exposure to levels of lead either aggravate or combine with his underlying preexisting conditions and render him permanently disabled?

X Yes _____ No

Please comment if necessary:

He is permanently disabled due to lead exposure-related aggravation of his underlying preexisting conditions.

4. Because Morris Nelson had the aforesaid preexisting conditions, did these conditions cause him to lose substantially more time from work or to be disabled from work than he would have solely from the last exposure to lead on April 30, 1999.

X Yes _____ No

Please comment if necessary:

5. Because Morris Nelson suffered from preexisting diseases, maladies and conditions as set forth above, did these conditions result in him having a substantially higher percentage of permanent disability than he would have had from the last known exposure to lead ? The last exposure to lead occurred on April 30, 1999?

X Yes _____ No

Please comment if necessary:

6. Have the medical costs in this case been substantially increased due to the existence of the preexisting factors/conditions as set forth above and in the medical records of Morris Nelson?

X Yes _____ No

Please comment if necessary:

7. Does your review of Morris Nelson's blood lead level reports, medical files and other medical reports reflect he had suffered with heavy metal poisoning prior to April 30, 1999?

☒ Yes ☐ No

Please comment if necessary:

8. Because Morris Nelson had suffered with heavy metal poisoning prior to April 30, 1999, did his last exposure to lead on or about April 30, 1999 constitute a new accidental injury by virtue of this last exposure and aggravate the preexisting conditions as set forth above?

☒ Yes ☐ No

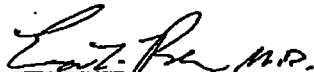
Please comment if necessary:

9. Did Morris Nelson's April 30, 1999 work related accident which exposed him to lead result in disability that was substantially greater by reason of the combined effects of the preexisting conditions and heavy metal poisoning or by aggravation of the preexisting conditions including heavy metal poisoning than would have resulted solely from the April 30, 1999 accidental injury?

☒ Yes ☐ No

Please comment if necessary:

By:


Edward L. Baker, Jr., MD, MPH, MSc

June 26, 2011

SECOND INJURY FUND MEDICAL QUESTIONNAIRE

Re: Claimant: Glinda Bossard
Employer: Yuasa-Exide, Inc.
WCC File No.: 9458124
Date of Accident: June 30, 2000

1. Did Glinda Bossard have preexisting conditions of heavy metal poisoning, bilateral total knee replacements, hypertension, apnea, arthritis and colon polyps?

X Yes _____ No

Please comment if necessary:

2. Were the preexisting conditions as stated above serious conditions which would constitute a hindrance or obstacle to employment or reemployment?

X Yes _____ No

Please comment if necessary:

3. Did Glinda Bossard's exposure to levels of lead either aggravate or combine with her underlying preexisting conditions and render her permanently disabled?

X Yes _____ No

Please comment if necessary:

Her preexisting conditions, including hypertension with left ventricular hypertrophy, were aggravated by her lead exposure and render her permanently disabled.

4. Because Glinda Bossard had the aforesaid preexisting conditions, did these conditions cause her to lose substantially more time from work or to be disabled from work than she would have solely from the last exposure to lead on June 30, 2000.

X Yes _____ No

Please comment if necessary:

5. Because Glinda Bossard suffered from preexisting diseases, maladies and conditions as set forth above, did these conditions result in her having a substantially higher percentage of permanent disability than she would have had from the last known exposure to lead ? The last exposure to lead occurred on June 30, 2000?

X Yes _____ No

Please comment if necessary:

6. Have the medical costs in this case been substantially increased due to the existence of the preexisting factors/conditions as set forth above and in the medical records of Glinda Bossard?

X Yes _____ No

Please comment if necessary:

7. Does your review of Glinda Bossard's blood lead level reports, medical files and other medical reports reflect she had suffered with heavy metal poisoning prior to June 30, 2000?

☒ Yes ☐ No

Please comment if necessary:

8. Because Glinda Bossard had suffered with heavy metal poisoning prior to June 30, 2000, did her last exposure to lead on or about June 30, 2000 constitute a new accidental injury by virtue of this last exposure and aggravate the preexisting conditions as set forth above?

☒ Yes ☐ No

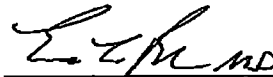
Please comment if necessary:

9. Did Glinda Bossard's June 30, 2000 work related accident which exposed her to lead result in disability that was substantially greater by reason of the combined effects of the preexisting conditions and heavy metal poisoning or by aggravation of the preexisting conditions including heavy metal poisoning than would have resulted solely from the June 30, 2000 accidental injury?

☒ Yes ☐ No

Please comment if necessary:

By:



Edward L. Baker, Jr., MD, MPH, MSc

June 26, 2011

SECOND INJURY FUND MEDICAL QUESTIONNAIRE

Re: Claimant: Harold Harvin
Employer: Yuasa-Exide, Inc.
WCC File No.: 0031279
Date of Accident: December 31, 2000

1. Did Harold Harvin have preexisting conditions of heavy metal poisoning, kidney problems, pulmonary embolus, hypertension, diabetes, and osteoarthritis?

X Yes _____ No

Please comment if necessary:

2. Were the preexisting conditions as stated above serious conditions which would constitute a hindrance or obstacle to employment or reemployment?

X Yes _____ No

Please comment if necessary:

3. Did Harold Harvin's exposure to levels of lead either aggravate or combine with his underlying preexisting conditions and render him permanently disabled?

X Yes _____ No

Please comment if necessary:

His preexisting conditions, including kidney problems, hypertensive heart disease and pulmonary embolism, were aggravated by his lead exposure rendering him permanently disabled.

4. Because Harold Harvin had the aforesaid preexisting conditions, did these conditions cause him to lose substantially more time from work or to be disabled from work than he would have solely from the last exposure to lead on December 31, 2000.

X Yes _____ No

Please comment if necessary:

5. Because Harold Harvin suffered from preexisting diseases, maladies and conditions as set forth above, did these conditions result in him having a substantially higher percentage of permanent disability than he would have had from the last known exposure to lead? The last exposure to lead occurred on December 31, 2000?

X Yes _____ No

Please comment if necessary:

6. Have the medical costs in this case been substantially increased due to the existence of the preexisting factors/conditions as set forth above and in the medical records of Harold Harvin?

X Yes _____ No

Please comment if necessary:

7. Does your review of Harold Harvin's blood lead level reports, medical files and other medical reports reflect he had suffered with heavy metal poisoning prior to December 31, 2000?

x Yes _____ No

Please comment if necessary:

8. Because Harold Harvin had suffered with heavy metal poisoning prior to December 31, 2000, did his last exposure to lead on or about December 31, 2000 constitute a new accidental injury by virtue of this last exposure and aggravate the preexisting conditions as set forth above?

X Yes _____ No

Please comment if necessary:

9. Did Harold Harvin's December 31, 2000 work related accident which exposed him to lead result in disability that was substantially greater by reason of the combined effects of the preexisting conditions and heavy metal poisoning or by aggravation of the preexisting conditions including heavy metal poisoning than would have resulted solely from the December 31, 2000 accidental injury?

X Yes _____ No

Please comment if necessary:

By: Edward L. Baker, Jr., MD, MPH, MSc
Edward L. Baker, Jr., MD, MPH, MSc

June 26, 2011

SECOND INJURY FUND MEDICAL QUESTIONNAIRE

Re: Claimant: Odell Bradley, Jr.
Employer: Yuasa-Exide, Inc.
WCC File No.: 9930448
Date of Accident: November 17, 1999

1. Did Odell Bradley, Jr. have preexisting conditions of heavy metal poisoning, hypertension, thyroid dysfunction, and osteoarthritis?

X Yes _____ No

Please comment if necessary:

2. Were the preexisting conditions as stated above serious conditions which would constitute a hindrance or obstacle to employment or reemployment?

X Yes _____ No

Please comment if necessary:

3. Did Odell Bradley, Jr.'s exposure to levels of lead either aggravate or combine with his underlying preexisting conditions and render him permanently disabled?

x Yes _____ No

Please comment if necessary:

His preexisting conditions, including hypertensive cardiovascular disease, were aggravated by his lead exposure rendering him permanently disabled.

4. Because Odell Bradley, Jr. had the aforesaid preexisting conditions, did these conditions cause him to lose substantially more time from work or to be disabled from work than he would have solely from the last exposure to lead on November 17, 1999.

X Yes _____ No

Please comment if necessary:

5. Because Odell Bradley, Jr. suffered from preexisting diseases, maladies and conditions as set forth above, did these conditions result in him having a substantially higher percentage of permanent disability than he would have had from the last known exposure to lead ? The last exposure to lead occurred on November 17, 1999?

X Yes _____ No

Please comment if necessary:

6. Have the medical costs in this case been substantially increased due to the existence of the preexisting factors/conditions as set forth above and in the medical records of Odell Bradley, Jr.?

X Yes _____ No

Please comment if necessary:

7. Does your review of Odell Bradley, Jr.'s blood lead level reports, medical files and other medical reports reflect he had suffered with heavy metal poisoning prior to November 17, 1999?

X Yes _____ No

Please comment if necessary:

8. Because Odell Bradley, Jr. had suffered with heavy metal poisoning prior to November 17, 1999, did his last exposure to lead on or about November 17, 1999 constitute a new accidental injury by virtue of this last exposure and aggravate the preexisting conditions as set forth above?

X Yes _____ No

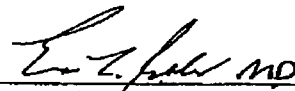
Please comment if necessary:

9. Did Odell Bradley, Jr.'s November 17, 1999 work related accident which exposed him to lead result in disability that was substantially greater by reason of the combined effects of the preexisting conditions and heavy metal poisoning or by aggravation of the preexisting conditions including heavy metal poisoning than would have resulted solely from the November 17, 1999 accidental injury?

X Yes _____ No

Please comment if necessary:

By:



Edward L. Baker, Jr., MD, MPH, MSc

June 26, 2011

SECOND INJURY FUND MEDICAL QUESTIONNAIRE

Re: Claimant: Vernice Brunson
Employer: Yuasa-Exide, Inc.
WCC File No.: 0128725
Date of Accident: May 31, 2001

1. Did Vernice Brunson have preexisting conditions of heavy metal poisoning, anemia, hematuria, renal cysts, dermoid tumor in pelvis and knee replacement?

X Yes _____ No

Please comment if necessary:
She also had renal failure and hypertension

2. Were the preexisting conditions as stated above serious conditions which would constitute a hindrance or obstacle to employment or reemployment?

X Yes _____ No

Please comment if necessary:

3. Did Vernice Brunson's exposure to levels of lead either aggravate or combine with her underlying preexisting conditions and render her permanently disabled?

X Yes _____ No

Please comment if necessary:

Her preexisting conditions, including hypertension and renal failure, were aggravated by lead exposure rendering her permanently disabled.

4. Because Vernice Brunson had the aforesaid preexisting conditions, did these conditions cause her to lose substantially more time from work or to be disabled from work than she would have solely from the last exposure to lead on May 31, 2001.

X Yes _____ No

Please comment if necessary:

5. Because Vernice Brunson suffered from preexisting diseases, maladies and conditions as set forth above, did these conditions result in her having a substantially higher percentage of permanent disability than she would have had from the last known exposure to lead ? The last exposure to lead occurred on May 31, 2001?

X Yes _____ No

Please comment if necessary:

6. Have the medical costs in this case been substantially increased due to the existence of the preexisting factors/conditions as set forth above and in the medical records of Vernice Brunson?

X Yes _____ No

Please comment if necessary:

7. Does your review of Vernice Brunson's blood lead level reports, medical files and other medical reports reflect she had suffered with heavy metal poisoning prior to May 31, 2001?

X Yes _____ No

Please comment if necessary:

8. Because Vernice Brunson had suffered with heavy metal poisoning prior to May 31, 2001, did her last exposure to lead on or about May 31, 2001 constitute a new accidental injury by virtue of this last exposure and aggravate the preexisting conditions as set forth above?

X Yes _____ No

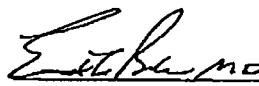
Please comment if necessary:

9. Did Vernice Brunson's May 31, 2001 work related accident which exposed her to lead result in disability that was substantially greater by reason of the combined effects of the preexisting conditions and heavy metal poisoning or by aggravation of the preexisting conditions including heavy metal poisoning than would have resulted solely from the May 31, 2001 accidental injury?

X Yes _____ No

Please comment if necessary:

By:



Edward L. Baker, Jr., MD, MPH, MSc

June 26, 2011

SECOND INJURY FUND MEDICAL QUESTIONNAIRE

Re: Claimant: Sidney Hodge
Employer: Yuasa-Exide, Inc.
WCC File No.: 0031294
Date of Accident: June 25, 1999

1. Did Sidney Hodge have preexisting conditions of heavy metal poisoning, coronary artery disease, and myocardial infarction ?

☒ Yes ☐ No

Please comment if necessary:

He also experienced hypertension

2. Were the preexisting conditions as stated above serious conditions which would constitute a hindrance or obstacle to employment or reemployment?

☒ Yes ☐ No

Please comment if necessary:

3. Did Sidney Hodge's exposure to levels of lead either aggravate or combine with his underlying preexisting conditions and render him permanently disabled?

☒ Yes ☐ No

Please comment if necessary:

His preexisting conditions, including hypertensive heart disease and coronary artery disease, were aggravated by his lead exposure rendering him permanently disabled.

4. Because Sidney Hodge had the aforesaid preexisting conditions, did these conditions cause him to lose substantially more time from work or to be disabled from work than he would have solely from the last exposure to lead on June 25, 1999.

X Yes _____ No

Please comment if necessary:

5. Because Sidney Hodge suffered from preexisting diseases, maladies and conditions as set forth above, did these conditions result in him having a substantially higher percentage of permanent disability than he would have had from the last known exposure to lead ? The last exposure to lead occurred on June 25, 1999?

X Yes _____ No

Please comment if necessary:

6. Have the medical costs in this case been substantially increased due to the existence of the preexisting factors/conditions as set forth above and in the medical records of Sidney Hodge?

X Yes _____ No

Please comment if necessary:

7. Does your review of Sidney Hodge's blood lead level reports, medical files and other medical reports reflect he had suffered with heavy metal poisoning prior to June 25, 1999?

X Yes _____ No

Please comment if necessary:

8. Because Sidney Hodge had suffered with heavy metal poisoning prior to June 25, 1999, did his last exposure to lead on or about June 25, 1999 constitute a new accidental injury by virtue of this last exposure and aggravate the preexisting conditions as set forth above?

X Yes _____ No

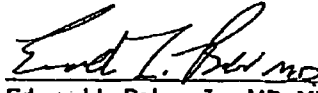
Please comment if necessary:

9. Did Sidney Hodge's June 25, 1999 work related accident which exposed him to lead result in disability that was substantially greater by reason of the combined effects of the preexisting conditions and heavy metal poisoning or by aggravation of the preexisting conditions including heavy metal poisoning than would have resulted solely from the June 25, 1999 accidental injury?

X Yes _____ No

Please comment if necessary:

By:


Edward L. Baker, Jr., MD, MPH, MSc

June 26, 2011

SECOND INJURY FUND MEDICAL QUESTIONNAIRE

Re: Claimant: Johnny Rhodes
Employer: Yuasa-Exide, Inc.
WCC File No.: 9930448
Date of Accident: May 31, 2001

1. Did Johnny Rhodes have preexisting conditions of heavy metal poisoning, hypertension, congestive heart failure, chronic obstructive pulmonary disease, diabetic and hypertensive retinopathy?

X Yes _____ No

Please comment if necessary:

2. Were the preexisting conditions as stated above serious conditions which would constitute a hindrance or obstacle to employment or reemployment?

X Yes _____ No

Please comment if necessary:

3. Did Johnny Rhodes' exposure to levels of lead either aggravate or combine with his underlying preexisting conditions and render him permanently disabled?

X Yes _____ No

Please comment if necessary:

His lead exposure aggravated the preexisting conditions noted above and rendered him partially disabled.

4. Because Johnny Rhodes had the aforesaid preexisting conditions, did these conditions cause him to lose substantially more time from work or to be disabled from work than he would have solely from the last exposure to lead on May 31, 2001.

X Yes _____ No

Please comment if necessary:

5. Because Johnny Rhodes suffered from preexisting diseases, maladies and conditions as set forth above, did these conditions result in him having a substantially higher percentage of permanent disability than he would have had from the last known exposure to lead? The last exposure to lead occurred on May 31, 2001?

X Yes _____ No

Please comment if necessary:

6. Have the medical costs in this case been substantially increased due to the existence of the preexisting factors/conditions as set forth above and in the medical records of Johnny Rhodes?

X Yes _____ No

Please comment if necessary:

7. Does your review of Johnny Rhodes' blood lead level reports, medical files and other medical reports reflect he had suffered with heavy metal poisoning prior to May 31, 2001?

X Yes _____ No

Please comment if necessary:

8. Because Johnny Rhodes had suffered with heavy metal poisoning prior to May 31, 2001, did his last exposure to lead on or about May 31, 2001 constitute a new accidental injury by virtue of this last exposure and aggravate the preexisting conditions as set forth above?

X Yes _____ No

Please comment if necessary:

9. Did Johnny Rhodes' May 31, 2001 work related accident which exposed him to lead result in disability that was substantially greater by reason of the combined effects of the preexisting conditions and heavy metal poisoning or by aggravation of the preexisting conditions including heavy metal poisoning than would have resulted solely from the May 31, 2001 accidental injury?

X Yes _____ No

Please comment if necessary:

By: Edward L. Baker, Jr., MD, MPH, MSc
Edward L. Baker, Jr., MD, MPH, MSc

June 26, 2011

SECOND INJURY FUND MEDICAL QUESTIONNAIRE

Re: Claimant: David Laws, Jr.
Employer: Yuasa-Exide, Inc.
WCC File No.: 9930453
Date of Accident: March 31, 1999

1. Did David Laws, Jr. have preexisting conditions of heavy metal poisoning, myocardial infarctions, hypertension, coronary artery disease, osteoarthritis and hyperlipidemia?

X Yes _____ No

Please comment if necessary:
He also experienced chronic renal failure.

2. Were the preexisting conditions as stated above serious conditions which would constitute a hindrance or obstacle to employment or reemployment?

X Yes _____ No

Please comment if necessary:

3. Did David Laws, Jr.'s exposure to levels of lead either aggravate or combine with his underlying preexisting conditions and render him permanently disabled?

X Yes _____ No

Please comment if necessary:
His exposure to lead aggravated his hypertensive heart disease, coronary artery disease, and renal failure rendering him permanently disabled.

4. Because David Laws, Jr. had the aforesaid preexisting conditions, did these conditions cause him to lose substantially more time from work or to be disabled from work than he would have solely from the last exposure to lead on March 31, 1999.

X Yes _____ No

Please comment if necessary:

5. Because David Laws, Jr. suffered from preexisting diseases, maladies and conditions as set forth above, did these conditions result in him having a substantially higher percentage of permanent disability than he would have had from the last known exposure to lead ? The last exposure to lead occurred on March 31, 1999?

X Yes _____ No

Please comment if necessary:

6. Have the medical costs in this case been substantially increased due to the existence of the preexisting factors/conditions as set forth above and in the medical records of David Laws, Jr.?

X Yes _____ No

Please comment if necessary:

7. Does your review of David Laws, Jr.'s blood lead level reports, medical files and other medical reports reflect he had suffered with heavy metal poisoning prior to March 31, 1999?

X Yes _____ No

Please comment if necessary:

8. Because David Laws, Jr. had suffered with heavy metal poisoning prior to March 31, 1999, did his last exposure to lead on or about March 31, 1999 constitute a new accidental injury by virtue of this last exposure and aggravate the preexisting conditions as set forth above?

X Yes _____ No

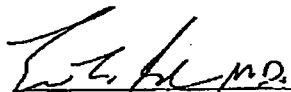
Please comment if necessary:

9. Did David Laws, Jr.'s March 31, 1999 work related accident which exposed him to lead result in disability that was substantially greater by reason of the combined effects of the preexisting conditions and heavy metal poisoning or by aggravation of the preexisting conditions including heavy metal poisoning than would have resulted solely from the March 31, 1999 accidental injury?

X Yes _____ No

Please comment if necessary:

By:


Edward L. Baker, Jr., MD, MPH, MSc

June 26, 2011

SECOND INJURY FUND MEDICAL QUESTIONNAIRE

Re: Claimant: Alfred Conyers
Employer: Yuasa-Exide, Inc.
WCC File No.: 9930448
Date of Accident: January 31, 1999

1. Did Alfred Conyers have preexisting conditions of heavy metal poisoning and hypertension?

X Yes ____ No

Please comment if necessary:

2. Were the preexisting conditions as stated above serious conditions which would constitute a hindrance or obstacle to employment or reemployment?

X Yes ____ No

Please comment if necessary:

3. Did Alfred Conyers' exposure to levels of lead either aggravate or combine with his underlying preexisting conditions and render him permanently disabled?

X Yes ____ No

Please comment if necessary:

He has a permanent health condition, hypertension, which was aggravated by his lead exposure, and will constitute a permanent disability.

4. Because Alfred Conyers had the aforesaid preexisting conditions, did these conditions cause him to lose substantially more time from work or to be disabled from work than he would have solely from the last exposure to lead on January 31, 1999.

X Yes _____ No

Please comment if necessary:

5. Because Alfred Conyers suffered from preexisting diseases, maladies and conditions as set forth above, did these conditions result in him having a substantially higher percentage of permanent disability than he would have had from the last known exposure to lead ? The last exposure to lead occurred on January 31, 1999?

X Yes _____ No

Please comment if necessary:

6. Have the medical costs in this case been substantially increased due to the existence of the preexisting factors/conditions as set forth above and in the medical records of Alfred Conyers?

X Yes _____ No

Please comment if necessary:

7. Does your review of Alfred Conyers' blood lead level reports, medical files and other medical reports reflect he had suffered with heavy metal poisoning prior to January 31, 1999?

X Yes _____ No

Please comment if necessary:

8. Because Alfred Conyers had suffered with heavy metal poisoning prior to January 31, 1999, did his last exposure to lead on or about January 31, 1999 constitute a new accidental injury by virtue of this last exposure and aggravate the preexisting conditions as set forth above?

X Yes _____ No

Please comment if necessary:

9. Did Alfred Conyers' January 31, 1999 work related accident which exposed him to lead result in disability that was substantially greater by reason of the combined effects of the preexisting conditions and heavy metal poisoning or by aggravation of the preexisting conditions including heavy metal poisoning than would have resulted solely from the January 31, 1999 accidental injury?

X Yes _____ No

Please comment if necessary:

By: Edward L. Baker, Jr.
Edward L. Baker, Jr., MD, MPH, MSc

June 26, 2011

SECOND INJURY FUND MEDICAL QUESTIONNAIRE

Re: Claimant: Phillip Rembert, Jr.
Employer: Yuasa-Exide, Inc.
WCC File No.: 9930448
Date of Accident: May 31, 2001

1. Did Phillip Rembert, Jr. have preexisting conditions of heavy metal poisoning, cardiovascular disease, hypertensive renal disease and renal failure, sleep apnea, cardiac problems consisting of mitral valve replacement and pacemaker, arthritis and hypertension?

☒ Yes ☐ No

Please comment if necessary:

2. Were the preexisting conditions as stated above serious conditions which would constitute a hindrance or obstacle to employment or reemployment?

☒ Yes ☐ No

Please comment if necessary:

3. Did Phillip Rembert, Jr.' exposure to levels of lead either aggravate or combine with his underlying preexisting conditions and render him permanently disabled?

☒ Yes ☐ No

Please comment if necessary:

His preexisting conditions noted above, including heart disease, renal disease, and hypertension, were aggravated by his lead exposure rendering him permanently disabled.

4. Because Phillip Rembert, Jr. had the aforesaid preexisting conditions, did these conditions cause him to lose substantially more time from work or to be disabled from work than he would have solely from the last exposure to lead on May 31, 2001.

X Yes _____ No

Please comment if necessary:

5. Because Phillip Rembert, Jr. suffered from preexisting diseases, maladies and conditions as set forth above, did these conditions result in him having a substantially higher percentage of permanent disability than he would have had from the last known exposure to lead? The last exposure to lead occurred on May 31, 2001?

X Yes _____ No

Please comment if necessary:

6. Have the medical costs in this case been substantially increased due to the existence of the preexisting factors/conditions as set forth above and in the medical records of Phillip Rembert, Jr.?

X Yes _____ No

Please comment if necessary:

7. Does your review of Phillip Rembert, Jr.' blood lead level reports, medical files and other medical reports reflect he had suffered with heavy metal poisoning prior to May 31, 2001?

X Yes _____ No

Please comment if necessary:

8. Because Phillip Rembert, Jr. had suffered with heavy metal poisoning prior to May 31, 2001, did his last exposure to lead on or about May 31, 2001 constitute a new accidental injury by virtue of this last exposure and aggravate the preexisting conditions as set forth above?

☒ Yes ☐ No

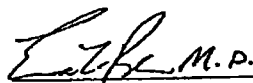
Please comment if necessary:

9. Did Phillip Rembert, Jr.' May 31, 2001 work related accident which exposed him to lead result in disability that was substantially greater by reason of the combined effects of the preexisting conditions and heavy metal poisoning or by aggravation of the preexisting conditions including heavy metal poisoning than would have resulted solely from the May 31, 2001 accidental injury?

☒ Yes ☐ No

Please comment if necessary:

By:

 M. P.

Edward L. Baker, Jr., MD, MPH, MSc

June 26, 2011

SECOND INJURY FUND MEDICAL QUESTIONNAIRE

Re: Claimant: Richard McConico
Employer: Yuasa-Exide, Inc.
WCC File No.: 9930447
Date of Accident: December 31, 1999

1. Did Richard McConico have preexisting conditions of heavy metal poisoning, pulmonary problems/emphysema, hypertension, hypertensive cardiovascular disease and osteoarthritis?

X Yes _____ No

Please comment if necessary:
He also had renal failure.

2. Were the preexisting conditions as stated above serious conditions which would constitute a hindrance or obstacle to employment or reemployment?

X Yes _____ No

Please comment if necessary:

3. Did Richard McConico's exposure to levels of lead either aggravate or combine with his underlying preexisting conditions and render him permanently disabled?

X Yes _____ No

Please comment if necessary:
His preexisting conditions, including hypertensive heart disease and renal failure, were aggravated by his lead exposure rendering him permanently disabled.

4. Because Richard McConico had the aforesaid preexisting conditions, did these conditions cause him to lose substantially more time from work or to be disabled from work than he would have solely from the last exposure to lead on December 31, 1999.

X Yes _____ No

Please comment if necessary:

5. Because Richard McConico suffered from preexisting diseases, maladies and conditions as set forth above, did these conditions result in him having a substantially higher percentage of permanent disability than he would have had from the last known exposure to lead ? The last exposure to lead occurred on December 31, 1999?

X Yes _____ No

Please comment if necessary:

6. Have the medical costs in this case been substantially increased due to the existence of the preexisting factors/conditions as set forth above and in the medical records of Richard McConico?

X Yes _____ No

Please comment if necessary:

7. Does your review of Richard McConico's blood lead level reports, medical files and other medical reports reflect he had suffered with heavy metal poisoning prior to December 31, 1999?

X Yes _____ No

Please comment if necessary:

8. Because Richard McConico had suffered with heavy metal poisoning prior to December 31, 1999, did his last exposure to lead on or about December 31, 1999 constitute a new accidental injury by virtue of this last exposure and aggravate the preexisting conditions as set forth above?

X Yes _____ No

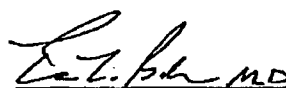
Please comment if necessary:

9. Did Richard McConico's December 31, 1999 work related accident which exposed him to lead result in disability that was substantially greater by reason of the combined effects of the preexisting conditions and heavy metal poisoning or by aggravation of the preexisting conditions including heavy metal poisoning than would have resulted solely from the December 31, 1999 accidental injury?

X Yes _____ No

Please comment if necessary:

By:



Edward L. Baker, Jr., MD, MPH, MSc

June 26, 2011

SECOND INJURY FUND MEDICAL QUESTIONNAIRE

Re: Claimant: David Davis
Employer: Yuasa-Exide, Inc.
WCC File No.: 0128713
Date of Accident: March 30, 2001

1. Did David Davis have preexisting conditions of heavy metal poisoning, Sarcoidosis/pulmonary problems and arthritis?

X Yes _____ No

Please comment if necessary:

2. Were the preexisting conditions as stated above serious conditions which would constitute a hindrance or obstacle to employment or reemployment?

X Yes _____ No

Please comment if necessary:

3. Did David Davis's exposure to levels of lead either aggravate or combine with his underlying preexisting conditions and render him permanently disabled?

X Yes _____ No

Please comment if necessary:

4. Because David Davis had the aforesaid preexisting conditions, did these conditions cause him to lose substantially more time from work or to be disabled from work than he would have solely from the last exposure to lead on March 30, 2001.

X Yes _____ No

Please comment if necessary:

5. Because David Davis suffered from preexisting diseases, maladies and conditions as set forth above, did these conditions result in him having a substantially higher percentage of permanent disability than he would have had from the last known exposure to lead ? The last exposure to lead occurred on March 30, 2001?

X Yes _____ No

Please comment if necessary:

6. Have the medical costs in this case been substantially increased due to the existence of the preexisting factors/conditions as set forth above and in the medical records of David Davis?

X Yes _____ No

Please comment if necessary:

7. Does your review of David Davis's blood lead level reports, medical files and other medical reports reflect he had suffered with heavy metal poisoning prior to March 30, 2001?

X Yes _____ No

Please comment if necessary:

8. Because David Davis had suffered with heavy metal poisoning prior to March 30, 2001, did his last exposure to lead on or about March 30, 2001 constitute a new accidental injury by virtue of this last exposure and aggravate the preexisting conditions as set forth above?

X Yes _____ No

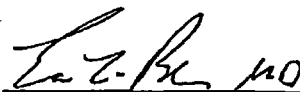
Please comment if necessary:

9. Did David Davis's March 30, 2001 work related accident which exposed him to lead result in disability that was substantially greater by reason of the combined effects of the preexisting conditions and heavy metal poisoning or by aggravation of the preexisting conditions including heavy metal poisoning than would have resulted solely from the March 30, 2001 accidental injury?

X Yes _____ No

Please comment if necessary:

By:



Edward L. Baker, Jr., MD, MPH, MSc

June 26, 2011

SECOND INJURY FUND MEDICAL QUESTIONNAIRE

Re: Claimant: Johnnie Lee Taylor
Employer: Yuasa-Exide, Inc.
WCC File No.: 9930448
Date of Accident: February 28, 1999

1. Did Johnnie Lee Taylor have preexisting conditions of heavy metal poisoning, diabetes, gout, asthma, hypertension, cardiac problems and mediastinal adenopathy?

X Yes _____ No

Please comment if necessary:

2. Were the preexisting conditions as stated above serious conditions which would constitute a hindrance or obstacle to employment or reemployment?

X Yes _____ No

Please comment if necessary:

3. Did Johnnie Lee Taylor's exposure to levels of lead either aggravate or combine with his underlying preexisting conditions and render him permanently disabled?

X Yes _____ No

Please comment if necessary:

The conditions noted above, including hypertension, heart disease, and gout, were aggravated by his lead exposure which resulted in a permanent disability.

4. Because Johnnie Lee Taylor had the aforesaid preexisting conditions, did these conditions cause him to lose substantially more time from work or to be disabled from work than he would have solely from the last exposure to lead on February 28, 1999.

X Yes _____ No

Please comment if necessary:

5. Because Johnnie Lee Taylor suffered from preexisting diseases, maladies and conditions as set forth above, did these conditions result in him having a substantially higher percentage of permanent disability than he would have had from the last known exposure to lead ? The last exposure to lead occurred on February 28, 1999?

X Yes _____ No

Please comment if necessary:

6. Have the medical costs in this case been substantially increased due to the existence of the preexisting factors/conditions as set forth above and in the medical records of Johnnie Lee Taylor?

X Yes _____ No

Please comment if necessary:

7. Does your review of Johnnie Lee Taylor's blood lead level reports, medical files and other medical reports reflect he had suffered with heavy metal poisoning prior to February 28, 1999?

X Yes _____ No

Please comment if necessary:

8. Because Johnnie Lee Taylor had suffered with heavy metal poisoning prior to February 28, 1999, did his last exposure to lead on or about February 28, 1999 constitute a new accidental injury by virtue of this last exposure and aggravate the preexisting conditions as set forth above?

X Yes _____ No

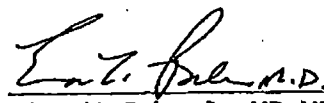
Please comment if necessary:

9. Did Johnnie Lee Taylor's February 28, 1999 work related accident which exposed him to lead result in disability that was substantially greater by reason of the combined effects of the preexisting conditions and heavy metal poisoning or by aggravation of the preexisting conditions including heavy metal poisoning than would have resulted solely from the February 28, 1999 accidental injury?

X Yes _____ No

Please comment if necessary:

By:


Edward L. Baker, Jr., MD, MPH, MSc

June 26, 2011

SECOND INJURY FUND MEDICAL QUESTIONNAIRE

Re: Claimant: Jerry Earl Mathis
Employer: Yuasa-Exide, Inc.
WCC File No.: 9832204
Date of Accident: December 31, 1998

1. Did Jerry Earl Mathis have preexisting conditions of heavy metal poisoning, peripheral neuropathy, carotid artery plaques, stenosis, and hypertension?

X Yes _____ No

Please comment if necessary:

2. Were the preexisting conditions as stated above serious conditions which would constitute a hindrance or obstacle to employment or reemployment?

X Yes _____ No

Please comment if necessary:

3. Did Jerry Earl Mathis' exposure to levels of lead either aggravate or combine with his underlying preexisting conditions and render him permanently disabled?

X Yes _____ No

Please comment if necessary:

His preexisting conditions, including hypertensive heart disease with left ventricular hypertrophy and coronary artery disease, were aggravated by his exposure to lead rendering him permanently disabled.

4. Because Jerry Earl Mathis had the aforesaid preexisting conditions, did these conditions cause him to lose substantially more time from work or to be disabled from work than he would have solely from the last exposure to lead on December 31, 1998.

X Yes _____ No

Please comment if necessary:

5. Because Jerry Earl Mathis suffered from preexisting diseases, maladies and conditions as set forth above, did these conditions result in him having a substantially higher percentage of permanent disability than he would have had from the last known exposure to lead ? The last exposure to lead occurred on December 31, 1998?

X Yes _____ No

Please comment if necessary:

6. Have the medical costs in this case been substantially increased due to the existence of the preexisting factors/conditions as set forth above and in the medical records of Jerry Earl Mathis?

X Yes _____ No

Please comment if necessary:

7. Does your review of Jerry Earl Mathis' blood lead level reports, medical files and other medical reports reflect he had suffered with heavy metal poisoning prior to December 31, 1998?

X Yes _____ No

Please comment if necessary:

8. Because Jerry Earl Mathis had suffered with heavy metal poisoning prior to December 31, 1998, did his last exposure to lead on or about December 31, 1998 constitute a new accidental injury by virtue of this last exposure and aggravate the preexisting conditions as set forth above?

X Yes _____ No

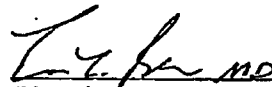
Please comment if necessary:

9. Did Jerry Earl Mathis' December 31, 1998 work related accident which exposed him to lead result in disability that was substantially greater by reason of the combined effects of the preexisting conditions and heavy metal poisoning or by aggravation of the preexisting conditions including heavy metal poisoning than would have resulted solely from the December 31, 1998 accidental injury?

X Yes _____ No

Please comment if necessary:

By:


Edward L. Baker, Jr., MD, MPH, MSc

June 26, 2011

SECOND INJURY FUND MEDICAL QUESTIONNAIRE

Re: Claimant: Centry Gamble
Employer: Yuasa-Exide, Inc.
WCC File No.: 0031272
Date of Accident: August 4, 2000

1. Did Centry Gamble have preexisting conditions of heavy metal poisoning, bladder outlet obstruction, hypertension, arthritis/osteoarthritis, and elevated PSA without evidence of cancer?

☒ Yes ☐ No

Please comment if necessary:

2. Were the preexisting conditions as stated above serious conditions which would constitute a hindrance or obstacle to employment or reemployment?

☒ Yes ☐ No

Please comment if necessary:

3. Did Centry Gamble's exposure to levels of lead either aggravate or combine with his underlying preexisting conditions and render him permanently disabled?

☒ Yes ☐ No

Please comment if necessary:

His hypertensive cardiovascular disease was aggravated by his lead exposure, rendering him permanently disabled.

4. Because Centry Gamble had the aforesaid preexisting conditions, did these conditions cause him to lose substantially more time from work or to be disabled from work than he would have solely from the last exposure to lead August 4, 2000.

☒ Yes ☐ No

Please comment if necessary:

5. Because Centry Gamble suffered from preexisting diseases, maladies and conditions as set forth above, did these conditions result in him having a substantially higher percentage of permanent disability than he would have had from the last known exposure to lead? The last exposure to lead occurred on August 4, 2000?

☒ Yes ☐ No

Please comment if necessary:

6. Have the medical costs in this case been substantially increased due to the existence of the preexisting factors/conditions as set forth above and in the medical records of Centry Gamble?

☒ Yes ☐ No

Please comment if necessary:

7. Does your review of Centry Gamble's blood lead level reports, medical files and other medical reports reflect he had suffered with heavy metal poisoning prior to August 4, 2000?

☒ Yes ☐ No
Please comment if necessary:

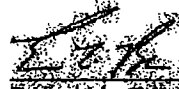
8. Because Centry Gamble had suffered with heavy metal poisoning prior to August 4, 2000, did his last exposure to lead on or about August 4, 2000 constitute a new accidental injury by virtue of this last exposure and aggravate the preexisting conditions as set forth above?

☒ Yes ☐ No
Please comment if necessary:

9. Did Centry Gamble's August 4, 2000 work related accident which exposed him to lead result in disability that was substantially greater by reason of the combined effects of the preexisting conditions and heavy metal poisoning or by aggravation of the preexisting conditions including heavy metal poisoning than would have resulted solely from the August 4, 2000 accidental injury?

☒ Yes ☐ No
Please comment if necessary:

By:


Edward L. Baker, Jr., M.D., MPH, MSE

June 29, 2011.

Yuasa-Exide, Inc.
v.
South Carolina Second Injury Fund

In re:

James W. Huggins – SIF No.: 141445
C.L. Williams - SIF No.: 141031
Joe Mathis, Jr. - SIF No.: 146812
Mary C. McConico - SIF No.: 147569

August 13, 2012

OVERVIEW OF LEAD CASES

Vernon F. Dunbar, Esquire
Turner Padgett Graham & Laney P.A.
Telephone: 864-552-4601

INDEX

1. Article regarding lead
 - a) Health Effects of Chronic Lead Exposure among Employees of Exide Battery Production Plant – Sumter SC
 - b) Lead-related nephrotoxicity: A review of the epidemiologic evidence
 - c) Literature Review – Lead and Health Effects
 - d) Statistical Data Concerning Hypertension, Diabetes, Renal Kidney Failure, and Memory Loss in Society
 - e) Case Studies in Environmental Medicine – Lead Toxicity
2. OSHA and Yuasa-Exide Regulations
 - a) Electronic Code of Federal Regulations
 - b) Lead Control Program - Yuasa-Exide Regulations
3. Commission and Court cases involving *Lee Ernest Franklin*
 - a) Employee's Notice of Claim and/or Request for Hearing dated July 3, 2001
 - b) Decision and Order of Commissioner George N. Funderburk dated June 10, 2005
 - c) Appellate Panel Decision and Order of the South Carolina Workers' Compensation Commission dated May 3, 2006
 - d) Decision and Order of Commissioner George N. Funderburk dated January 31, 2008
 - e) Decision of the Supreme Court of South Carolina, Opinion No.: 26880 dated September 13, 2012

Health Effects of Chronic Lead Exposure among Employees of Exide Battery Production Plant- Sumter SC

Report prepared at the Request of The Steinberg Law Firm, Charleston, SC

July, 2009

Report authored by Edward L. Baker MD, MPH, Howard Hu MD, DrPH, and J. Routh Reigart MD

I. Executive Summary

Based upon our extensive experience as experts in the field of occupational and environmental medicine, toxicology, epidemiology, pediatrics, and internal medicine, and upon an extensive review of scientific literature, battery manufacturing processes, and health records of Exide workers, we conclude that workers at the Exide plant in Sumter, SC experienced lead exposure which caused or contributed to the occurrence of a range of significant health problems. These health problems include hypertension, heart disease, kidney failure, nervous system damage, gout and kidney cancer. These conditions are or will be associated with significant morbidity and mortality resulting in decreased quality of life and premature death.

As experts in the fields noted above, we have received specialized training and education in occupational and environmental medicine, toxicology, and clinical medicine. We have practiced medicine and have personally examined and treated individuals with lead poisoning and diseases caused by toxic chemicals. We have conducted research at major US medical centers and at the Centers for Disease Control and Prevention (CDC) on the health effects of lead exposure and have published this research in peer-reviewed publications. We have been invited to write chapters in medical textbooks on the subject of lead poisoning and have been invited to speak at medical conferences and workshops around the world on our research. We have served as professors at Harvard University, the Medical University of South Carolina, the University of North Carolina and the University of Michigan, where we have taught medical doctors and other health professionals in the areas of toxicology, epidemiology and occupational and environmental medicine. We have been invited to consult with major government organizations including the World Health Organization, the US Environmental Protection Agency, the Centers for Disease Control and Prevention and the Occupational Health and Safety Administration. One of us held the position of Deputy Director of the US National Institute for Occupational Safety and Health (NIOSH). We all remain active in our fields and are currently involved in research and academic publication in the field of occupational and environmental medicine.

Our health hazard analysis of the Exide lead battery plant consisted of a review of the battery plant processes in general and the Exide processes in particular. We utilized detailed information provided by the US Occupational Health and Safety Administration on health hazards of the battery manufacturing to identify specific plant processes associated with exposure to lead dust and fumes. We reviewed research on other battery plants, including a study conducted by one of us, to determine the nature and extent of lead exposure in other battery plants. We met with former workers at the plant to review plant processes in detail and to develop an understanding of the nature of work activities in specific areas of the Exide plant. We reviewed and summarized the health literature on lead poisoning to identify those conditions which have been shown in scientific research to be caused by or significantly contributed to by lead exposure in adults.

We then reviewed health records of former Exide workers including extensive records of the results of personal blood lead testing performed by the Exide plant. We reviewed medical records documenting the health status and treatment histories of these workers. We used the results of blood lead testing to calculate a cumulative blood lead index (CBLI) measurement for each worker and then compared the CBLI results with those of the normal US population. From the review of the health records, we identified a set of health conditions which are known to be caused by lead exposure.

Our extensive reviews of the records of the Exide workers have revealed that these individuals had very elevated blood lead concentrations. The elevated blood lead concentrations were caused by exposure to lead dust and fumes during their performance of their normal job duties at the Exide plant in Sumter SC; we did not identify any other plausible source of significant lead exposure to these individuals. We conclude that exposure to lead dust and fumes in the Exide plant resulted in inhalation or ingestion of lead into the body of Exide workers.

We also conclude that lead, once absorbed into the body, was distributed to various parts of the body, including the brain, the kidneys and bone, and caused damage to the body of Exide workers. The damage to the body of Exide workers was manifested by the development or aggravation of a number of diseases or health conditions. These include hypertension, heart disease, kidney failure, nervous system damage, gout, and kidney cancer. Exide workers who developed these conditions experienced significant morbidity and premature mortality and experienced impairment of

the normal functions of daily life and work. These workers required medical care including hospitalization, medications, and ongoing medical treatment. These diseases and health conditions that they experienced are likely to be permanent and will persist indefinitely; these former Exide workers will require long term medical care for these conditions. Furthermore, some former Exide workers are likely to develop disease or health conditions in the future caused by or aggravated by their prior exposure to lead at the Exide plant as a result of the latent toxicity of lead.

We hold these opinions to a reasonable degree of medical certainty and base our opinions on our extensive professional experience and expertise, our review of battery manufacturing processes in general and the Exide plant in particular, our review of the scientific literature on adult lead poisoning (some of which we have written), and our review of the health records of Exide workers. We may supplement or modify this report as additional information becomes available to us.

II. Qualifications

A. Edward L. Baker MD, MPH

Dr. Baker is a medical doctor, having received his medical degree from Baylor College of Medicine in Houston, Texas (1972). Dr. Baker is licensed to practice medicine in the state of Texas. Dr. Baker completed his internship and residency in internal medicine at Boston City Hospital (1972-73) and Framingham Union Hospital (1973-74, 1977-78). He is board certified in Internal Medicine (1980) and Preventive Medicine (Occupational Medicine) (1978). He has also completed a General Preventive Medicine Residency at the Centers for Disease Control (1975-77) and is board eligible in General Preventive Medicine. He received a Master of Public Health degree (1989) and a Master of Science degree in Epidemiology and Occupational Health (1980) from Harvard School of Public Health. He completed a Fellowship in Occupational Neurology in the Department of Neurology at Boston University Medical Center (1978-79).

Dr. Baker was trained in epidemiology at the Centers for Disease Control and Prevention through the Epidemic Intelligence Service, an internationally-recognized training program for epidemiologists from 1974 to 1976. At CDC from 1974 to 1977, Dr. Baker directed studies of children exposed to lead near lead smelters, studies of children exposed to lead as a result of parents carrying home lead-containing dust on work clothing, and studies of pesticide poisoning in Pakistan. Findings of his research were used to create portions of the OSHA lead standard and to develop standards for prevention of pesticide poisoning among workers throughout the world.

Following the completion of his residency training and graduate study, Dr. Baker served as a professor at Harvard University School of Public Health from 1980-1985, where he conducted research related to the toxic effects of workplace chemicals on the nervous system. His research focused primarily on the study of nervous system effects of occupational exposure to lead and organic solvents. While at Harvard, he directed the Occupational Medicine Residency Program, an accredited training program for occupational physicians. He also taught courses in industrial toxicology and occupational epidemiology to physicians, nurses, industrial hygienists and other Harvard graduate students.

While on the Harvard faculty from 1980-1985, he led a research effort in occupational neuroepidemiology, conducting epidemiological studies of the health effects of occupational exposure to lead and organic solvents, with particular emphasis on the central nervous system. He has been invited to present the results of his research at conferences in the United States, Europe and Australia, particularly in the area of occupational neuroepidemiology. His research has received a number of awards, including recognition by the American College of Occupational and Environmental Medicine for research on solvent neurotoxicity.

From 1985-1990, Dr. Baker served as Assistant Director and later Deputy Director of the National Institute for Occupational Safety and Health (NIOSH), the federal agency charged with supporting and conducting research in occupational safety and health and providing recommendations and guidelines to the medical and scientific communities and to OSHA on prevention of occupational disease and injury. His duties included providing oversight to the Institute's research and educational activities and representing NIOSH in national and international settings.

Dr. Baker served as Assistant Surgeon General in the U.S. Public Health Service from 1995-2003 and as Director of the Centers for Disease Control and Prevention's Public Health Practice Program Office, from 1990 until 2003. In this position, he led national programs to strengthen our nation's public health infrastructure, representing CDC throughout the nation. He was intimately involved in the public health

response to the terrorist attacks of Sept. 11, 2001 and in the leadership of a multibillion dollar initiative to rebuild the Nation's public health system as a defense against bioterrorism. He retired from active duty in the U.S. Public Health Service in 2003.

Dr. Baker currently serves as professor of health policy and epidemiology in the University of North Carolina Gillings School of Global Public Health and as Director of the North Carolina Institute for Public Health. He also teaches and advises graduate students in the Departments of Health Policy and Management and Epidemiology.

Dr. Baker has received numerous awards and honors from a range of organizations in the United States and abroad including the American College of Occupational Medicine, the Royal Society of Medicine (London), the International Commission on Occupational Health, the National Association of County and City Health Officials and other groups. He has been asked to serve on expert committees on subjects related to occupational health and public health under the auspices of the World Health Organization, and the Centers for Disease Control and Prevention.

Dr. Baker has been invited to author a number of textbook chapters and review articles on the subject of occupational neurological disease, including articles on the health effects of toxic chemicals on the nervous system. He was invited to participate in expert workshops convened by the World Health Organization and the U.S. Environmental Protection Agency on the areas of solvent neurotoxicity and neuroepidemiology. He has served as a peer reviewer and on the editorial boards of a number of medical journals, including the American Journal of Industrial Medicine, the Journal of the American Medical Association, Health Affairs, and the Annual Review of Public Health. Dr. Baker has published over 100 articles in peer-review journals on the subjects of occupational health, environmental health and public health. Dr. Baker has been a member of the American Public Health Association, the International Commission on Occupational Health, the American College of Occupational and Environmental Medicine, the American College of Epidemiology and other professional organizations. Dr. Baker has also been a consultant to various governmental organizations in the United States and abroad, including the World Health Organization, the Occupational Safety and Health Administration, and the US Environmental Health Administration. He has also served as an occupational medicine consultant to private industry and labor unions in the United States and Great Britain.

Dr. Baker has practiced occupational medicine at Brigham and Women's Hospital, Massachusetts General Hospital, and Braintree Hospital while he was on the faculty at Harvard and in Atlanta at Emory University Clinic. He directed the Occupational Medicine Clinic at Braintree Hospital. Dr. Baker was actively engaged in patient diagnosis and care at these clinics, where he managed cases of individuals with occupational disease.

He has also led the conduct of numerous research studies of the exposure of workers to toxic substances encountered in the workplace and has received various awards and recognition in the United States and abroad for that work. Dr. Baker has also served as a reviewer of the work of other researchers in the context of peer review for journal publication, in the context of writing review articles and book chapters, and in the context of teaching epidemiology at Harvard, the Centers for Disease Control and Prevention and at the University of North Carolina.

Dr. Baker has been asked, along with other experts noted below, to provide an evaluative report describing the extent and nature of toxic exposures at the Exide facility in Sumter SC with respect to potential health impacts to employees of the facility. Dr. Baker has agreed to serve as an expert in the legal proceedings being filed on behalf of former employees of this facility. He will serve in this capacity as a private individual and not as a representative of the University of North Carolina. All of Dr. Baker's opinions will be given to a reasonable degree of scientific and medical certainty. Dr. Baker has served as a medical expert in legal proceedings in the past.

B. Howard Hu MD, MPH, ScD

Dr. Hu is the NSF International Endowed Chair of the Department of Environmental Health Sciences and Professor of Environmental Health, Epidemiology and Internal Medicine at the University of Michigan Schools of Public Health and Medicine. He is physician board-certified in internal medicine and occupational/environmental medicine who also holds a doctoral degree in epidemiology. He came to the University of Michigan in 2006 from the Harvard School of Public Health and the Brigham and Women's Hospital, where he directed the Harvard Residency Program in Occupational and Environmental Medicine, the Harvard Metals Epidemiology Research Group, and the Center for Children's Environmental Health and

Disease Prevention Research; he worked with the Harvard NIEHS Center and the Channing Laboratory of the Brigham and Women's Hospital. He taught the main introductory courses in environmental health and medicine at the Harvard SPH for 16 years. Dr. Hu continues his research on metals toxicity by co-directing, with Dr. Robert Wright, what is now the Michigan-Harvard Metals Epidemiology Research Group, which is engaged in multiple NIH- and EPA-funded epidemiologic investigations of the contribution of metals exposure and genetics to the causation of chronic diseases in adults and impaired development in children.

Dr. Hu's research interests also encompass clinical syndromes such as idiosyncratic environmental intolerances (chemical sensitivities) and emerging children's environmental health issues such as neonatal exposure to phthalates. He served on 3 fact-finding missions and on the board of directors for Physicians for Human Rights and in 1992-1995 was the Chair of the Commission for Research on the Health and Environmental Effects of Nuclear Weapons Production and Testing for the International Physicians for the Prevention of Nuclear War (IPPNW; Nobel Peace Prize, 1985). He has authored or co-authored over 200 scientific papers and book chapters, of which over 120 have focused on the subject of lead exposure and/or toxicity, and co-edited or co-authored 7 books.

Dr. Hu was the founding medical editor (and continues as the Associate Medical Editor) of *Environmental Health Perspectives*, the journal of the National Institute of Environmental Health Sciences. Among the awards and honors Dr. Hu has received have been the 1994 Will Solimene Award of Excellence, American Medical Writers Association, the 1997 Alice Hamilton Lectureship at the University of California at San Francisco, the 1998 First Prize for Best Infant Nutrition Research from the Instituto Danone of Mexico, the 1999 NIEHS Scientific Advance of the Year, the 2000 Hoopes prize for mentorship of environmental research, a Senior United States Faculty Fulbright Award to work as a scholar in India 2000-2001, the 2005 Adolph Kammer award for authorship by the American College of Occupational and Environmental Medicine, and the 2006 Harriett Hardy award from the New England College of Occupational and Environmental Medicine.

Dr. Hu has been asked, along with other experts, to provide an evaluative report describing the extent and nature of toxic exposures at the Exide facility in Sumter SC with respect to potential health impacts to employees of the facility. Dr. Hu has agreed to serve as an expert in the legal proceedings being filed on behalf of former employees of this facility. He will serve in this capacity as a private individual and not as a representative of the University of Michigan. All of Dr. Hu's opinions will be given to a reasonable degree of scientific and medical certainty. Dr. Hu has served as a medical expert in legal proceedings in the past.

C. John Routt Reigart, II, MD

Dr. Reigart is a medical doctor licensed in the state of South Carolina. He is a graduate of Dartmouth College, Dartmouth Medical School, and Harvard Medical School and he completed residency training at Children's Hospital Medical Center in Boston, MA. He is certified by the American Board of Pediatrics, the National Board of Medical Examiners and the South Carolina Board of Medical Examiners.

He has held faculty appointments at Harvard Medical School and at the Medical University of South Carolina where he is currently Professor of Pediatrics. He has held numerous hospital appointments including Director of the Division of General Pediatrics and Director of the Poison Control Center at the Medical University Hospital in Charleston SC. He has received numerous honors and awards including special recognition for his efforts to end childhood lead poisoning. He is a member of numerous professional organizations and has served as an expert consultant to the US Environmental Protection Agency, the President's Council on Environmental Quality, and the Centers for Disease Control and Prevention in areas related to clinical toxicology and lead poisoning. Dr. Reigart has chaired the Committee on Environmental Health of the American Academy of Pediatrics, the CDC Advisory Committee on Childhood Lead Poisoning, and the USEPA's Children's Health Protection Advisory Committee. He served for several years as a contract consultant to the Director, National Institute of Environmental Health Sciences, NIH, DHHS for metals toxicity. He has participated on multiple review panels for grant submissions to NIEHS for environmental health research. He is an active member of the South Carolina Medical Association and the Charleston County Medical Society.

He has served on the editorial boards or as editor of medical journals and has published extensively in the peer reviewed literature on the subject of lead poisoning and other toxicological issues. He has been an invited speaker at medical conferences and workshops around the world on the subject of lead poisoning.

Dr. Reigart has been asked, along with other experts, to provide an evaluative report describing the extent and nature of toxic exposures at the Exide facility in Sumter SC with respect to potential health impacts to employees of the facility. Dr. Reigart has agreed to serve as an expert in the legal proceedings being filed on behalf of former employees of this facility. He will serve in this capacity as a private individual and not as a representative of the Medical University of South Carolina. All of Dr. Reigart's opinions will be given to a reasonable degree of scientific and medical certainty. Dr. Reigart has served as a medical expert in legal proceedings in the past.

III. The plant

A. Plant description and location

The Yuasa/Exide manufacturing facility in Sumter, South Carolina is located on S-43/458 off US Highway 15-S near Sumter, South Carolina. Yuasa formed a joint/venture company with General Battery Corporation in 1976. Yuasa was sold by General Battery Corporation to Exide Corporation in 1987 to form Yuasa/Exide Battery Corporation. Yuasa/Exide purchased Exide's Industrial division to become Yuasa, Inc., in 1991. In 2000, Yuasa, Inc., sold off its Industrial division to Enersys.

The Yuasa/Exide facility in Sumter, South Carolina totals 299,762 sq. ft. Of the total square feet, 21,029 sq. ft. are devoted to office use. The facility sits on a 41-acre site and was constructed in 1965 with additions in 1991 and 1998. The floor of the facility is concrete and brick and the walls are constructed of brick on concrete block. Ceiling heights within the facility vary from 16-17 feet. Lighting is both fluorescent and vapor. 100% of the manufacturing space within the plant is heated. Some limited cooling is provided by air handlers. At present, the facility is for sale, last having been used by UPS Battery Manufacturing.

During its operation and ownership by Yuasa/Exide and Enersys, the plant produced various industrial batteries from large commercial batteries used in industrial applications to heavy equipment batteries and motorcycle/ATV batteries. From 1965 to around 1974 the plant manufactured nickel/iron batteries. Beginning around 1974 the plant was retooled to manufacture lead acid batteries. The major component to the lead acid batteries produced at the facility was inorganic lead. Lead used in the production process came to the plant either in ingot form or in a powdered form. Depending upon the product being manufactured, lead was mixed with various other chemicals and eventually cast into plates which were then packaged in a casing and filled with an acid base. The final product, through the chemical reaction between the lead plates and the acid base, produced electricity. A floor plan (see figure below) of the facility demonstrates a range of production areas related to the primary battery production process.

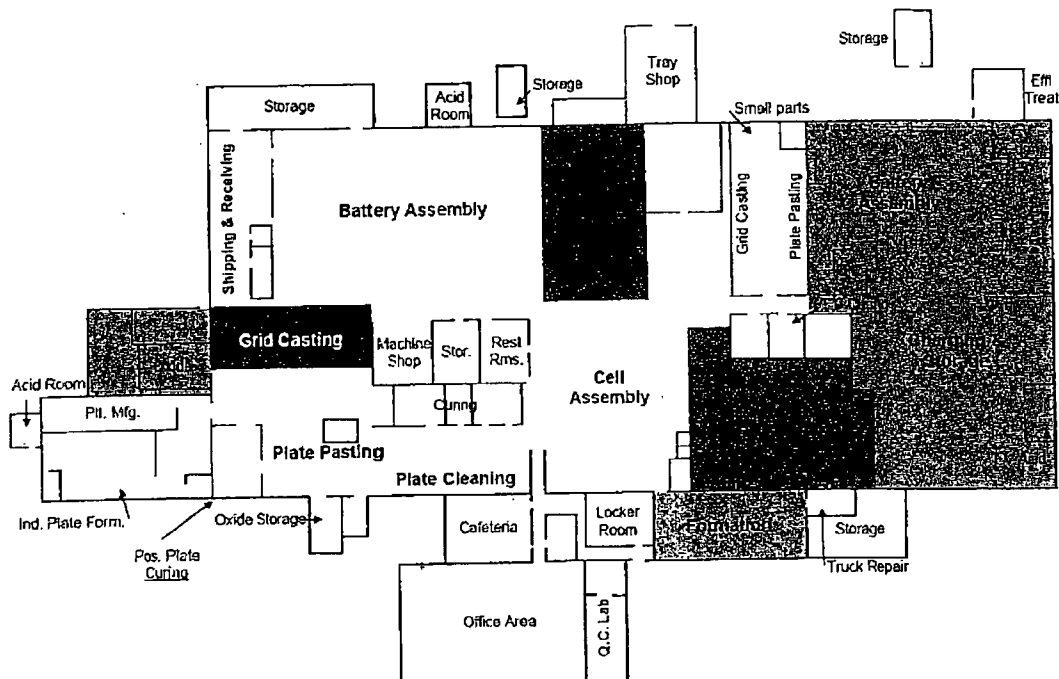


Figure : Floor plan of Exide facility- Sumter SC

B. Plant processes and related workplace lead exposures

1. Manufacturing processes and potential sources of lead exposure at Exide facility in Sumter SC

(Source: OSHA website, including photos, and former Exide employee interviews)

Battery Manufacturing is the process of producing lead-acid batteries, commonly used in automobiles, fork trucks, material handling, and standby power applications. Employees working in battery manufacturing plants can be exposed to significant lead concentrations. There are a number of operations workers perform in battery manufacturing plants. These processes were performed by workers at the Exide facility. Workers were exposed to lead dust and fumes as a result of performing their normal job duties, as described below. Lead was absorbed into the body of these workers by inhalation or ingestion of lead-containing dust and fumes.

a. Oxide and Grid Production

Lead oxide is made from refined lead. The oxide is then made into a paste by mixing it with water, acid, and other chemicals. In a process parallel to the production of paste, grids are cast from lead alloy. The paste and grids are later combined in the pasting process.

1. Oxide Production: Lead oxide, which is used to create the paste used on the battery plates, is either produced by a production process in the plant (figure below) or purchased from an oxide producer. The major sources of lead exposure in the oxide production process come from leaking equipment and system upsets. Sources of exposure in oxide production include:

- o Lead dust becomes airborne due to improper air flow or exhaust ventilation, which results in "puffing" of lead oxide at the mill inlet.
- o Exposure occurs from handling lead pigs while loading the mill pots or the ball mill.
- o Lead oxide dust spills or leaks from trunnion seals, bearing seals, conveying systems, and transfer points.
- o Exposure to lead occurs when drossing the lead pots during the Barton process (see Figure) and during maintenance operations that require entry into the pot for cleanout.
- o Lead oxide leaks or spills during drive fitting and transfer operations.
- o Lead exposure occurs while collecting and testing oxide samples.
- o Operators are exposed to lead oxide while cleaning the oxide production line.
- o Exposure occurs due to vehicular traffic in adjacent roadways stirring up oxide.



Oxide production furnace

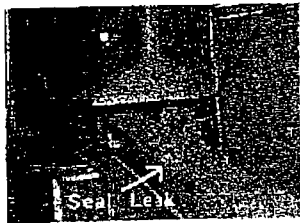
Drossing out the lead pot

2. Oxide Receiving: Oxide is delivered to plants in "pod" cars, which loads the material into storage by pneumatic conveying (blowing) it into storage tanks. All lead oxide storage systems have the potential for leaking, particularly around seals and sampling points. Sources of exposure in this area include:

- o Leaking conveying equipment, particularly around flanges, seals, and transfer points.

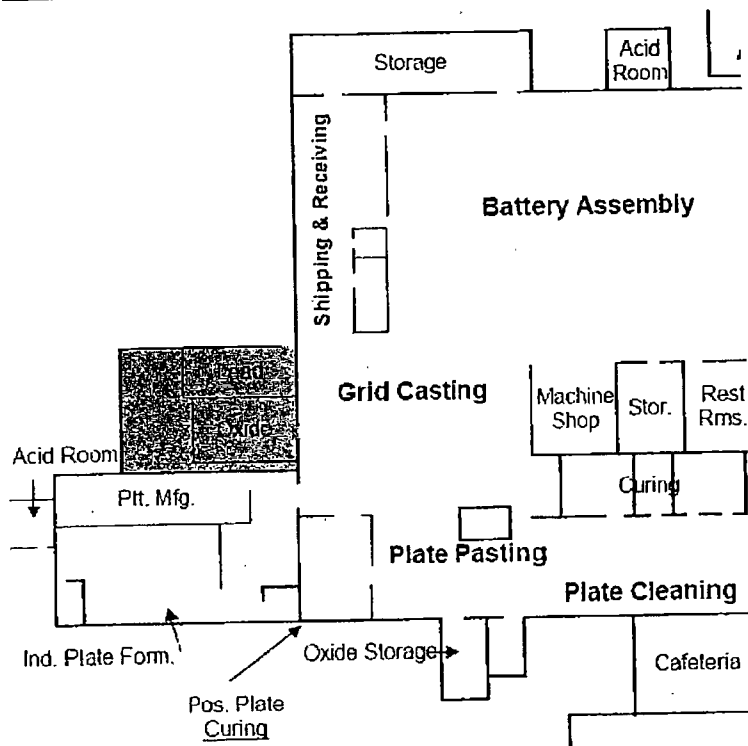
3. Oxide Conveyance and Classification: Certain material transporting operations call for mechanical conveyance. Classification separates the oxide particles by size, allowing only particles within the desired size range to the paste mixing operation. Pneumatic conveying systems use air to transfer lead oxide from one point to another via pipes. Sources of exposure include:

- o Leaking equipment particularly in the pneumatic system.
- o Damaged bags in bin vent or baghouse.

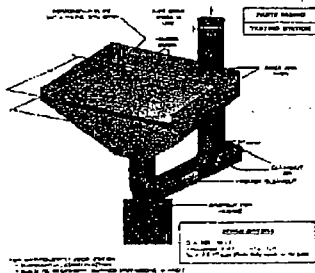


Oxide conveyance

MAP: OXIDE MANUFACTURING AREA



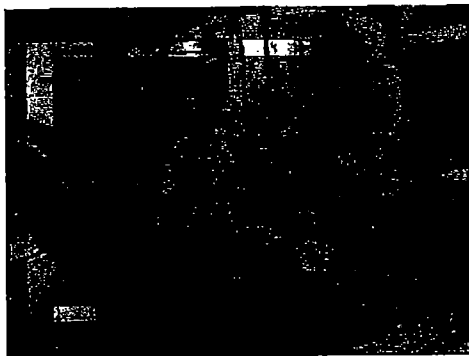
4. Paste mixing: During the paste mixing process, lead oxide, water, acid, and other chemicals are blended in a mixer to form a thick paste. The major source of lead exposure in this process is from lead oxide that escapes from the paste mixing machine, dried, and becomes airborne.



Sources of exposure in paste mixing include:

- o Leaking equipment:
 - oxide conveyance,
 - weigh hoppers,
 - mixer door seals.
- o Limited ventilation due to moist material plugging the system allowing lead dust to become airborne, or allowing rising air currents to carry suspended lead to the employee's breathing zone.
- o Sampling and testing oxide or paste increase the employee's exposure to lead.
- o Lead-containing expander becomes airborne when added to the paste mixer.
- o Manually scraping and cleaning the mixer during cleanup or while changing pastes caused lead particles to become airborne.
- o Lead exposure increases when there is re-entrainment of dried and settled lead on buckets, the cone feeder, or other equipment.
- o Lead dust becomes airborne when workers fold lead-containing expander bags for disposal outside of a ventilated enclosure.
- o Lead oxide becomes airborne when dried oxide flakes off of gloves and hand tools.
- o When a cone feeder is empty, heat rising from the pasting machine causes a chimney affect. This dries out the oxide and suspends it in the rising air currents.
- o Lead dust and particles become airborne due to drafts and air currents caused by moving equipment or motor drives.

5. Grid production and parts casting: Grid production and parts casting involve book casting, continuous casting, and strip casting. In all of these processes, lead pigs are melted down and the molten lead is poured into molds or continuously cast into grids, strips, or parts. The major source of lead exposure in this process is from lead fumes and lead oxide which become easily airborne.

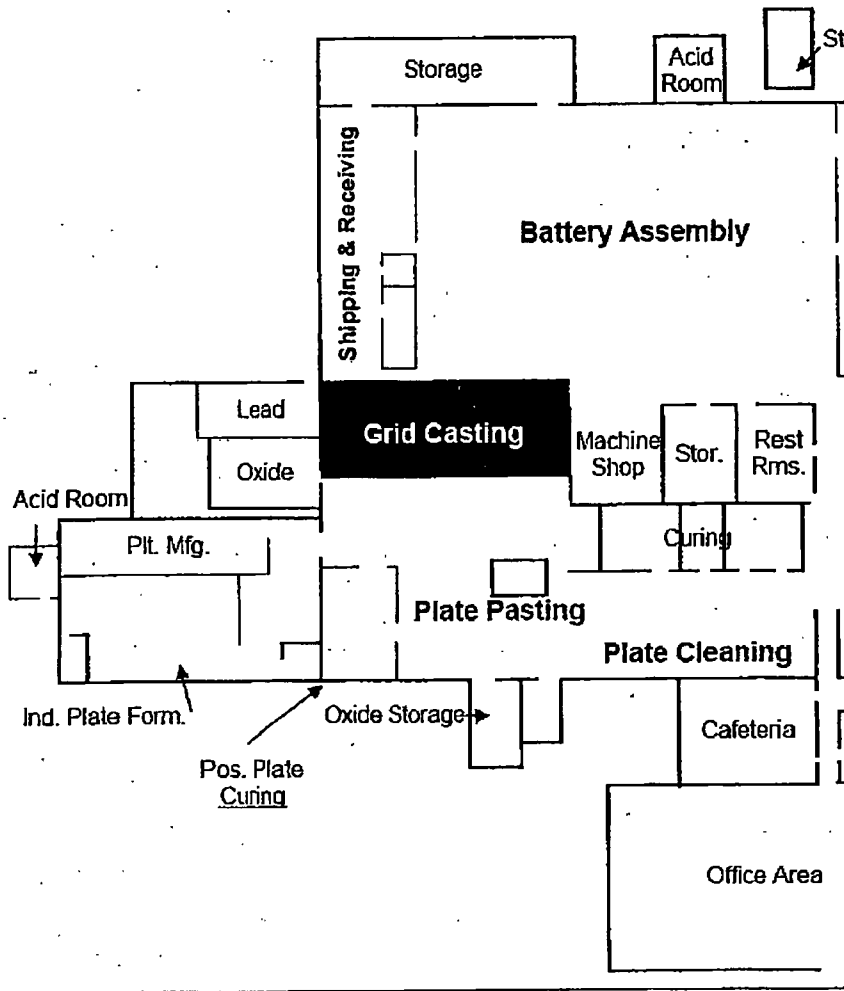


Grid production

Sources of exposure in this area include:

- o Drossing the lead pot increases lead exposure.
- o High levels of lead fumes are generated when a flame is put in contact with lead, such as when cutting out frozen pots.
- o Settled lead dust on surfaces and equipment become airborne due to exhaust from fuel-powered forklifts or vehicular traffic.
- o High exposure to lead fumes occurs when the pig is loaded into the lead pot.
- o Airborne lead dust migrates from other areas of the plant.
- o Separator boards become contaminated by using lead contaminated pallets that have not been cleaned after being returned from the pasting line.
- o Dust becomes airborne as a result of using a rotary sander for cleaning molds.
- o Oxide collected on the dross ladle becomes airborne while cleaning or storing it in an area outside the hood.

MAP: GRID CASTING AREA



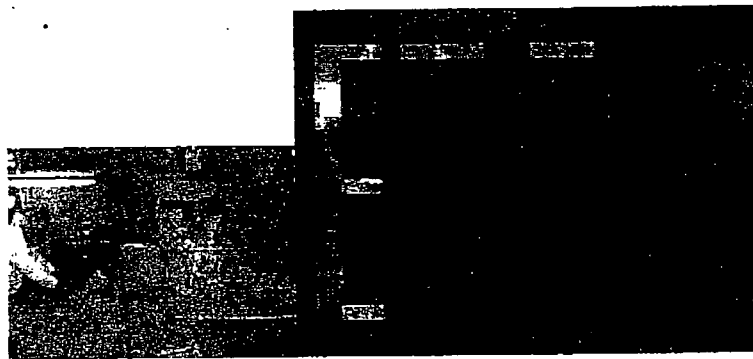
b. Plate Processing

Plate processing combines the oxide paste and the grids to prepare plates for assembly into batteries.

1. **Grid pasting:** During the pasting process, lead oxide paste is applied to the grid panels in a pasting machine to fill the spaces of the grid. The major source of lead exposure in the pasting process comes from lead oxide in the paste which becomes airborne once it dries. Workers are exposed to lead dust during pasting and take-off operations. Contaminated gloves, clothing, tools, and equipment are also a source of lead exposure. Dried paste on equipment and other areas, such as the mixer, cone feeder, paste transfer equipment, paste return belt, pasting machine, floors, and adjacent areas, become airborne due to equipment vibration or by being disturbed.



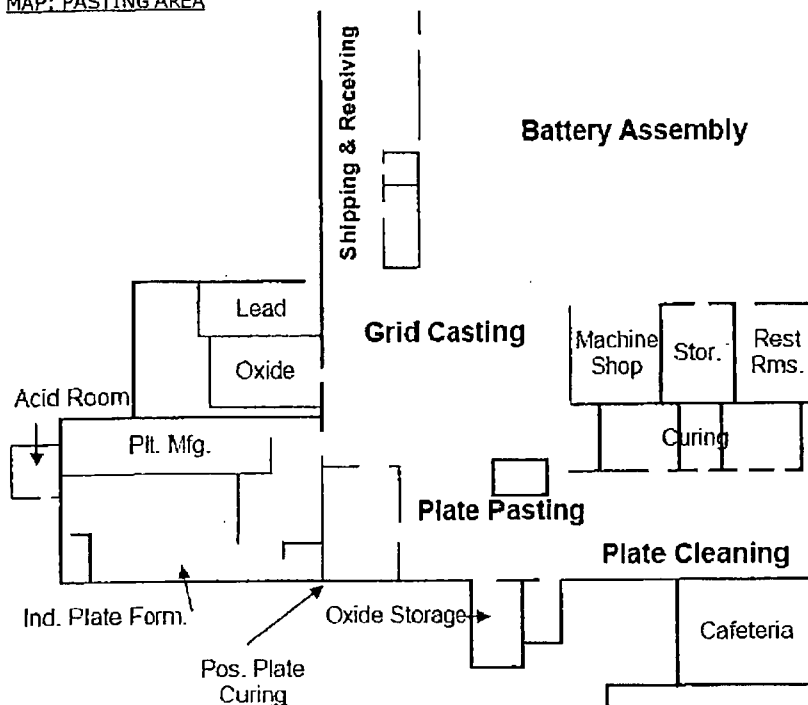
Plate processing



Sources of exposure to lead in the pasting process include:

- o Scraping lead oxide off the hopper and exterior of the cone feeder during cleanup and upsets.
- o Inadequate exhaust ventilation on the drying oven.
- o Settled oxide on the housings of rotating drives and motor cooling fans.
- o Improper handling and disposal of paste accumulated on the floor or other surfaces.
- o Dried dust on equipment, controls, and gloves during operation of equipment located near the breathing zone.
- o Dried oxide on the floor or other surfaces being disturbed by employees, vehicle traffic, or cross-drafts.

MAP: PASTING AREA



Lead oxide dust also becomes airborne in the take-off/offbearer operations:

- o From handling dry plates or moving plates in and out of the workstation.
- o From the buildup of dust on equipment, racks, and floor.
- o When workers brush plate lugs during parting.
- o From inadequate capture velocity for tamping plates.
- o From upset conditions or while clearing jam-ups in equipment.
- o From dried oxide on contaminated gloves, clothing, shoes, and tools.



Takeoff operations

2. Hydrosetting: The major source of lead exposure in the hydrosetting process comes from lead oxide when the grids are handled incorrectly. Sources of exposure in this area include:

- o Lead becomes airborne from handling or moving dry plates.
- o Lead particulate becomes airborne from positioning pallets of pasted plates near drafts or thermals.
- o Handling burlap, used to cover grids that have been contaminated with lead oxide improperly.

3. Parting: Grids are produced and pasted as pairs called pasted plates or panels. They are separated before the battery is built. The major source of lead exposure in the parting process come as a result of lead particles becoming airborne when plates are cut or broken.



Parting

4. Enveloping and Wrapping: Enveloping involves placing a plate within porous membranes. Sources of exposure in this area include:

- o Lead oxide becomes airborne when workers handle plates at the feed and discharge ends of enveloping machines as well as from the bellows effect when handling unsealed envelopes.
- o Exposure to lead occurs due to the lead oxide that accumulates on equipment, racks, and floors become airborne.
- o Increased exposure to lead oxide occurs when tamping plates in unventilated areas, such as the rack, created puffs of lead dust.

5. Handling and Transport: Handling and transporting of materials is an essential part of the battery manufacturing process. Sources of exposure in this area include:

- o Lead dust from feed materials become airborne during handling and transport.
- o Lead dust that settles on surfaces and equipment becomes airborne due to vehicle traffic and cross-drafts.

c. Battery Assembly

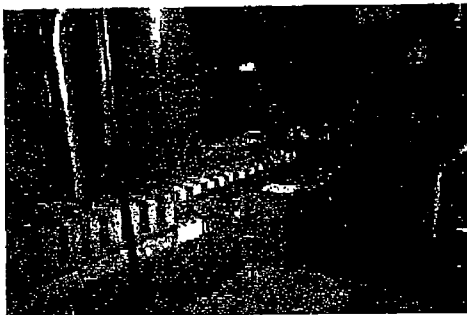
Battery assembly combines the plates container, and other parts into a functional battery. Battery charging is also an important part of assembly.

1. Stacking: After curing, the plates are stacked so that positive and negative plates alternate with an insulating separator in between. The major source of lead exposure in the stacking process is from oxide from the plates which become easily airborne. Sources of exposure include:

- o Tamping plates in unventilated areas.
- o Lead oxide on equipment, racks, and floors become airborne.
- o Clearing stacking equipment jam-ups.



2. Group Burning : After the plates have been stacked, they are joined with small connecting parts and burned together to form cell elements or groups.



Group Burning

Sources of exposure include:

- o Handling dry plates or moving plates in and out of the workstation.
- o When lead oxide that accumulated on racks, equipment, and floors becomes airborne.
- o When groups are dropped into the cases.
- o During cleaning and roughing with a wire brush.
- o During drossing or charging the lead pot.
- o Burning with torches.
- o Moving groups in and out of the workstation and in and out of the burning box.
- o Adjusting and repairing equipment, or during changeovers.
- o Cleaning molds using compressed air or torches.

3. Intercell welding and post burning: After workers place all the groups in the battery case, the straps are fused together using a torch or high electrical power source. The connections are then welded. The units are then tested and the posts attached. The major source of lead exposure in the intercell welding process comes from lead fumes.



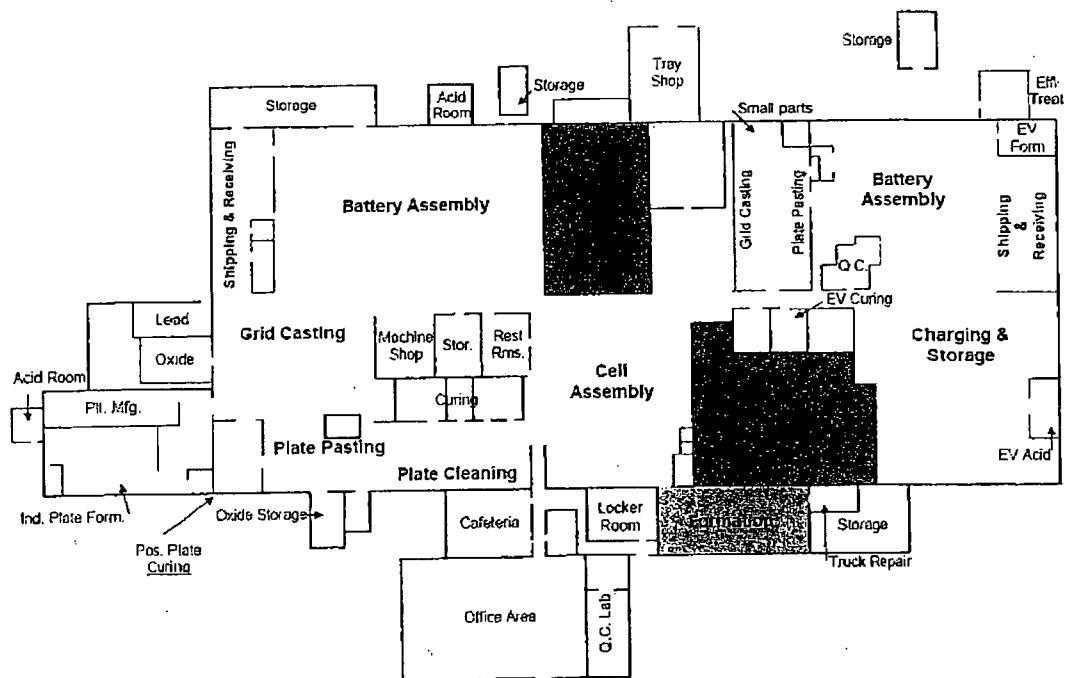
Sources of Exposure include:

- o Lead fumes are emitted during the manual burn welding process.
- o Manual handling of burning jigs or contaminated dams.
- o Repairing batteries.

4. **Formation:** In the dry charge process, the first step, called tacking consists of plates being placed in a tank and lead bars being welded, or "tacked" on. Battery plates are then formed (or charged) in tanks. The major source of lead exposure in the formation process comes from lead fumes. Sources of exposure include:

- o Lead fumes emitted from using a torch to weld lead.
- o Moving plates in and out of acid tanks, drying ovens, and racks.
- o Cleaning of panel lugs using brushes.

MAPS: FORMATION AREAS



d. Battery Repair and Reclaim

Battery repair operations repair and salvage defective batteries. Reclaim operations involve recycling scrap grids, plates, and straps.



Battery repair: Defective batteries are repaired and salvaged. The plate groups are tested and reused when possible. Groups are removed by sawing or cutting the covers off the battery, breaking or burning the intercell connectors, and removing the groups.

The major source of lead exposure in the battery repair process comes from lead oxide which become airborne. Sources of exposure include:

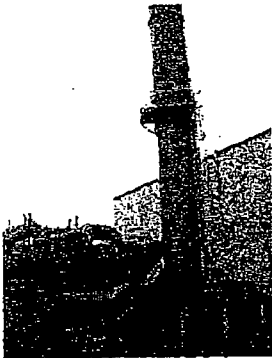
- o While removing plates, oxide spills out of the battery case.
- o High levels of lead fumes are generated when flames are put in contact with lead.

Reclaim: Reclaim operations involve recycling scrap grids, plates, and straps. The major source of lead exposure in the reclaim process comes from lead oxide which becomes airborne. Sources of exposure include:

- o When barrels are dumped, or spilled, leaded material becomes airborne.
- o Handling leaded materials contaminate clothing or results in airborne exposure.
- o Lead pots emit high levels of lead fume and operators are exposed during dumping and drossing.
- o The handling of material or dross cause lead fume emissions and expose the operator.

e. Environmental Controls

Employees are exposed to lead while servicing and maintaining environmental controls.

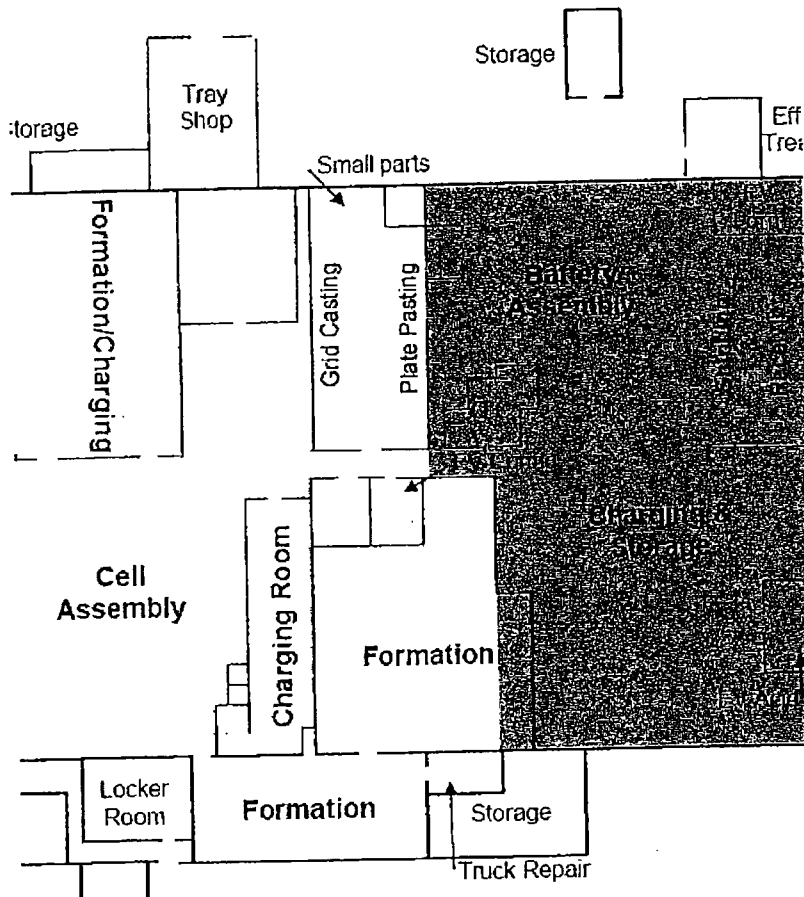


1. Waste Water Treatment: while handling lead-bearing wastes, sludge, and filters employees come in contact with lead-containing wastes.
2. Baghouse: Dust collection systems are a source of lead exposure. Sources of exposure include:
 - o While cleaning and maintaining dust collection systems (cyclones and baghouses).

- o While handling and transporting materials that are removed from dust collection systems (cyclones and baghouses).
- o While working near dust collection systems.

f. Maintenance

Maintenance personnel are at risk of exposure to lead fumes and dust during maintenance operations involving equipment that is contaminated with lead. Maintenance shop personnel are exposed to lead dust when servicing and handling equipment that is contaminated with lead.



MAP: DISTRIBUTION AREA

IV. Lead Toxicology

A. General

Lead poisoning is a multisystem disease characterized by a wide spectrum of injury, most strikingly observed by neurologic, renal and cardiovascular injury. There appears to be no threshold for this effect with demonstrated effects down to blood

lead levels which represent population level exposure. In adults, multiple effects seen with occupational exposures are characterized by hypertension and other cardiovascular dysfunctions (including coronary artery disease, stroke mortality, and peripheral artery disease), renal toxicity, cognitive dysfunction, peripheral neuropathy and anemia. Both acute and chronic lead exposure is a cause of cognitive dysfunction and hypertension in adults as they age.

It is important to recognize that lead is a cumulative toxicant in terms of health effects as well as storage in the body with a mean life in bone of approximately thirty years. Therefore chronic effects that are seen in adults can be related to exposures throughout life and that processes later in life, such as pregnancy, immobilization (such as with bed rest or treatment of fractures), renal disease, osteoporosis of aging, and other aging and disease processes mobilize lead from bone increasing the risk and severity of the chronic lead effects. It has become clear from many studies that lifetime lead exposure can be expressed later in life and particularly in the aged, where it results, among other effects, in increased rates of decline in cognition.

Most persons with chronic lead poisoning have no acute symptoms, even with marked elevations of blood lead. In persons with hypertension and other cardiovascular disorders and lead exposure, lead toxicity should be considered as causative or as an aggravating factor.

B. Exposure

Lead exposure occurs through inhalation and ingestion only. Airborne lead is characterized by point-source and non point-source exposure. In the USA removal of lead from gasoline beginning in 1975 dramatically decreased the population wide exposure to lead from this source and closure of lead smelters in USA has removed the major point-source exposure. Decreases in airborne lead in the USA, as well as the removal of lead from solder used in food cans, paint, and other products, resulted in a decline in blood lead levels for individuals 1-74 years of age from 12.8 ug/dl in 1976-80 to 2.8 ug/dl in 1991. For adults, the primary remaining source of lead exposure is occupational (such as scraping off old lead paint, smelters, battery manufacturing, radiator repair, etc.). Occupational exposures have declined significantly in recent years. With the multiple real and potential sources of lead exposure throughout life, since lead is a cumulative toxicant with very prolonged residence in bone, evaluation of sources of exposure requires evaluation of prior occupational exposure, particularly in older adults.

C. Toxic effects

Lead toxicity results almost exclusively from inhalation or ingestion of lead from environmental sources, food, or water. Small lead particulates are well absorbed from the lungs. Ingested particles are absorbed less well, with absorption efficiency partially determined by particle size as small particles promote increased absorption. Once absorbed, most circulating lead is bound to red blood cells, at least below blood lead levels less than 60 ug/dl. The small fraction in plasma is distributed to tissues at rather slow rates with the majority excreted in urine. The proportion distributed to target organs, including particularly the nervous system, bone marrow, vascular system, and kidneys is responsible for the observed toxicity of lead. Due to this relatively slow transport of lead to target organs, clinical toxicity generally requires long term exposure, measured in months to years. Bone is a major repository of lead, containing the vast majority of body lead burden (>90%) and the residency of lead in bone is measured in decades, thereby providing a continual source of lead to target tissues, even after cessation of exposure and/or chelation therapy to remove the lead.

Lead competes with other minerals particularly calcium in cellular and sub-cellular systems. For instance, it has been shown to directly affect mitochondrial function *in vitro* by interfering with calcium uptake. Lead damages the production of heme, the protein responsible for carrying oxygen throughout the body. Its effect on heme synthesis has been studied for many years and it has been demonstrated that at very low levels it inhibits aminolevulinic acid dehydratase and at somewhat higher levels inhibits heme synthetase. It is felt that this effect may have important diffuse effects on a variety of heme-dependent processes. Similarly, it is felt that lead is a potent inhibitor of protein kinase C, a calcium dependent enzyme critical to brain function. It also appears to interfere with calcium dependent control of neurotransmitter function at pre-synaptic nerve terminals. Lead has likewise been known for many years to be a potent toxin to the proximal renal tubules in the kidneys, with accumulation of intracellular inclusions at high levels of exposure. This dysfunction results in a renal fanconi syndrome, with phosphaturia, glucosuria, and aminoaciduria. It is less clear what is the etiology of the association with hypertension and other cardiovascular manifestations of lead exposure seen in adult subjects. Some studies suggest renal causes due to decreased glomerular filtration rates or stimulation of the renin-angiotensin system. Other proposed hypotheses suggest a more direct effect on vascular tone in the body. It is also possible that lead exerts some of its effects through epigenetic mechanisms with resulting impacts on gene programming and gene expression.

Lead poisoning is a chronic illness. It has long been recognized that much of the toxicity of lead poisoning is not reversible by medical therapy. Prevention of exposure is the main aim in lead poisoning management as treatment has little effect on

reversing toxicity or preventing toxicity later in life related to lead mobilization from bone. Since lead remains in bone lead stores for many decades, it is considered a chronic illness requiring long term management and observation

D. Diagnosis

The measurement of whole blood lead is the hallmark of diagnosis. Regular blood lead testing at the Exide plant provides very extensive data on the amount of lead absorbed into the bodies of the Exide workers and is therefore a very useful diagnostic tool. Another approach to estimating the cumulative amount of lead in the body is the direct measurement of lead in bone. A third approach to measuring the amount of lead that has been absorbed into the body involves the calculation of a cumulative blood lead index (CBLI) by averaging the results of blood lead test results over time. The CBLI has recently been shown to be a useful approach to assessing the level of cumulative lead exposure, particularly in situations where repeated blood lead determinations have been made over time (e.g. in the workplace). The CBLI provides an index of an individual's cumulative lead exposure which is correlated with the risk of development of conditions caused by lead exposure. An approach has been developed and published for converting between CBLI and bone lead levels.

E. Conditions caused by lead exposure in the workplace

1. **Acute lead poisoning**- Workers with lead exposure develop acute lead poisoning with symptoms of abdominal colic, fatigue, anemia and peripheral neuropathy. Such manifestations are due to high lead exposure levels which, at times, is also associated with alteration of central nervous system function and, in rare cases, acute toxic encephalopathy. More often, lead exposure is associated with the manifestations of chronic lead poisoning.

2. **Chronic lead poisoning**- Exposed workers also experience a range of health problems caused by chronic exposure to lead. Research has shown a range of health problems due to lead exposure at increasingly lower levels of exposure, leading the medical community to lower estimates of the "safe" level of exposure in the workplace. These health problems typically develop insidiously and are often not initially attributed to lead exposure. Further, lead exposure aggravates a range of medical conditions, thereby enhancing the development of morbidity and mortality due to these conditions. It is clear that lead toxicity occurs at levels down to the lowest observed lead levels and that occupational standards for lead exposure do not prevent lead toxicity with resulting medical impairment. Chronic lead poisoning is manifested by a range of damage to various systems of the body.

- a) **Hematologic Toxicity**- Lead damages the body's ability to produce heme resulting in anemia. The higher the blood lead concentration the greater the prevalence of anemia in lead-exposed individuals. Typically, once exposure ceases and the blood lead level falls, the anemia is reversible. A blood test measuring the concentration of zinc protoporphyrin is used to quantify the inhibitory effect of lead on the red blood cell producing system.
- b) **Neurologic Toxicity**- Lead causes damage to the peripheral and central nervous systems which persists after exposure ceases. Damage to peripheral nerves causes a **peripheral neuropathy** which is manifest as motor weakness or, at times, as sensory impairment. Nerve conduction testing is used to diagnose lead-related peripheral neuropathy. Also excessive lead exposure has been shown to cause **cognitive impairment**, characterized by memory impairment, mood changes, reduced visual-motor function, and other abnormalities of neurobehavioral function. The onset of cognitive impairment is often insidious and often the association with lead exposure is not immediately recognized. Formal neurobehavioral testing is used to diagnose **cognitive impairment** in lead exposed individuals.

Cognitive Reserve Capacity- Recent research has shown that individuals exposed to toxic agents do not demonstrate evidence of cognitive impairment until some time after the exposure has ceased as a result of the existence of cognitive reserve capacity. As noted in the figures below, cognitive function improves through early childhood and commonly declines in later years without reaching a threshold for the manifestation of dementia.

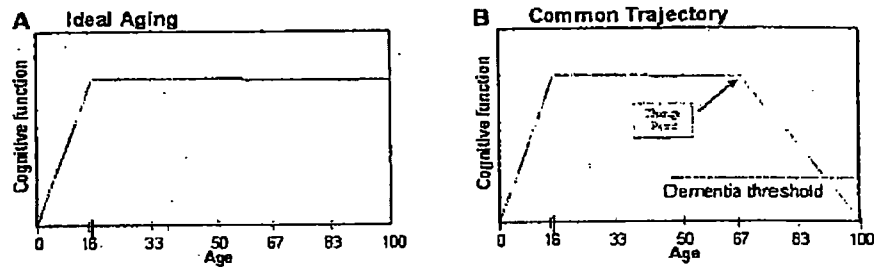


Figure: Ideal and normal changes in cognitive function over a life time.

Toxic exposures cause delayed cognitive impairment- Exposure to a neurotoxic agent such as lead causes brain damage which is manifest only later in life during the time in which normal aging occurs, thereby accelerating the aging process (as noted in the figure below). As a result, symptoms of lead-related cognitive impairment develop but are not apparent until later in life.

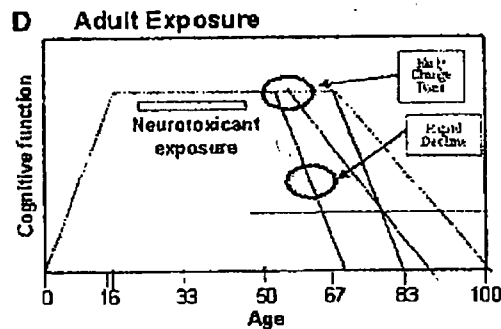


Figure: Impact of adult lead exposure on decline in cognitive function

- c) **Renal Toxicity-** Lead is known to cause damage to the kidney which results in **chronic renal failure** and causes or contributes to the development of **hypertension**. Lead is known to damage the kidney tubules leading to Fanconi syndrome, a condition in which glucose, amino acids and phosphates are spilled into the urine. Lead poisoning also causes **gout** due to the disturbance of clearance of uric acid by the kidney. Tests of kidney function are used to diagnose renal toxicity caused by lead exposure.
- d) **Hypertension and heart disease-** Human and animal research has clearly demonstrated an association between elevated lead exposure and the occurrence of **hypertension**. Further, a clear association exists between the development of hypertension and the occurrence of **heart disease** and **stroke**. Therefore, lead exposure is one cause of **heart disease** and **stroke**; specific cardiovascular conditions caused by lead exposure include **myocardial infarction** (i.e. "heart attack") and **left ventricular hypertrophy** (i.e. "enlargement of the heart").

Hypertension is defined by the American Heart Association as follows: 1

- o Normal blood pressure: In the range 130/85
- o High normal: In the ranges 130-140/85-90
- o Mild hypertension: In the ranges 140-160/90-100
- o Moderate hypertension: In the ranges 160-180/100-110
- o Severe hypertension: In the ranges 180-210/110-120
- o Very severe hypertension: Higher than 210/120

e) **Reproductive Toxicity-** Lead also causes impairment of reproductive function in both men and women exposed to lead. Women with lead exposure have been found to have increased rates of spontaneous abortion. Men with lead exposure have been found to have low sperm counts and reduced androgen concentrations, leading to decreased fertility. Lead passes through the placental barrier and low concentrations of lead in the blood of a pregnant woman causes damage to the developing brain of the fetus. Further, since pregnancy can be associated with the mobilization of lead from bone stores, a woman who had developed lead toxicity in the past can be at risk for lead-related damage to her fetus.

f) **Carcinogenicity-** Lead has been recognized by the International Agency for Research on Cancer (IARC) as being a "probable human carcinogen (group 2A)". Kidney cancer has been associated with lead exposure in a number of studies.

V. Analyses of Exide worker health records

A. **Health Record Review-** Preliminary review of medical records of a subset of Exide workers revealed that a significant number of them were diagnosed with conditions that are known to be caused by or aggravated by lead exposure. These include:

- Hypertension
- Heart disease
- Kidney failure
- Neuropathy
- Memory complaints
- Gout
- Kidney cancer

B. **Blood Lead Levels -** A review of the records of blood lead testing of Exide workers revealed that workers had blood lead test results as high as 102 ug/dl, with many whose blood lead concentrations remained above 50 ug/dl for extended periods of time. Blood lead concentrations in the Exide workers were many times the normal blood lead levels of the general population. Currently, the average blood lead level of the general population is approximately 3 ug/dl.

VI. Overview

- Battery manufacturing is known to be associated with significant worker exposure to lead
- Lead is known to cause damage to the body if significant exposures occur
- Health effects known to be associated with significant lead exposure include:
 1. Hypertension
 2. Anemia
 3. Brain damage
 4. Peripheral nerve damage
 5. Kidney failure
 6. Gout
 7. Kidney cancer
 8. Heart disease

- Workers employed at the Exide battery manufacturing plant in Sumter SC experienced significant, prolonged exposure to lead as a result of inhalation and ingestion of lead-containing dust emanating from production processes in the plant.
- As a result of prolonged lead exposure, workers had elevated blood lead levels, indicating increased lead absorption into the body.
- Workers experienced a range of adverse health effects which are known to be caused or aggravated by lead exposure. These conditions include:
 1. Hypertension
 2. Heart disease
 3. Kidney failure
 4. Neuropathy
 5. Memory and mood complaints
 6. Gout
 7. Kidney cancer
- The conditions which they experienced are associated with significant morbidity and mortality
- The conditions which they experienced become worse with age as lead is mobilized from bone, where the mean life of lead in bone is 30 years.

VII. Summary and Conclusions

Based upon our extensive experience as experts in the field of occupational and environmental medicine, toxicology, epidemiology, pediatrics, and Internal medicine, with over 80 years of combined research and clinical experience, and upon an extensive review of scientific literature, battery manufacturing processes, and health records of Exide workers, we conclude that workers at the Exide plant in Sumter SC experienced lead exposure which caused or contributed to the occurrence of a range of significant health problems. These health problems include hypertension, heart disease, kidney failure, nervous system damage, gout and kidney cancer. These conditions are or will be associated with significant morbidity and mortality resulting in decreased quality of life and premature death.

As experts in the fields noted above, we have received specialized training and education in occupational and environmental medicine, toxicology, and clinical medicine. We have practiced medicine and have personally examined and treated individuals with lead poisoning and diseases caused by toxic chemicals. We have conducted research at major US medical centers and at the Centers for Disease Control and Prevention (CDC) on the health effects of lead exposure and have published this research in peer-reviewed publications. We have been invited to write chapters in medical textbooks on the subject of lead poisoning and have been invited to speak at medical conferences and workshops around the world on our research. We have served as professors at Harvard University, the Medical University of South Carolina, the University of North Carolina and the University of Michigan, where we have taught medical doctors and other health professionals in the areas of toxicology, epidemiology and occupational and environmental medicine. We have been invited to consult with major government organizations including the World Health Organization, the US Environmental Protection Agency, the Centers for Disease Control and Prevention and the Occupational Health and Safety Administration. One of us held the position of Deputy Director of the US National Institute for Occupational Safety and Health (NIOSH). We all remain active in our fields and are currently involved in research and academic publication in the field of occupational and environmental medicine.

Our health hazard analysis of the Exide lead battery plant consisted of a review of the battery plant processes in general and the Exide processes in particular. We utilized detailed information provided by the US Occupational Health and Safety Administration on health hazards of the battery manufacturing to identify specific plant processes associated with exposure to lead dust and fumes. We reviewed research on other battery plants, including a study conducted by one of us, to determine the nature and extent of lead exposure in other battery plants. We met with former workers at the plant to review plant processes in detail and to develop an understanding of the nature of work activities in specific areas of the Exide plant. We reviewed and summarized the health literature on lead poisoning to identify those conditions which have been shown in scientific research to be caused by or significantly contributed to by chronic lead exposure in adults. We then reviewed health records of former Exide workers including extensive records of the results of personal blood lead testing performed by the Exide plant. We reviewed medical records documenting the health status and treatment histories of these workers. We used the results of blood lead testing to calculate a cumulative blood lead index (CBLI) measurement for each worker and then compared the CBLI results with those of the normal US population. From the review of the health records, we identified a set of health conditions which are known to be caused by lead exposure.

Our extensive reviews of the records of the Exide workers have revealed that these individuals had very elevated blood lead concentrations. The elevated blood lead concentrations were caused by exposure to lead dust and fumes during their performance of their normal job duties at the Exide plant in Sumter SC; we did not identify any other plausible source of significant lead exposure to these individuals. We conclude that exposure to lead dust and fumes in the Exide plant resulted in inhalation or ingestion of lead into the body of Exide workers.

We also conclude that lead, once absorbed into the body, was distributed to various parts of the body, including the brain, the kidneys and bone, and caused damage to the body of Exide workers. The damage to the body of Exide workers was manifested by the development or aggravation of a number of diseases or health conditions. These include hypertension, heart disease, kidney failure, nervous system damage, gout, and kidney cancer. Exide workers who developed these conditions experienced significant morbidity and premature mortality and experienced impairment of the normal functions of daily life and work. These workers required medical care including hospitalization, medications, and ongoing medical treatment. These diseases and health conditions that they experienced are likely to be permanent and will persist indefinitely; these former Exide workers will require long term medical care for these conditions. Furthermore, some former Exide workers are likely to develop disease or health conditions in the future caused by or aggravated by their prior exposure to lead at the Exide plant as a result of the latent toxicity of lead.

We hold these opinions to a reasonable degree of medical certainty and base our opinions on our extensive professional experience and expertise, our review of battery manufacturing processes in general and the Exide plant in particular, our review of the scientific literature on adult lead poisoning (some of which we have written), and our review of the health records of Exide workers. We may supplement or modify this report as additional information becomes available to us.

VIII. References

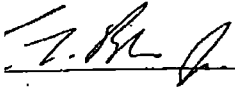
1. Association of Occupational and Environmental Clinics: Medical Management Guidelines for Lead-Exposed Adults April 2006. www.aoec.org/documents.
2. Hu H, Rabinowitz M, Smith D. Bone lead as a biological marker in epidemiologic studies of chronic toxicity: conceptual paradigms. *Environ Health Perspect*. 1998 Jan;106(1):1-8
3. Dolcourt JL, Hamrick HJ, O'Tuama LA, Wooten J, Baker EL Jr Increased lead burden in children of battery workers: asymptomatic exposure resulting from contaminated work clothing. *Pediatrics*. 1978 Oct;62(4):563-6.
4. Schwartz BS, Hu H Adult Lead Exposure: Time for Change. *Environ Health Perspect* 115: 451-454 (2007).
5. Hu H, Shih R, Rothenberg S, et al The Epidemiology of Lead Toxicity in Adults: Measuring Dose and Consideration of Other Methodological Issues. *Environ Health Perspect* 115: 455-462, (2007).
6. Baker EL and Fiedler N, Neurobehavioral disorders, in Levy B, Wegman D, Baron S and Sokas R, *Occupational and Environmental Health*, 6th Edition, In press.
7. Reigart, JR, Lead Toxicity. *BMJ Point-of-Care* 2009; www.pointofcare.bmj.com (in press)
8. Baker EL, Landrigan PJ, Barbour AG, et al. Occupational Lead Poisoning in the United States. *Brit J Ind Med* 36: 314-22, 1979.
9. Stewart WF, Schwartz BS. Effects of Lead on the Adult Brain; A 15-year Exploration. *Amer J Ind Med* 50: 729-739, 2007.
10. Occupational Safety and Health Administration, Battery Manufacturing, OSHA website, www.osha.gov, accessed May 2009.
11. Pilsner JR, Hu H, Ettinger A, Sanchez BN, Wright RO, Cantonwine D, Lazarus A, Lamadrid-Figueroa H, Mercado-Garcia A, Tellez-Rojo MM, Hernandez-Avila M. Influence of Prenatal Lead Exposure on Genomic DNA Methylation of Umbilical Cord Blood. *Environ Health Perspec* (In press) on-line 3/25/09.
12. Weisskopf MG, Jain N, Nie H, Sparrow D, Vokonas P, Schwartz J, Hu H. A prospective study of bone lead concentration and death from all causes, cardiovascular diseases, and cancer in the VA Normative Aging Study. *Circulation* (In press).

IX. Other Sources of Information

IX. Other Sources of Information

1. Former worker interviews
2. Medical records
3. Plant map and material safety data sheets

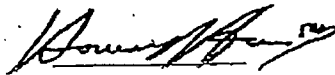
X. Report authored by:



Edward L. Baker MD, MPH

9/14/09

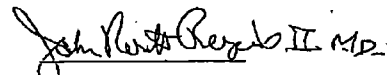
Date



Howard Hu MD, MPH, ScD

9/26/09

Date



John Routt Reigart, II, MD

9/17/09

Date

Lead-related nephrotoxicity: A review of the epidemiologic evidence

EB Ekong¹, BG Jaar^{2,3} and VM Weaver^{1,3}

¹Division of Occupational and Environmental Health, Department of Environmental Health Sciences, Johns Hopkins University Bloomberg School of Public Health, Baltimore, Maryland, USA; ²Department of Epidemiology, Johns Hopkins University Bloomberg School of Public Health, Baltimore, Maryland, USA and ³Department of Medicine, Johns Hopkins University School of Medicine, Baltimore, Maryland, USA

Chronic kidney disease (CKD) represents a major global public health concern. Efforts to prevent and/or slow progression of CKD are essential. Lead nephropathy, characterized by chronic tubulointerstitial nephritis, is a well-known risk of chronic, high-level lead exposure. However, in recent years, lead exposure has declined sharply, particularly in developed countries. We reviewed epidemiologic research in general, occupational, and patient populations to assess whether lead, at current exposure levels, still contributes to nephrotoxicity. Other pertinent topics, such as risk in children, genetic susceptibility, and coexposure to cadmium, are also considered. The data¹ reviewed indicate that lead contributes to nephrotoxicity, even at blood lead levels below 5 µg/dl. This is particularly true in susceptible populations, such as those with hypertension (HTN), diabetes, and/or CKD. Low socioeconomic status is a risk factor for both lead exposure and diseases that increase susceptibility. Future public health risk for lead-related nephrotoxicity may be most significant in those rapidly developing countries where risk factors for CKD, including obesity and secondary HTN and diabetes mellitus, are increasing more rapidly than lead exposure is declining. Global efforts to reduce lead exposure remain important. Research is also needed to determine whether specific therapies, such as chelation, are beneficial in susceptible populations.

Kidney International (2006) 70, 2074–2084. doi:10.1038/sj.ki.5001809; published online 25 October 2006

KEYWORDS: environmental lead exposure; kidney function; occupational lead exposure; renal biomarkers

Chronic kidney disease (CKD) represents a major public health concern. A recent analysis of US National Health and Nutrition Examination Survey data estimated that 19 million Americans have CKD, which includes end-stage renal disease and the four stages of renal dysfunction that precede it.¹ Worldwide, the estimated number of end-stage renal disease patients increased from 886 023 in 1999 to 1 131 594 in 2003.² Prevalence rates vary and are much higher in certain groups. In the US, for example, African-Americans have rates of end-stage renal disease that are four times higher than those in Caucasians.² Despite improvements in therapy, mortality remains substantial. Fewer than 40% of patients survive more than 5 years after onset of dialysis.² Recent data indicate that obesity is also increasing globally,^{3,4} resulting in greater prevalence of diabetes mellitus and hypertension (HTN),^{5–8} which are the leading causes of CKD. Obesity may increase CKD risk by other pathways as well.⁹

In this setting, strategies to prevent CKD and/or slow progression at earlier stages are imperative and will require a global effort. Exposure to environmental and occupational nephrotoxins is not commonly considered in this regard. However, chronic, high-level lead exposure, that is, blood lead levels persistently above 70–80 µg/dl, is an established risk factor for CKD. This has been documented in long-term follow-up of children in the Queensland, Australia lead poisoning epidemic,¹⁰ mortality studies of lead exposed workers,¹¹ historical occupational experience,¹² and animal models.¹³ At this level of exposure, lead is generally the primary cause of renal pathology, which is characterized by chronic tubulointerstitial nephritis and diagnosed as lead nephropathy.¹⁴ Fortunately, exposure at these levels is increasingly rare, particularly in developed countries. The geometric mean blood lead level in adults declined from 13.1 µg/dl in the National Health and Nutrition Examination Survey II, conducted between 1976–1980,¹⁵ to 1.56 µg/dl in the most recent survey conducted between 2001 and 2002.¹⁶ Similarly, occupational lead exposure in industrialized countries, although much higher than environmental exposure, is well below historic levels associated with lead nephropathy.

Correspondence: VM Weaver, Division of Occupational and Environmental Health, Johns Hopkins University Bloomberg School of Public Health, 615 N. Wolfe St, Rm. 7041, Baltimore, Maryland 21205, USA.
E-mail: weaver@jhsph.edu

Received 13 February 2006; revised 11 July 2006; accepted 18 July 2006; published online 25 October 2006

In this review, we consider whether current lower levels of lead exposure continue to contribute to nephrotoxicity. There are a number of reasons for concern in this regard. Globally, environmental exposure to lead is ubiquitous. Lead is stored in bone resulting in ongoing endogenous exposure. Body burdens of such cumulative toxicants tend to increase with age as does risk for renal disease from other factors. In addition, despite the overall decline in exposure, certain populations, even in developed countries, continue to experience higher lead exposure.^{17,18} These include inner city children and adults of lower socioeconomic status, particularly African-Americans who, as noted above, also have a higher prevalence of end-stage renal disease. Occupational settings of particular concern include small and/or mobile workplaces, such as radiator repair shops and construction sites. Children continue to be exposed from lead paint. Many other sources of lead exposure have been identified, such as children's jewelry,¹⁹ folk remedies, glazed pottery, and even candy.²⁰ Recently, attention has focused on urban water as a continued source of lead exposure.^{21,22} Internationally, blood lead levels are higher in developing countries owing to continued use or later phase-out of leaded gasoline and paint.^{23,24} Occupational exposure in these countries is higher as well.

In order to review recent research of relevance for the question of lead-related nephrotoxicity at current exposure levels, we have categorized the literature by study population as strengths, weaknesses, and conclusions that can be made are different in each setting. Several lead dose measures are used in this body of literature. Blood lead is a short-term measure (half-life of 30 days²⁵) that reflects exposure from current exogenous sources and the release of endogenous lead from bone. Bone lead is a cumulative dose measure that also provides information on potential for endogenous exposure.^{25,26} Lead in trabecular bone (commonly measured in the patella or calcaneus) is more bioavailable than lead in cortical bone (measured in the mid-tibia) and has a shorter half-life (estimated at 1-16 years compared to 10-30 years for cortical bone.^{25,27} Chelatable lead is thought to represent a bioavailable pool of lead from blood, soft tissue, and bone. Calcium disodium ethylenediaminetetraacetic acid (EDTA) has traditionally been used for chelation; dimercaptosuccinic acid (Succimer) is a more recent option.

LITERATURE SEARCH STRATEGY

We searched MEDLINE for studies involving the effect of lead on the kidney in humans using the following terms: lead and (occupational, environmental, or exposure) and (kidney, renal or nephrotoxicity). Limits included human and English language. The time period covered 1 January 1985-31 December 2005 to include the initial general population studies on the topic. An additional search for general population studies was conducted using the same search terms and time period in an Embase search, which was limited to humans but had no language limits.

Pertinent earlier papers from the investigators' files were discussed when relevant. We manually reviewed cited references from identified articles. Owing to the heterogeneous populations studied, small number of publications in general populations, and the range of renal outcomes analyzed, no attempt to pool data quantitatively was made. Therefore, studies were not excluded *per se*. However, studies that incorporated stronger designs and analyzed renal outcomes of known prognostic value were emphasized.

GENERAL POPULATION STUDIES

We identified 17 publications within the past two decades that have evaluated the effect of environmental lead exposure on renal function in adult general populations.^{17,28-43} In six publications, early biological effect markers were the only renal outcome measures analyzed.³⁸⁻⁴³ Determining the clinical relevance of these results is difficult owing to the limited number of prospective studies documenting the prognostic value of these markers in lead exposed populations. Therefore, the 11 studies that analyzed clinical renal outcomes (blood urea nitrogen, serum creatinine, measured and/or estimated creatinine clearance, and/or estimated glomerular filtration rate (GFR)) were summarized (Table 1). These publications included eight populations, primarily in the US and Europe. Four publications addressed different time points or lead dose measures in the same longitudinal study (Normative Aging Study). Statistically significant associations between higher lead dose and worse renal function were observed in nine publications (representing six different populations). Associations between blood lead and creatinine-based renal outcomes were the most commonly reported.^{17,29-31,33,35,36} Results in longitudinal data were consistent with those observed cross-sectionally, although significant associations were limited to susceptible populations (diabetics and hypertensives) in one study.³³ Hypertensives also emerged as a susceptible group in National Health and Nutrition Examination Survey data.³⁵ Both studies that measured bone lead reported associations not observed with blood lead, suggesting that assessment of cumulative lead dose is important in understanding lead-related nephrotoxicity.^{32,33} A review of the two studies in which no significant associations were observed is notable for the fact that one is limited by small sample size and minimal statistical analysis.³⁷

Overall, these studies have a number of strengths including assessment of a range of lead dose measures and renal outcomes; statistical analysis that adjusted for numerous renal risk factors and, in two, evaluated longitudinal data;^{31,33} and generally large sample sizes. The analyses of National Health and Nutrition Examination Survey data have the advantage of being representative of the US non-institutionalized, civilian population.^{17,35} The general consistency of the results provides important evidence that lead-related nephrotoxicity remains a public health concern, particularly in susceptible populations.

Table 1 | Research on the renal effects of lead exposure in general populations^a

Reference and study location	Study population; data; sample size; % male	Mean (s.d. or range) Age (years) Blood lead (µg/dl)	Study design	Statistical modeling; covariates	Adjusted β coefficients (95% CI) for observed associations
Longitudinal studies					
Kim et al. ²¹ Boston, MA, USA	Normative Aging Study; 1979-1994; 459; 100%	At baseline: 56.9 (37.7-87.5) years 9.9 (6.1) µg/dl	Longitudinal and cross-sectional analysis of data from examinations conducted every 3-5 years; Exclusionary criteria not specified	Random effects Baseline age, time since initial visit, body mass index, smoking status, alcohol ingestion, education level, hypertension, and in longitudinal analysis, serum creatinine at the beginning of the follow-up interval and time between evaluations	Longitudinal analysis Log-transformed blood lead and change in serum creatinine over subsequent follow-up period in: All participants ($P=0.07$) 0.02 (-0.004, 0.044) 428 whose peak blood lead was ≤ 25 µg/dl 0.027 (0.0, 0.054) Cross-sectional analysis Log-transformed blood lead and concurrent serum creatinine in: All participants 0.033 (0.009, 0.057) 141 whose peak blood lead was ≤ 10 µg/dl 0.06 (0.023, 0.097) 10-fold higher blood lead level associated with 0.09 (95% CI: 0.02, 0.13) mg/dl higher concurrent serum creatinine and a 0.05 (95% CI: -0.01, 0.10) mg/dl greater change in serum creatinine over the subsequent follow-up interval in all participants after adjustment
Ysath et al. ²² Boston, MA, USA	Normative Aging Study; 1991 to -2001; 448; 100%	At baseline: 66.0 (6.6) years; 6.5 (4.2) µg/dl	Longitudinal and cross-sectional analysis of data from two evaluations over a mean 6-year period Six ($n=26$) and 26% of subjects had diabetes and hypertension, at baseline, respectively Tibia and patella lead also measured Exclusionary criteria=no follow-up in 259; serum creatinine, lead dose, and key covariates not statistically different at baseline between those with and without follow-up	Multiple linear regression, interaction models Age, age squared, body mass index, diabetes, hypertension, smoking status, alcohol consumption, analgesic, and diuretic use, and in longitudinal analyses, baseline serum creatinine and its square	Longitudinal analysis Baseline lead dose not associated with change in creatinine in all 448. 0.009 (-0.001, 0.019) (for natural ln-transformed blood lead) Significant interaction of ln baseline blood and tibia lead with diabetes in models of annual change in serum creatinine. For ln blood lead: 0.076 (0.031, 0.121) in diabetics 0.006 (-0.004, 0.016) in non-diabetics Interaction also noted in hypertensive participants with tibia lead, although the diabetics likely present in this group may have been influential there as well. Cross-sectional analysis No significant associations between lead dose and concurrent serum creatinine at baseline in all 448; ln-transformed tibia lead associated with serum creatinine in diabetics. One of three associations at follow-up significant: natural ln-transformed blood lead with concurrent serum creatinine 0.149 (0.041, 0.257)
Cross-sectional studies: Renal outcomes include estimated/measured creatinine clearance and/or estimated GFR					
Akesson et al. ²⁶ Sweden	Women's Health in the Lund Area Study; 1999-2000; 820; 0%	Medians: 58 (53-64) years 2.2 (1.1-4.6 (5th and 95th %)) µg/dl	Exclusionary criteria=renal cancer ($n=1$) and lithium treatment ($n=3$)	Multiple linear regression Age, body mass index, diabetes, hypertension, and regular use of nephrotoxic drug, blood, and urinary cadmium (in separate models), smoking status (by stratification)	Blood lead (µg/dl) with GFR (ml/min) estimated from cystatin C ⁴⁴ -2.0 (-3.2, -0.9) Blood lead (µg/dl) with estimated creatinine clearance ^b (ml/min): -1.8 (-3.0, -0.7)
Muntner et al. ²⁵ US	NHANES III; 1988-1994; Study population representative of US non-institutionalized,	Age reported categorically 4.21 (0.14) µg/dl (hypertensives) 3.30 (0.10) µg/dl (normotensives)	Renal outcomes=elevated serum creatinine (defined as ≥ 99 th percentile of each race-gender-specific distribution for participants aged 20-39 years without	Multiple logistic regression Age, race, gender, diabetes, systolic blood pressure, smoking	Odds ratios for both renal outcomes increased by quartile of blood lead among hypertensives but not normotensives. Odds ratios for CKD in hypertensives after adjustment

Table 1 continued on following page

Table 1 | Continued

Reference and study location	Study population; date; sample size; % male	Mean (s.d. or range) Age (years) Blood lead ($\mu\text{g}/\text{dl}$)	Study design	Statistical modeling; covariates	Adjusted β coefficients (95% CI) for observed associations
	civilian population; 15 211 (4813 hypertensives); 48%		hypertension or diabetes) and CKD (defined as estimated $\text{GFR} < 60 \text{ mL}/\text{min}/1.73 \text{ m}^2$) Exclusionary criteria not specified; data from 13 141 of 18 825 adults used in final models	status, history of cardiovascular disease, body mass index, alcohol consumption, household income, education level, marital status, and health insurance	Blood lead Quartile 1 (0.7-2.4) 6.1 1.00 Quartile 2 (2.5-3.8) 10.4 1.44 (1.00, 2.09) Quartile 3 (3.9-5.9) 10.8 1.85 (1.32, 2.59) Quartile 4 (6.0-56.0) 14.1 2.60 (1.52, 4.45) $P < 0.001$ for χ^2 test for trend Twofold higher blood lead associated with odds ratio for CKD of 1.38 (95% CI: 1.15, 1.66) in hypertensives after adjustment In normotensives, higher blood lead was associated with a higher prevalence of CKD in diabetics
Muntner et al. ¹⁷ US	NHANES 1998-2002; 9961; gender not reported	Age not reported Geometric mean (95% CI) 1.64 (1.59, 1.68) $\mu\text{g}/\text{dl}$	CKD (defined as estimated $\text{GFR} < 60 \text{ mL}/\text{min}/1.73 \text{ m}^2$) Exclusionary criteria not specified	Multiple logistic regression Age, race/ethnicity, gender, diabetes, smoking status, alcohol, body mass index, education, and health insurance	Odds ratios for CKD in all increased by quartile of blood lead, significant χ^2 test for trend
Payton et al. ³⁰ Boston, MA, USA	Normative Aging Study; 1988-1991; 744; 100%	64.0 (7.4) years; 8.1 (3.9) $\mu\text{g}/\text{dl}$	Exclusionary criteria=missing data present in 251	Multiple linear regression Age, body mass index, analgesic & diuretic use, alcohol consumption, smoking status, systolic/diastolic blood pressure	Log transformed (ln) blood lead with in 24-h measured creatinine clearance -0.04 (-0.079, -0.001) After adjustment, a 10 $\mu\text{g}/\text{dl}$ higher in blood lead was associated with a 10.4 mL/min lower in creatinine clearance. A 10-fold increase in blood lead associated with 9% decrease in creatinine clearance (as noted by Kim et al. ³¹) Borderline significant ($P < 0.1$) associations between ln blood lead and both serum creatinine ($\beta = 0.027$) and in estimated creatinine clearance ³ ($\beta = 0.022$)
Staessen et al. ²⁸ Belgium	Cadmibel study; 1985-1989; general Belgian population in four cadmium polluted and unpolluted areas; 1981; 48.7%	48 (16) years Geometric mean Males: 11.4 (2.3-72.5) $\mu\text{g}/\text{dl}$ Females: 7.5 (1.7-60.3) $\mu\text{g}/\text{dl}$	Exclusionary criteria=missing data present in 302; potentially inaccurate 24 h urine collections in 44	Multiple linear regression Age, age squared, gender (by stratifying), body mass index, blood pressure, ferritin level, smoking status, alcohol ingestion, rural vs urban residence, analgesic, and diuretic use, blood, and urinary cadmium, diabetes, occupational exposure to heavy metals, and gamma glutamyl transpeptidase	Log transformed blood lead with 24 h measured creatinine clearance -9.5 (-18.1, -0.9) in males -12.6 (-20.3, -5.0) in females 10-fold higher blood lead associated with 10 and 13 mL/min lower measured creatinine clearance in men and women, respectively Log-transformed blood lead also negatively associated with estimated creatinine clearance ³ but not significantly associated with serum creatinine
Wu et al. ³² Boston, MA, USA	Normative Aging Study, 1991-1995 709; 100%	67.0 (7.4) years 6.2 (4.1) $\mu\text{g}/\text{dl}$	Tibia and patella lead also measured Exclusionary criteria not specified	Multiple linear regression Age, body mass index, hypertension, smoking status, alcohol ingestion, analgesic medication use	Significant negative association between patella lead and estimated creatinine clearance ³ ; $\beta = -0.069$; $P = 0.02$ (neither s.e. nor CI provided) Borderline significant ($P = 0.08$) negative association between tibia lead and creatinine clearance. No lead measure was significantly associated with serum creatinine; no blood lead associations were significant
Cross-sectional studies: Other clinical renal outcomes De Burbure et al. ³⁴ France	399 adults who lived ≥ 8 years near two nonferrous smelters; 50% males	Means ranged from 34.6 (8.9) years (exposed males) to 35.9 (9.6) years (exposed females)	Exclusionary criteria Included pregnancy, cancer, diabetes, kidney disease, occupational smelter	Multiple linear regression Age, sex, body mass	No significant difference in mean serum creatinine between exposed and unexposed groups. After adjustment for covariates, log-transformed blood lead not significantly

Table 1 continued on following page

Table 1 | Continued

Reference and study location	Study population; date; sample size; % male	Mean (s.d. or range) Age (years) Blood lead ($\mu\text{g}/\text{dl}$)	Study design	Statistical modeling; covariates	Adjusted β coefficients (95% CI) for observed associations
	201 age- and gender-matched controls Date not provided (Note - only results in adults presented herein)	Geometric means ranged from 4.2 (0.2) $\mu\text{g}/\text{dl}$ (control females) to 7.1 (0.18) $\mu\text{g}/\text{dl}$ (control males)	exposure, recent dental work, and missing data. Numbers excluded not stated, however, serum creatinine data reported in 479 of original 600	index, area of residence, smoking, alcohol ingestion, log urine mercury, log blood cadmium and urinary creatinine	associated with serum creatinine (data not presented in publication).
Mortada et al. ³⁷ Egypt	Not applicable - details of population recruitment not provided; date not provided 68; 100%	30 (25-35) years (smokers) 31.8 (25-38) years (non-smokers) 14.4 (3.4) $\mu\text{g}/\text{dl}$ (smokers) 10.2 (3.1) $\mu\text{g}/\text{dl}$ (non-smokers)	Also measured cadmium, and mercury in blood and all three metals in urine, hair, and nails. Exclusionary criteria-occupational exposure to any of the three metals, dental amalgams, drug intake, diabetes, hypertension, and hepatic, renal or urological disease. Smokers and non-smokers matched on socioeconomic status.	t-test for independent samples; Spearman correlation	No significant difference in serum creatinine or BUN by smoking status (blood lead levels significantly higher in smokers as compared to non-smokers). No significant correlations of any of the four lead measures with renal outcomes (only assessed in 35 smokers; data not presented in publication)
Pocock et al. ²⁸ Britain	British Regional Heart Study; year not provided; 7364; 100%	Mean not reported, range 40-59 years Mean blood lead not reported	Exclusionary criteria not specified	Correlation; analysis of covariance adjusting for alcohol	Correlations of blood lead with log transformed serum creatinine, urate, and log urate=0.00, +0.1, -0.08 (unadjusted data) ($P<0.001$ for urate and urate) Partial correlations for urate and urate after adjustment for alcohol=+0.06 and -0.05 (P -values not reported)

BUN, blood urea nitrogen; CI, confidence interval; CKD, chronic kidney disease; GFR, glomerular filtration rate; NHANES, National Health and Nutrition Examination Survey. ^aStudies in adult general populations published in the last 25 years in which relations between lead dose and clinical renal outcomes (BUN, serum creatinine, measured or estimated creatinine clearance, or estimated GFR) were analyzed.

^bCreatinine clearance estimated using the Cockcroft-Gault equation.⁴⁸

^cGFR estimated by the abbreviated Modification of Diet in Renal Disease (MDRD) equation.⁴⁹

OCCUPATIONAL POPULATION STUDIES

Research on renal outcomes from occupational lead exposure is categorized by reported results (Table 2). Compared to the work described above in general populations, this body of literature is larger, however, the results are less consistent. This is puzzling as most dose-response relations are linear. Biologically, lead dose consistent with occupational exposure (i.e., blood lead levels between 20 and 50 $\mu\text{g}/\text{dl}$) should be nephrotoxic if lower (<10 $\mu\text{g}/\text{dl}$) and higher (>80 $\mu\text{g}/\text{dl}$) doses are. A number of factors may be involved in this seeming paradox. Some are unique to the occupational literature. These studies generally have small sample sizes, resulting in less power to detect significant differences. Most are cross-sectional studies of currently employed workers, a group that is well known to be healthier than the general population (the healthy worker effect). Lead workers who are followed in a medical surveillance program (a common practice) are often removed from exposure if renal function decline is observed. This may result in removal from the workplace, yet few studies have included former workers. In many studies, exclusionary criteria for a range of diseases, such as HTN and diabetes, were applied. The number of workers subsequently excluded was not always reported, making it difficult to determine if the healthy worker effect

was substantially increased. Statistical analyses were more limited than in general population studies. Analyses limited to comparisons of crude mean outcomes between exposed and control workers are problematic, when lead levels in the latter group are in the range associated with adverse renal outcomes in the general population. Limited lead exposure assessment may also be a factor, as few studies have included cumulative measures of lead dose and blood lead varies more owing to external exposure in the occupational setting. Other limitations that are pertinent for research on the adverse renal effects of lead exposure in any population include insensitivity of the clinical renal outcomes and the lack of uniformly accepted early markers of renal damage in lead exposure. As discussed below, coexposure to environmental cadmium may also account for differences in reported associations between studies, particularly for *N*-acetyl- β -D-glucosaminidase (NAG). In general, these limitations result in bias towards the null meaning that actual associations are obscured.

Finally, one factor that has received relatively little attention to date involves the paradoxical inverse associations observed in some studies (Table 2; Category 4). These unexpected associations have been reported with blood, tibia, and dimercaptosuccinic acid-chelatable lead in the

Table 2 | Research on the renal effects of occupational lead exposure^a

Significant results	Details and examples	References
Mean difference in one or more measures of clinical renal function ^b between lead workers and control group and/or positive association(s) between higher lead dose and worse clinical renal function	Traditional pattern of lead-related nephrotoxicity. Mean serum creatinine higher in exposed compared to control workers. Higher blood or bone lead associated with higher serum creatinine in all workers.	47-57
Mean difference or association for renal biomarkers ^c ; clinical outcomes not assessed	Relatively recent approach to lead-related nephrotoxicity to address issue of insensitivity of clinical renal measures. Higher blood lead associated with higher RBP	58-66
Significant results for renal biomarkers but not clinical outcomes	Higher blood lead associated with higher RBP but not serum creatinine	67-70
Paradoxical associations with higher mean creatinine clearance in the lead exposed group and/or inverse associations between higher lead dose and worse clinical renal function	May indicate lead-related hyperfiltration. Higher lead dose associated with lower BUN and serum creatinine and/or higher creatinine clearance	47,57,79,80,81
None ^d		82-86

BUN, blood urea nitrogen; RBP, retinol-binding protein.

^aPublished between 1985-2005, adult populations.^bClinical renal function defined as BUN, serum creatinine, estimated and/or measured creatinine clearances, and/or estimated GFR.^cRenal biomarkers examples include N-acetyl- β -D-glucosaminidase, RBP, β_2 microglobulin, and α_1 -microglobulin.^dInterestingly, one of these studies⁸⁵ included two workers with high lead dose and lower creatinine clearance who had biopsy evidence of chronic interstitial nephritis, thus a pattern consistent with lead nephropathy. In another, the association was no longer significant after the removal of two participants with abnormal renal function that appear to be outliers.⁸⁶

occupational setting and with blood lead in a recent study of environmentally exposed children.⁸⁷ Higher mean creatinine clearance compared to controls was also observed in one study of adults who were previously lead poisoned as children.⁸⁸ Although observed renal function was not consistently in a supranormal range, these associations may indicate a lead-related hyperfiltration process. Data from lead workers in South Korea suggest a temporal pattern that is consistent with hyperfiltration.⁴⁷ Inverse associations (i.e., higher lead dose associated with lower serum creatinine) were noted in younger workers; however, the opposite was observed in older workers (i.e., higher lead dose associated with higher serum creatinine). Two longitudinal studies in rats are critical to our understanding of this process in lead exposure. High exposure animals had mean blood lead levels of ~50, 90 and 125 $\mu\text{g}/\text{dl}$ at 1, 3, and 6 months, respectively, at which point lead exposure was reduced and levels declined to ~60 $\mu\text{g}/\text{dl}$ at 12 months.¹³ Lower exposure resulted in mean blood lead levels between ~20 and 30 $\mu\text{g}/\text{dl}$ throughout.⁸⁹ Compared to controls, mean GFR (measured with ¹²⁵I-iothalamate clearance) was significantly higher at 1 month in the lower exposure animals and in both groups at 3 months. In the high exposure rodents, a positive association between blood lead and GFR was observed in the first 6 months; however, tubulointerstitial fibrosis became apparent at 6 months and GFR was decreased compared to controls at 12 months. Interestingly, despite a similar degree of hyperfiltration initially (and an earlier onset), subsequent renal damage was much less severe in the lower exposed animals.

Whether this process contributes to pathology in human lead exposure remains unclear and will require longitudinal studies. Regardless, significant associations could be obscured

if opposite direction associations are present in different segments of the study population and interaction models to address this are not performed. This is a valid concern as the factors involved in these inverse associations in lead exposed populations are not well defined at present.

PATIENT POPULATION STUDIES

Studies in various patient populations have also contributed to the body of knowledge concerning the adverse renal impact of lead. Patients with CKD, gout, and/or HTN have been the focus of this work as risk for these diseases is increased with high-level lead exposure, particularly when two or more coexist in the same patient. Early research focused on lead nephropathy and body burdens were high (>600 to 650 μg lead excreted in 72 h following chelation with EDTA).^{90,91} More recent work has involved patients with earlier stages of CKD and much lower lead body burdens, thus addressing the issue of low-level lead as a cofactor with other renal risk factors in susceptible populations. This work has been published by Lin and co-workers in Taiwan; a discussion of two recent studies serves to illustrate the current state of this research and the different approaches they use to study this issue. The first approach involves prospective study of susceptible patient populations to determine if renal function decline is greater in participants with higher baseline chelatable lead body burdens. Yu *et al.*⁹² followed 121 CKD patients over a 4-year period. Eligibility criteria included stable renal function (serum creatinine from 1.5 to 3.9 mg/dl), well-controlled blood pressure, cholesterol and daily protein intake, and EDTA-chelatable lead <600 $\mu\text{g}/72\text{ h}$. Sixty-three patients had 'high-normal' EDTA-chelatable lead levels (≥ 80 but <600 $\mu\text{g}/72\text{ h}$);

58 patients had 'low-normal' EDTA-chelatable lead levels ($<80 \mu\text{g}$ lead/72 h). Mean blood lead was higher in the former group (4.9 vs $3.4 \mu\text{g/dl}$). The groups were similar in most other baseline risk factors. However, borderline statistically significant ($P<0.1$) differences were present (older age and chronic glomerulonephritis more prevalent in the 'high-normal' lead group chronic interstitial nephritis and hypertensive nephropathy less prevalent). Fifteen patients in the 'high-normal' chelatable lead group reached the primary end point (doubling of serum creatinine or need for hemodialysis) compared to only two in the 'low-normal' group ($P=0.001$).

Associations between baseline chelatable or blood lead levels and change in GFR were modeled separately using generalized estimating equations. Based on these models, $10 \mu\text{g}/72 \text{ h}$ higher chelatable lead and $1 \mu\text{g/dl}$ higher blood lead were associated with a reduction in GFR of 1.3 and $4.0 \text{ ml/min}/1.73 \text{ m}^2$, respectively, during the 4-year study period. Given the lead dose ranges in this study, this is a clinically relevant association.

The second approach used by Lin *et al.*, involves randomized EDTA chelation trials to determine if this therapy changes the rate of renal function decline. Chelation in lead exposure is controversial owing to the potential for it to be used in lieu of exposure reduction. In addition, cases of acute tubular necrosis were reported following early clinical use of EDTA that involved very large doses.⁹³ However, adverse renal effects have not been observed in subsequent work using lower doses.^{91,95} In their largest chelation trial to date, Lin *et al.*⁹⁴ randomized 64 patients whose EDTA-chelatable lead levels were $80\text{--}600 \mu\text{g}/72 \text{ h}$; half received weekly chelation with 1 g EDTA intravenously for up to 3 months (mean 5 weeks) and half received a weekly placebo infusion for 5 weeks. Renal risk factors were similar in the two groups. Mean blood lead levels were 6.1 and $5.9 \mu\text{g/dl}$ in treated and control groups, respectively. In the subsequent 24 months, chelation was repeated in 19 (59%) participants owing to increases in serum creatinine in association with rebound increases in chelatable lead levels. Each received one additional chelation series (mean of four weekly infusions), a mean of 13.7 months after the first chelation period. At the end of the 2-year study period, mean estimated GFR increased by $2.1 \text{ ml/min}/1.73 \text{ m}^2$ in the chelated group compared to a decline of $6.0 \text{ ml/min}/1.73 \text{ m}^2$ in the controls ($P<0.01$). Benefits from chelation have also been observed in rodent models of lead-related nephrotoxicity.⁹⁵⁻⁹⁷ This did not appear to occur via reversal of structural damage;⁹⁷ improved hemodynamics from reduction of reactive oxidant species may be a mechanism.⁹⁸ It is also important to note that chelation may have a direct beneficial effect on kidney function, regardless of lead exposure. Dimercaptosuccinic acid has been reported to prevent renal damage when coadministered during induction of nephrosclerosis in a non-lead-exposed rat model.⁹⁸

The unique body of work by Lin *et al.*, (which also includes work in patient populations with gout and HTN not

discussed herein) has numerous strengths including prospective study design, randomization, lead dose assessment that includes bioavailable body burden, longitudinal statistical analysis, and control for multiple renal risk factors. However, to date, this work has been performed in small groups at one clinical center and thus the generalizability of the results to broader populations is unknown. In addition, the observed effect of lead on decline in GFR has been variable. In an earlier study of 202 patients, an increase of $10 \mu\text{g}/72 \text{ h}$ in baseline EDTA-chelatable lead was associated with a decline in GFR of $0.03 \text{ ml/min}/1.73 \text{ m}^2$ over a 2-year observation period.⁹⁴ When adjusted for the shorter follow-up period, this effect, although statistically significant ($P<0.001$), is 20-fold lower than in the most recent work discussed above.⁹² Small sample sizes and differences in renal diagnoses between groups may be factors in this variability.

Although preliminary, this line of research could yield important public health benefits if confirmed in large populations (and shown not to worsen cognition). This would indicate that lead body burden contributes to worsening renal function in populations with CKD from a range of causes at much lower levels than previously recognized. Therapeutic options would be available for high-risk patients, who, despite reductions in lead exposure, still experience lead-related nephrotoxicity.

ADDITIONAL CONSIDERATIONS

A number of additional issues may be relevant in assessing the adverse renal impact of lead exposure. However, data are currently too limited to merit in depth discussion. Such areas include the potential for lead-related nephrotoxicity in children, genetic susceptibility, and coexposures, of which cadmium is the most important. Lead-poisoned children who are not chelated are at increased risk for nephropathy as young adults.¹⁰ Recent work in children exposed at lower levels has generally relied on renal biomarkers for outcome assessment. As discussed above, few prospective studies documenting the prognostic value of these markers in lead exposure have been published. Further, some data suggest that renal biomarker levels may decrease post-puberty,⁹⁹ so prospective biomarker studies specifically in lead exposed children will be needed to interpret the existing literature. However, two recent publications deserve comment. A positive association between blood lead and serum cystatin C was observed in 200 Belgian adolescents.¹⁰⁰ In 600 European children, higher blood lead was associated with lower serum creatinine and cystatin C,⁸⁷ in models that adjusted for age, gender, body mass index, and either blood or urine cadmium (A. Bernard, e-mail communication). Prospective studies of renal function in lead-exposed children are needed to understand the clinical significance of these findings.

Research in the past two decades suggests that certain genetic polymorphisms affect lead toxicokinetics (i.e., modify the relation between lead exposure and internal dose).

The gene that encodes for δ -aminolevulinic acid dehydratase has received most attention in this regard to date. Overall, current data suggest that tighter binding of lead by the isoenzymes of the variant δ -aminolevulinic acid dehydratase² allele leads to higher blood lead levels and decreased lead sequestration in bone.^{101,79,102} Data to determine whether the δ -aminolevulinic acid dehydratase polymorphism confers additional toxicodynamic risk for the kidney are still quite limited, but are suggestive of an increased risk in lead-exposed populations with the variant allele.^{52,79,102-104}

Finally, exposure to other environmental nephrotoxicants may affect risk. Cadmium is likely to be the most important in this regard as this metal has many similarities to lead. It is also a cumulative toxicant that is stored long term in the body. Environmental cadmium exposure in the US occurs primarily through food and smoking.¹⁰⁵ The existing data indicate that cadmium exposure, at levels common in the US, confounds associations between lead exposure and at least one renal outcome, NAG. Studies have reported higher mean NAG in lead workers compared to controls; however, NAG was correlated with urinary cadmium (CdU; a cumulative measure of exposure) rather than lead dose.^{80,67} CdU was associated with the NAG-B isoenzyme (released with breakdown of proximal tubular cells) even at CdU levels $<2 \mu\text{g/g}$ creatinine.¹⁰⁶ In Korean lead workers, both CdU and tibia lead were positively associated with NAG.⁴⁷ However, a $0.5 \mu\text{g/g}$ creatinine increase in cadmium had the same effect on NAG as a $66.9 \mu\text{g}$ lead/g bone mineral. The fact that mean CdU was $1.1 \mu\text{g/g}$ creatinine, indicating environmental rather than occupational exposure, again illustrates the impact of cadmium on NAG.

Lower level cadmium exposure may also confound or modify relations between lead exposure and clinical renal outcomes, although the data are too limited to draw firm conclusions. Occupational cadmium exposure increases the risk for clinical renal dysfunction,^{107,108} as does high-level environmental exposure.^{109,110} However, most recent studies of lower level cadmium exposure are cross-sectional and have assessed renal biomarkers, rather than clinical renal outcomes.^{43,111-113} Two recent exceptions include a report of increased renal dialysis and transplantation rates in residents of cadmium-polluted areas in Sweden¹¹⁴ and associations of higher blood lead and blood and CdU with lower estimated creatinine clearance and GFR in Swedish women.³⁶ However, as noted above, higher blood lead was associated with lower creatinine clearance in the Cadmibel study whereas urinary and blood cadmium were not.²⁹ Additional studies assessing both lead and cadmium are needed.

CONCLUSIONS

The research reviewed herein utilized a variety of study approaches in different populations. Overall, these diverse lines of evidence indicate that lead exposure, at much lower levels than those causing lead nephropathy, acts as a cofactor with more established renal risk factors to increase the risk for CKD and the rate of progression. Adverse renal effects

have been reported at mean blood lead levels $<5 \mu\text{g/dl}$. Cumulative lead dose was also associated with worse renal function. The data available to date are not sufficient to determine whether current blood lead level or cumulative exposure with higher past blood lead levels is the more important determinant of nephrotoxicity. However, Kim *et al.*³¹ noted associations in participants whose peak blood lead levels, dating back to 1979, were $\leq 10 \mu\text{g/dl}$. Populations with diabetes, HTN, and/or CKD appear to be at greater risk for adverse renal effects from lead. Moreover, recent research suggests that the adverse impact of lead on renal function decline in CKD from a range of causes may be reduced with chelation, even at lead body burdens previously considered normal. Although preliminary, this line of research deserves further study as it could yield important public health benefits if confirmed in large populations.

Residual confounding is unlikely to explain associations between lead exposure and renal function. Muntner *et al.*³³ observed that the odds ratios for both renal outcomes assessed in hypertensives, initially adjusted for age, race, and gender, actually increased slightly following additional adjustment for a range of covariates including diabetes, blood pressure, smoking, cardiovascular disease, body mass index, alcohol, and socioeconomic status indicators. Furthermore, most studies adjusted for blood pressure, which is likely to be in the causal pathway and thus may result in an underestimate of effect. Reverse causality, which attributes increased lead dose in general population studies to reduced lead excretion as a consequence of renal insufficiency, is also not likely to be a major explanatory factor. Longitudinal data indicate that lead dose at baseline is associated with subsequent decline in renal function. Furthermore, associations in the Normative Aging Study population occurred over the entire serum creatinine range,⁵¹ and persisted when data from participants with serum creatinine $>1.5 \text{ mg/dl}$ were removed.³³ The impact of publication bias is always difficult to assess. A type of publication bias is present in the reviewed studies that reported no significant associations but did not show the data. In addition, at least one cadmium study appears to include unpublished longitudinal lead data.¹¹⁵ However, no other evidence of unpublished data on associations between lead dose and renal function in general populations was identified through the MEDLINE and Embase search strategies used or in population descriptions and references of reviewed papers.

Inverse associations between higher lead dose and worse renal function may be mediated through a hyperfiltration mechanism. Although potentially of mechanistic importance, a more immediate concern is the fact that, if interaction is not specifically explored in data analysis, risk may be underestimated. The potential for such underestimation in lead workers, along with new knowledge regarding susceptible populations, indicates that lead exposure in workers must be controlled not simply to reduce risk for lead nephropathy but also to minimize steeper renal function decline with aging as other cofactors develop. Monitoring of

cumulative lead dose may be important in this effort. Given these limitations, current permissible exposure levels^{116,117} may not be as protective for lead workers as previously thought. Finally, there are a number of data gaps, in terms of effects in children, genetic susceptibility factors, and co-exposures, which require further study.

Globally, despite substantial reductions in lead exposure overall, two risk groups for lead-related nephrotoxicity remain: (1) those with higher exposure levels still common in developing countries and in minority populations in developed countries and (2) those with other renal risk factors. From a public health perspective, certain groups, such as those of lower socioeconomic status, are at highest risk as they have higher lead exposure and prevalence of diseases that increase susceptibility. Ultimately, the global public health impact may be most significant in developing countries where obesity, and secondary HTN and diabetes mellitus, are increasing more rapidly than lead exposure is declining. Continued global efforts to reduce lead exposure are obviously important; technology transfer is critical to reduce associated costs. Given the increasing prevalence of renal disease, research to better delineate the contribution made by lead exposure and to determine whether chelation is beneficial is also needed.

ACKNOWLEDGMENTS

This work was supported by NIEHS Grant No. 2 R01 ES007198. We thank Dr B Schwartz for valuable comments on the manuscript.

REFERENCES

- Coresh J, Astor BC, Greene T et al. Prevalence of chronic kidney disease and decreased kidney function in the adult US population: Third National Health and Nutrition Examination Survey. *Am J Kidney Dis* 2003; 41: 1-12.
- US Renal Data System. *USRDS 2005 Annual Data Report Atlas of End-Stage Renal Disease in the United States*. National Institutes of Health. National Institute of Diabetes and Digestive and Kidney Diseases: Bethesda, MD, 2005.
- Mendez MA, Monteiro CA, Popkin BM. Overweight exceeds underweight among women in most developing countries. *Am J Clin Nutr* 2005; 81: 714-721.
- Monteiro CA, Moura EC, Conde WL, Popkin BM. Socioeconomic status and obesity in adult populations of developing countries: a review. *Bull World Health Organ* 2004; 82: 940-946.
- Kim S, Popkin BM. Commentary: Understanding the epidemiology of overweight and obesity - a real global public health concern. *Int J Epidemiol* 2006; 35: 60-67.
- Wild S, Roglic G, Green A et al. Global prevalence of diabetes estimates for the year 2000 and projections for 2030. *Diabetes Care* 2004; 27: 1047-1053.
- Yach D, Stuckler D, Brownell KD. Epidemiologic and economic consequences of the global epidemics of obesity and diabetes. *Nat Med* 2006; 12: 62-66.
- Polner P, Giles TD, Bray GA et al. Obesity and cardiovascular disease: pathophysiology, evaluation, and effect of weight loss: an update of the 1997 American Heart Association Scientific Statement on Obesity And Heart Disease from the Obesity Committee of the Council on Nutrition, Physical Activity, and Metabolism. *Circulation* 2006; 113: 898-918.
- Hsu CY, McCulloch CE, Iribarren C et al. Body mass index and risk for end-stage renal disease. *Ann Intern Med* 2006; 144: 21-28.
- Inglis JA, Henderson OA, Emmerson BT. The pathology and pathogenesis of chronic lead nephropathy occurring in Queensland. *J Pathol* 1978; 124: 65-76.
- Steenland K, Selevan S, Landrigan P. The mortality of lead smelter workers: an update. *Am J Pub Health* 1992; 82: 1641-1644.
- Wedeen RP, Malik DK, Batuman V. Detection and treatment of occupational lead nephropathy. *Arch Intern Med* 1979; 139: 53-57.
- Khalil-Manesh F, Gonick HC, Cohen AH et al. Experimental model of lead nephropathy. I. Continuous high-dose lead administration. *Kidney Int* 1992; 41: 1192-1203.
- Bernard AM. Clinical renal toxicology. In: Sullivan JB, Krieger GR (eds) *Clinical Environmental Health and Toxic Exposures*. 2nd edn, Lippincott Williams & Wilkins: Philadelphia, 2001 pp 281-289.
- Pirkle JL, Brody DJ, Gunter EW et al. The decline in blood lead levels in the United States. *JAMA* 1994; 272: 284-291.
- National Center for Environmental Health. *Third National Report on Human Exposure to Environmental Chemicals*. Centers for Disease Control and Prevention, NCEH Pub. No. 05-0570, July, Department of Health and Human Services: Atlanta, Georgia 2005, pp 38-44.
- Muntner P, Menke A, DeSalvo KB et al. Continued decline in blood lead levels among adults in the United States: The National Health and Nutrition Examination Surveys. *Arch Intern Med* 2005; 165: 2153-2161.
- National Center for Environmental Health, Centers for Disease Control and Prevention. Blood lead levels - United States, 1999-2002. *MMWR* 2005; 54: 513-516.
- Dooley EE. Tragic trinkets. *Environ Health Perspect* 2004; 112: A803.
- Medlin J. Sweet candy, bitter poison. *Environ Health Perspect* 2004; 112: A803.
- Maas RP, Patch SC, Morgan DM, Pandolfo TJ. Reducing lead exposure from drinking water: recent history and current status. *Public Health Rep* 2005; 120: 316-321.
- Bryant SD. Lead-contaminated drinking waters in the public schools of Philadelphia. *J Toxicol Clin Toxicol* 2004; 42: 287-294.
- Kalser R, Henderson AK, Daley WR et al. Blood lead levels of primary school children in Dhaka, Bangladesh. *Environ Health Perspect* 2001; 109: 563-566.
- Clark CS, Thuppal V, Clark R et al. Lead in paint and soil in Karnataka and Gujarat, India. *J Occup Environ Hyg* 2005; 2: 38-44.
- Hu H, Rabinowitz M, Smith D. Bone lead as a biological marker in epidemiological studies of chronic toxicity: conceptual paradigms. *Environ Health Perspect* 1998; 106: 1-8.
- Barbosa Jr F, Tanus-Santos JE, Gerlach RF, Parsons PJ. A critical review of biomarkers used for monitoring human exposure to lead: advantages, limitations, and future needs. *Environ Health Perspect* 2005; 113: 1669-1674.
- Chettle DR. In vivo X-ray fluorescence of lead and other toxic trace elements. *Adv X-ray Anal* 1995; 38: 563-572.
- Pocock SJ, Shaper AG, Ashby D et al. Blood lead concentration, blood pressure, and renal function. *BMJ* 1984; 289: 872-874.
- Staessen JA, Lauwerys RR, Buchet JP et al. Impairment of renal function with increasing blood lead concentrations in the general population. *N Engl J Med* 1992; 327: 151-156.
- Payton M, Hu H, Sparrow D, Weiss ST. Low-level lead exposure and renal function in the Normative Aging Study. *Am J Epidemiol* 1994; 140: 821-829.
- Kim R, Rotnitzky A, Sparrow D et al. A longitudinal study of low-level lead exposure and impairment of renal function. *J Am Med Assoc* 1996; 275: 1177-1181.
- Wu M-T, Kelsey K, Schwartz J et al. A δ -aminolevulinic acid dehydratase (ALAD) polymorphism may modify the relationship of low-level lead exposure to uricemia and renal function: The Normative Aging Study. *Environ Health Perspect* 2003; 111: 335-340.
- Tsaih S-W, Korrick S, Schwartz J et al. Lead diabetes, hypertension, and renal function: The Normative Aging Study. *Environ Health Perspect* 2004; 112: 1178-1182.
- de Burbure C, Buchet JP, Bernard A et al. Biomarkers of renal effects in children and adults with low environmental exposure to heavy metals. *J Toxicol Environ Health A* 2003; 66: 783-798.
- Muntner P, He J, Vupputuri S et al. Blood lead and chronic kidney disease in the general United States population: results from NHANES III. *Kidney Int* 2003; 63: 1044-1050.
- Åkesson A, Lundh T, Vahter M et al. Tubular and glomerular kidney effects in Swedish women with low environmental cadmium exposure. *Environ Health Perspect* 2005; 113: 1627-1631.
- Mortada W, Sobh MA, El-Defrawy MM. The exposure to cadmium, lead and mercury from smoking and its impact on renal integrity. *Med Sci Monit* 2004; 10: CR112-116.
- Factor-Litvak P, Stein Z, Graziano J. Increased risk of proteinuria among a cohort of lead-exposed pregnant women. *Environ Health Perspect* 1993; 101: 418-421.

39. Lin J-H, Yeh K-H, Tseng H-C et al. Urinary N-acetyl-glucosaminidase excretion and environmental lead exposure. *Am J Nephrol* 1993; 13: 442-447.
40. Satarug S, Nishijo M, Ujjin P et al. Evidence for concurrent effects of exposure to environmental cadmium and lead on hepatic CYP2A6 phenotype and renal function biomarkers in nonsmokers. *Environ Health Perspect* 2004; 112: 1512-1518.
41. Satarug S, Ujjin P, Vanavanitkun Y et al. Effects of cigarette smoking and exposure to cadmium and lead on phenotypic variability of hepatic CYP2A6 and renal function biomarkers in men. *Toxicology* 2004; 204: 161-173.
42. Cui Y, Zhu Y-G, Zhai R et al. Exposure to metal mixtures and human health impacts in a contaminated area in Nanning, China. *Environ Int* 2005; 31: 784-790.
43. Alfven T, Jarup L, Ellinder C-G. Cadmium and lead in blood in relation to low bone mineral density and tubular proteinuria. *Environ Health Perspect* 2002; 110: 699-702.
44. Larsson A, Malm J, Grubb A, Hansson LO. Calculation of glomerular filtration rate expressed in ml/min from plasma cystatin C values in mg/l. *Scand J Clin Lab Invest* 2004; 64: 25-30.
45. Cockcroft DW, Gault MH. Prediction of creatinine clearance from serum creatinine. *Nephron* 1976; 16: 31-41.
46. Levey AS, Bosch JP, Lewis JB et al. A more accurate method to estimate glomerular filtration rate from serum creatinine: a new prediction equation. Modification of Diet in Renal Disease Study Group. *Ann Intern Med* 1999; 130: 461-470.
47. Weaver VM, Lee B-K, Ahn K-D et al. Associations of lead biomarkers with renal function in Korean lead workers. *Occup Environ Med* 2003; 60: 551-562.
48. Ehrlich R, Robins T, Jordan E et al. Lead absorption and renal dysfunction in a South African battery factory. *Occup Environ Med* 1998; 55: 453-460.
49. Smith CM, Wang X, Hu H, Kelsey KT. A polymorphism in the δ -aminolevulinic acid dehydratase gene may modify the pharmacokinetics and toxicity of lead. *Environ Health Perspect* 1995; 103: 248-253.
50. Pinto de Almeida AR, Carvalho FM, Spinola AG, Rocha H. Renal dysfunction in Brazilian lead workers. *Am J Nephrol* 1987; 7: 455-458.
51. Lim YC, Chia KS, Ong HY et al. Renal dysfunction in workers exposed to inorganic lead. *Ann Acad Med Singapore* 2001; 30: 112-117.
52. Wang VS, Lee MT, Chiou JY et al. Relationship between blood lead levels and renal function in lead battery workers. *Int Arch Occup Environ Health* 2002; 75: 569-575.
53. Jung KY, Lee SJ, Kim JY et al. Renal dysfunction indicators in lead exposed workers. *J Occup Health* 1998; 40: 103-109.
54. Chia KS, Jayaratnam J, Tan C et al. Glomerular function of lead-exposed workers. *Toxicol Lett* 1995; 77: 319-328.
55. Endo G, Horiguchi S, Kyota I. Urinary N-acetyl-beta-D-glucosaminidase activity in lead-exposed workers. *J Appl Toxicol* 1990; 10: 235-238.
56. Ong CN, Endo G, Chia KS et al. Evaluation of renal function in workers with low blood lead levels. In: Foa V (ed). *Occupational and Environmental Chemical Hazards*. Halstead Press: New York, 1987 pp 327-333.
57. Weaver VM, Lee B-K, Todd AC et al. Associations of patella lead and other lead biomarkers with renal function in lead workers. *J Occup Environ Med* 2005; 47: 235-243.
58. Coratelli P, Giannattasio M, Lomonte C et al. Enzymuria to detect tubular injury in workers exposed to lead: a 12-month follow-up. *Contrib Nephrol* 1988; 68: 207-211.
59. Garcon G, Leleu B, Zerimech F et al. Biologic markers of oxidative stress and nephrotoxicity as studied in biomonitoring of adverse effects of occupational exposure to lead and cadmium. *J Occup Environ Med* 2004; 46: 1180-1186.
60. Chia KS, Mutti A, Tan C et al. Urinary N-acetyl-beta-D-glucosaminidase activity in workers exposed to inorganic lead. *Occup Environ Med* 1994; 51: 125-129.
61. Chia KS, Mutti A, Allinovi R et al. Urinary excretion of tubular brush-border antigens among lead exposed workers. *Ann Acad Med Singapore* 1994; 23: 655-659.
62. Chia KS, Jayaratnam J, Lee J et al. Lead-induced nephropathy: relationship between various biological exposure indices and early markers of nephrotoxicity. *Am J Ind Med* 1995; 27: 883-895.
63. Huang JX, He FS, Wu YG, Zhang SC. Observations on renal function in workers exposed to lead. *Sci Total Environ* 1988; 71: 535-537.
64. EL-Safty IA, Afifi AM, Shouman AE et al. Effects of smoking and lead exposure on proximal tubular integrity among Egyptian industrial workers. *Arch Med Res* 2004; 35: 59-65.
65. Vyskocil A, Flata Z, Salandova J et al. The urinary excretion of specific proteins in workers exposed to lead. *Arch Toxicol Suppl* 1991; 14: 218-221.
66. Kumar BD, Krishnaswamy K. Detection of sub-clinical lead toxicity in monocytes. *Bull Environ Contam Toxicol* 1995; 54: 863-869.
67. Cardenas A, Roels H, Bernard AM et al. Markers of early renal changes induced by industrial pollutants. II Application to workers exposed to lead. *Br J Ind Med* 1993; 50: 28-36.
68. Kumar BD, Krishnaswamy K. Detection of occupational lead nephropathy using early renal markers. *Clin Toxicol* 1995; 33: 331-335.
69. Fels LM, Herbert C, Pergande M et al. Nephron target sites in chronic exposure to lead. *Nephrol Dial Transplant* 1994; 9: 1740-1746.
70. Gerhardsson L, Chettle DR, Englyst V et al. Kidney effects in long term exposed lead smelter workers. *Br J Ind Med* 1992; 49: 185-192.
71. Pergande M, Jung K, Precht S et al. Changed excretion of urinary proteins and enzymes by chronic exposure to lead. *Nephrol Dial Transplant* 1994; 9: 613-618.
72. Verschoor M, Wibowo A, Herber R et al. Influence of occupational low-level lead exposure on renal parameters. *Am J Ind Med* 1987; 12: 341-351.
73. Cardozo dos Santos A, Colaclopo S, Dal Bo CMR, Guinaim dos Santos NA. Occupational exposure to lead, kidney function tests, and blood pressure. *Am J Ind Med* 1994; 26: 635-643.
74. Mortada WI, Sobh MA, El-Defrawy MM, Farahat SE. Study of lead exposure from automobile exhaust as a risk for nephrotoxicity among traffic policemen. *Am J Nephrol* 2001; 21: 274-279.
75. Endo G, Konishi Y, Kyota A, Horiguchi S. Urinary alpha 1 microglobulin in lead workers. *Bull Environ Contam Toxicol* 1993; 50: 744-749.
76. Konishi Y, Endo G, Kyota A, Horiguchi S. Fractional clearances of low molecular weight proteins in lead workers. *Ind Health* 1994; 32: 119-128.
77. Ankras N-A, Kamya Y, Appiah-Opong R et al. Lead levels and related biochemical findings occurring in Ghanaian subjects occupationally exposed to lead. *East African Med J* 1996; 73: 375-379.
78. Oldem F, Arslan MK, Dundar B et al. Renal effects and erythrocyte oxidative stress in long-term low-level lead-exposed adolescent workers in auto repair workshops. *Arch Toxicol* 2004; 78: 681-687.
79. Weaver VM, Schwartz BS, Ahn K-D et al. Associations of renal function with polymorphisms in the δ -aminolevulinic acid dehydratase, vitamin D receptor, and nitric oxide synthase genes in Korean lead workers. *Environ Health Perspect* 2003; 111: 1613-1619.
80. Roels H, Lauwerys R, Konings J et al. Renal function and hyperfiltration capacity in lead smelter workers with high bone lead. *Occup Environ Med* 1994; 51: 505-512.
81. Hsiao C-Y, Wu H-D, Lai J-S, Kuo H-W. A longitudinal study of the effects of long-term exposure to lead among lead battery factory workers in Taiwan (1989-1999). *Sci Total Environ* 2001; 279: 151-158.
82. Al-Nearmy FR, Al-mehdi AM, Alwash R et al. Occupational lead exposure and amino acid profiles and liver function tests in industrial workers. *Int J Environ Health Res* 2001; 11: 181-188.
83. Gennart JP, Bernard A, Lauwerys R. Assessment of thyroid, testes, kidney and autonomic nervous system function in lead-exposed workers. *Int Arch Occup Environ Health* 1992; 64: 49-57.
84. Omas K, Sakurai H, Higashi T et al. No adverse effects of lead on renal function in lead-exposed workers. *Ind Health* 1990; 28: 77-83.
85. Pollock CA, Ibels LS. Lead intoxication in Sydney Harbour bridge workers. *Aust NZ J Med* 1988; 18: 46-52.
86. Støessen J, Yeoman WB, Fletcher AE et al. Blood lead concentration, renal function, and blood pressure in London civil servants. *Br J Ind Med* 1990; 47: 442-447.
87. de Burbure C, Buchet JP, Leroyer A et al. Renal and neurological effects of cadmium, lead, mercury and arsenic in children: evidence of early effects and multiple interactions at environmental exposure levels. *Environ Health Perspect* 2006; 114: 584-590.
88. Hu H. A 50-year follow-up of childhood plumbism. *AJDC* 1991; 145: 681-687.
89. Khalil-Manesh F, Gonick HC, Cohen AH. Experimental model of lead nephropathy. III. Continuous low-level lead administration. *Arch Environ Health* 1993; 48: 271-278.
90. Batuman V, Landy E, Maesaka JK, Wedeen RP. Contribution of lead to hypertension with renal impairment. *N Engl J Med* 1983; 309: 17-21.
91. Sanchez-Fructuoso AJ, Torralbo A, Arroyo M et al. Occult lead intoxication as a cause of hypertension and renal failure. *Nephrol Dial Transplant* 1996; 11: 1775-1780.
92. Yu CC, Lin JL, Lin-Tan DT. Environmental exposure to lead and progression of chronic renal diseases: a four-year prospective longitudinal study. *J Am Soc Nephrol* 2004; 15: 1016-1022.

93. Wedeen RP, Batuman V, Landy E. The safety of the EDTA lead-mobilization test. *Environ Res* 1983; 30: 58-62.
94. Lin JL, Lin-Tan DT, Hsu KH, Yu C-C. Environmental lead exposure and progression of chronic renal diseases in patients without diabetes. *N Engl J Med* 2003; 348: 277-286.
95. Sanchez-Fructuoso AL, Blanco J, Cano M et al. Experimental lead nephropathy: treatment with calcium disodium ethylenediaminetetraacetate. *Am J Kidney Dis* 2002; 40: 59-67.
96. Sanchez-Fructuoso AL, Cano M, Arroyo M et al. Lead mobilization during calcium disodium ethylenediaminetetraacetate chelation therapy in treatment of chronic lead poisoning. *Am J Kidney Dis* 2002; 40: 51-58.
97. Khalil-Manesh F, Gonick HC, Cohen A et al. Experimental model of lead nephropathy. II. Effect of removal from lead exposure and chelation treatment with dimercaptosuccinic acid (DMSA). *Environ Res* 1992; 58: 35-54.
98. Gonick HC, Cohen AH, Ren Q et al. Effect of 2,3-dimercaptosuccinic acid on nephrosclerosis in the Dahl rat. I. Role of reactive oxygen species. *Kidney Int* 1996; 50: 1572-1581.
99. Sarasua SM, Mueller P, Kuthman S et al. Confirming the utility of four kidney biomarker tests in a longitudinal follow-up study. *Renal Failure* 2003; 25: 797-817.
100. Staessen JA, Nawrot T, Den Hond E et al. Renal function, cytogenetic measurements, and sexual development in adolescents in relation to environmental pollutants: a feasibility study of biomarkers. *Lancet* 2001; 357: 1660-1669.
101. Kelada SN, Shelton E, Kaufmann RB, Khoury MJ. aminolevulinic acid dehydratase genotype and lead toxicity: a HuGE review. *Am J Epidemiol* 2001; 154: 1-13.
102. Weaver VM, Schwartz BS, Jaar BG et al. Associations of uric acid with polymorphisms in the δ -aminolevulinic acid dehydratase, vitamin D receptor, and nitric oxide synthase genes in Korean lead workers. *Environ Health Perspect* 2005; 113: 1509-1515.
103. Ye XB, Wu CE, Hua F et al. Associations of blood lead levels, kidney function, and blood pressure with δ -aminolevulinic acid dehydratase and vitamin D receptor gene polymorphisms. *Toxicol Mech Methods* 2003; 13: 139-146.
104. Weaver VM, Lee B-K, Todd AC et al. Effect modification by δ -aminolevulinic acid dehydratase vitamin D receptor and nitric oxide synthase gene polymorphisms on associations between patella lead and renal function in lead workers. *Environ Res* 2006; 102: 61-69.
105. National Center for Environmental Health. *Third National Report on Human Exposure to Environmental Chemicals*. Centers for Disease Control and Prevention, NCEH Pub. No. 05-0570, July, Department of Health and Human Services: Atlanta, Georgia 2005, pp 26-30.
106. Bernard A, Thielmans M, Roels H, Lauwerys R. Association between NAG-B and cadmium in urine with no evidence of a threshold. *Occup Environ Med* 1995; 52: 177-180.
107. Roels HA, Lauwerys RR, Buchet JP et al. Health significance of cadmium induced renal dysfunction: a five year follow up. *Br J Ind Med* 1989; 46: 755-764.
108. Roels HA, Van Assche FJ, Oversteyns M et al. Reversibility of microproteinuria in cadmium workers with incipient tubular dysfunction after reduction of exposure. *Am J Ind Med* 1997; 31: 645-652.
109. Nogawa K, Kobayashi E, Okubo Y, Suwazono Y. Environmental cadmium exposure adverse effects, and preventive measures in Japan. *BioMetals* 2004; 17: 581-587.
110. Kido T, Nogawa K, Ishizaki M et al. Long-term observation of serum creatinine and arterial blood pH in persons with cadmium-induced renal dysfunction. *Arch Environ Health* 1990; 45: 35-41.
111. Noonan CW, Sarasua SM, Campagna D et al. Effects of exposure to low levels of environmental cadmium on renal biomarkers. *Environ Health Perspect* 2002; 110: 151-155.
112. Olsson JM, Bensryd I, Lundh T et al. Cadmium in blood and urine - impact of sex, age, dietary intake, iron status, and former smoking - association of renal effects. *Environ Health Perspect* 2002; 110: 1185-1190.
113. Jarup L, Hellstrom L, Alfvén T et al. Low level exposure to cadmium and early kidney damage: the OSCAR study. *Occup Environ Med* 2000; 57: 668-672.
114. Hellstrom L, Elinder CG, Dahlberg B et al. Cadmium exposure and end-stage renal disease. *Am J Kidney Dis* 2001; 38: 1001-1008.
115. Hotz P, Buchet J P, Bernard A et al. Renal effects of low-level environmental cadmium exposure: 5-year follow-up of a subcohort from the Cadmilbel study. *Lancet* 1999; 354: 1508-1513.
116. Occupational Safety & Health Administration, US Department of Labor. Safety and Health Regulations for Construction, Occupational Health and Environmental Controls: Lead, 29 Code of Federal Regulations 1926.62.
117. Occupational Safety & Health Administration, US Department of Labor. Occupational Safety and Health Standards, Toxic and Hazardous Substances: Lead, 29 Code of Federal Regulations 1910.1025.

IN THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM SUMTER COUNTY
Court of Common Pleas

The Honorable W. Jeffrey Young, Circuit Court Judge

C.A. No.: 2013-CP-43-02284
Appellate Case No.: 2014-002215

RECEIVED

JUL 17 2015
SC Court of Appeals

Arrowpoint Capital Corporation/Arrowood Indemnity Co., Carrier, Appellant,
v.
South Carolina Second Injury Fund, Carrier, Respondent,

In re:

Mary McConico, Employee/Claimant

v.

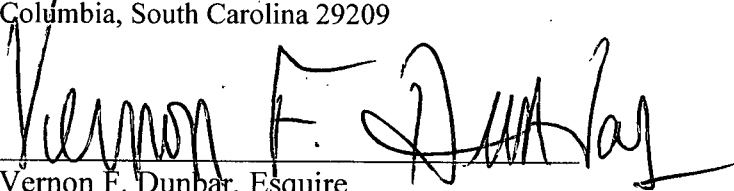
Yuasa-Exide, Inc., Employer and Arrowpoint Capital Corp./Arrowood Indemnity Co., rier.

PROOF OF SERVICE

I certify that I have served the Record on Appeal, Final Brief and Final Reply Brief of Appellant by depositing a copy of them in the United States Mail, postage prepaid, on the 15th day of July, 2015 addressed to:

The Honorable Jenny Abbott Kitchings
Clerk of Court
South Carolina Court of Appeal
1015 Sumter Street
Columbia, South Carolina 29211

Timothy Killen (Final Brief and Final Reply Brief only)
Wilson, Jones, Carter & Baxley
4500 Fort Jackson Boulevard
Columbia, South Carolina 29209


Vernon F. Dunbar, Esquire
McAngus, Goudelock & Courie LLC
Post Office Box 2980
Greenville, South Carolina 29602
(864) 239-6735
Attorney for Appellants

REPLY TO

VERNON F. DUNBAR
Direct Dial: (864) 239-6735
vernon.dunbar@mgclaw.com

July 15, 2015

RECEIVED

JUL 17 2015

SC Court of Appeals

The Honorable Jenny Abbott Kitchings
Clerk of Court
South Carolina Court of Appeals
1015 Sumter Street
Columbia, South Carolina 29211

RE: Arrowpoint Capital Corporation/Arrowood Indemnity Co. v. South Carolina
Second Injury Fund
In Re: Mary McConico v. Yuasa-Exide, Inc.
Appellate Court Tracking No.: 2014-002215
Civil Action No.: 2013-CP-43-02284

Dear Ms. Kitchings:

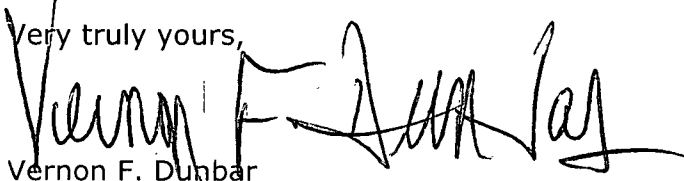
Enclosed for filing in the above referenced matter are the following:

1. An unbound copy and 9 bound copies of the Record on Appeal;
2. An unbound copy and 9 bound copies of Appellant's Final Brief;
3. An unbound copy and 9 bound copies of Appellant's Final Reply Brief;
4. An original and one copy of the Proof of Service reflecting service on the South Carolina Court of Appeals for the Record on Appeal, Final Brief and Final Reply Brief as well as reflecting service of the Final Brief and Final Reply Brief to Timothy Killen, attorney for the South Carolina Second Injury Fund, as the Record on Appeal was previously served.

I would appreciate it if you would return a clocked copy of the Proof of Service in the envelope provided for your convenience.

Please call me if you have any additional questions regarding the enclosed information. With kindest regards, I remain/

Very truly yours,



Vernon F. Dunbar

VFD/rhd

Enclosures

cc: Timothy B. Killen, Esquire (w/copy of Final Brief and Final Reply Brief
of Appellant)
Eric Rowell, Arrowpoint Capital Corp.

US POSTAGE PAID
Pinney Bowes

07/15/2015
From 29601
38 lbs 12 ozs
Zone 2

NO SURCHARGE
024P3007635116

USPS PARCEL SELECT NPS

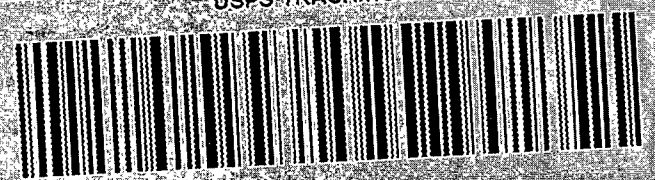
Rosie Devoy
McAngus Goudelock & Courie
55 East Camperdown Way Suite 300
Greenville SC 29601

0025

Clerk of Court
South Carolina Court Of Appeals
1015 Sumter St
Columbia SC 29201-3726

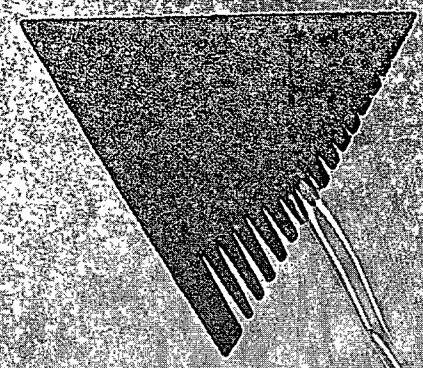
C076

USPS TRACKING #



9461 2096 9993 9097 8322 78

FROM



Letter