

IN THE STATE OF SOUTH CAROLINA  
In the Supreme Court

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APPEAL FROM SUMTER COUNTY  
Court of Common Pleas

The Honorable W. Jeffrey Young, Circuit Court Judge

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C.A. No.: 2013-CP-43-02284  
Appellate Case No.: 2017-001929  
WCC File No.: 9930459

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Arrowpoint Capital Corporation / Arrowood Indemnity Co., Respondent,

v.

South Carolina Second Injury Fund, Petitioner,

IN RE: Mary McConico, Employee,

v.

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

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**APPENDIX TO  
PETITION FOR WRIT OF CERTIORARI  
VOLUME I OF II**

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Timothy B. Killen  
Willson Jones Carter & Baxley, P.A.  
421 Wando Park Boulevard, Suite 100  
Mount Pleasant, South Carolina 29464  
Telephone: 843-284-0831  
Email: tkillen@wjlaw.net  
*Attorney for Petitioner*

Other Counsel of Record:

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Vernon F. Dunbar, Esquire  
McAngus Goudelock & Courier, LLC  
Post Office Box 2980  
Greenville, South Carolina 29602-2980  
*Attorney for Respondents*

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IN THE STATE OF SOUTH CAROLINA  
In the Court of Appeals

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APPEAL FROM SUMTER COUNTY  
Court of Commons Pleas

The Honorable W. Jeffrey Young, Circuit Court Judge

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

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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

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**RECORD ON APPEAL  
VOLUME I**

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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

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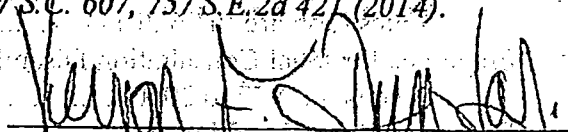
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The undersigned hereby certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material. The undersigned further certifies that the Record on Appeal filed in this matter complies with 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)*.

  
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 Vernon F. Dunbar, Attorney for Appellants

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STATE OF SOUTH CAROLINA )  
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 COUNTY OF SUMTER )  
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 ARROWPOINT CAPITAL CORPORATION / )  
 ARROWOOD INDEMNITY CO., )  
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 Plaintiff/Appellant, )  
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 v. )  
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 SOUTH CAROLINA SECOND INJURY FUND, )  
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 Defendant/Respondent, )  
 )  
 [IN RE: )  
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 Mary McConico, )  
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 Employee/Claimant, )  
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 Arrowpoint Capital Corp./Arrowood Indemnity )  
 Co., )  
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 Carrier. )

IN THE COURT OF COMMON PLEAS  
 CP NO.: 2013-CP43-02284

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

ORDER

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

55.

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. 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). 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:

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(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.

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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 (Ct.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 Springes Industries v. South Carolina Second Injury Fund, 296 S.C. 359, 372 S.E.2d 915 (Ct.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 (Cl. 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 the 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. For 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. Routh 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:

[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.

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).

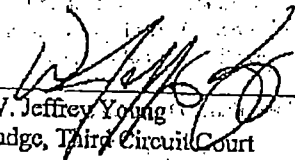
For the foregoing reasons, this Court hereby affirms the Order of the Full Commission. The Carrier's claim for reimbursement is hereby denied and dismissed with prejudice.

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 Ixide, Inc.,  
Employer.)

**EN BANC  
DECISION AND ORDER**  
3180.211  
NOV 21 2013

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 Ixide, Inc., Employer, and Arrowpoint Capital Corporation,  
Carrier, represented by Vernon F. Dunbar, Esquire, of Turner  
Padgett Graham & Lancy, 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 in 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.

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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.

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.

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).

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.

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 aforesaid 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 Bennett 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 Bkide, 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. 10.

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, .hkb 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 7) 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. . . ."ld.

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 (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, 391 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 § 42-7-40, S.C. 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. § 42-7-40. 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 S.C. 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 AIA 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."

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."

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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).

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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:**

**SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION**

**AFFIRM IN PART  
AND  
REVERSE IN PART**

*T. Scott Beck*  
**T. Scott Beck, Commissioner**

*Susan S. Barton*  
**Susan S. Barton, Commissioner**

*Melody L. James*  
**Melody L. James, Commissioner**

*Avery B. Wilkerson*  
**Avery B. Wilkerson, Commissioner**

*Aisha Taylor*  
**Aisha Taylor, Commissioner**

*Gene McCaskill*  
**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**

TO THE CLERK OF THE COURT  
IN AND FOR THE COUNTY OF MICHIGAN  
AT THE CLERK'S OFFICE OVERLAND PARK

Received by the Clerk of the Court on this date.

Valerie Deller  
Attorney at Law  
10000 E. 11th Avenue, Suite 200  
Overland Park, KS 66213  
Tel: 913.241.1111  
Fax: 913.241.1112  
www.valeriedeller.com

Valerie Deller  
Attorney at Law  
10000 E. 11th Avenue, Suite 200  
Overland Park, KS 66213  
Tel: 913.241.1111  
Fax: 913.241.1112  
www.valeriedeller.com

DECISION AND ORDER

OFFICE OF THE COMMISSIONER  
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION  
1000 MARKET STREET, SUITE 1000, COLUMBIA, SOUTH CAROLINA 29201  
TEL: 803.732.2500 FAX: 803.732.2501

**SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION**

1000 Market Street, Suite 1000, Columbia, SC 29201

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.

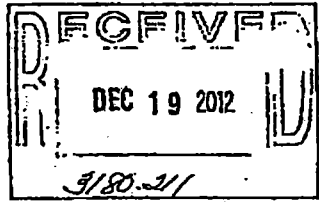
The South Carolina Second Injury Fund represented Timothy B. Killen, Esquire, Columbia, South Carolina.

**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. Routt 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	6/28/11	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 Turnmire, 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 interference 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 (15) 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
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**EXHIBITS**

A.	Claimant's Deposition Transcript	3/11/11	185 - 299
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 .nfl file.	6/30/11	N/A

**ADDITIONAL SUBMISSIONS BY CARRIER**

1. Articles regarding lead
  - (a) Health Effects on 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, 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 requirements 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 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." 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. McCohico's physical, 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. McCohico in the future.

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

The Initial Occupational History from May 21, 1981, indicates that she 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 one 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 one 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's 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. Ruit 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, even. 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 pp. 8, 11, 5, 6.

Carrier filed its notice of claim in this matter with the Fund on or about December 15, 2010. Fund APA p. 10. Fund required further information for consideration of accepting this claim and notified Carrier of the same on April 25, 2011. Fund APA p. 20.

Bob Turmire, 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:

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. 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. 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 SIC Code Annex § 429.410. 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. 14; Vol. 2, p. 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. 8-4. Further, this is based on the totality of the medical evidence in the record. 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.

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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.

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.

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.

*Andrea C. Roche*  
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

STATE OF CONNECTICUT  
SUPERIOR COURT

Barbara Cheeseboro  
Administrative Assistant  
to Commissioner Roche

12/19/12

STATE OF CONNECTICUT  
SUPERIOR COURT

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  
10-13-11  
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. McConico, 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/Arrowwood 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.

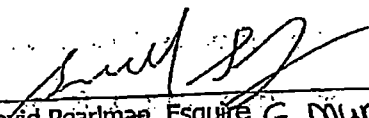
Mary C. McConico  
Mary C. McConico

**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 12<sup>th</sup> day of Oct

2011.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

By: [Signature]  
Commissioner

FEE SUBJECT TO FORM 61

By: \_\_\_\_\_  
Commissioner

I certify this to be a true and correct copy.

By: [Signature]

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. McConko SSN: [REDACTED] Employer's Name: Yuasa-Ekte, Inc.  
Address: 1990 Corporate Blvd

City: Sumter State: SC Zip: 29150  
Insurance Carrier: Arrowpoint Capital

Home Phone: [REDACTED] Work Phone: [REDACTED]  
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 (mm)	To (mm)	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				\$ 110,000.00
5. Agreement and Final Release				\$ 110,000.00
6. Total Medical Benefits* Paid				\$ 0.00
7. Funeral Benefits				\$ 0.00
<b>Total Compensation Paid</b>				<b>\$ 110,000.00</b>

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. McConko Claimant By: \_\_\_\_\_ Employer's Representative Date: \_\_\_\_\_ (m/d/yyyy)

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

By: \_\_\_\_\_

received 10-13-11 03190.00211  
PRO SCANNED

- 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 of Claims (Non-contingent fees): \$ \_\_\_\_\_
- Workers' Comp. Comm

File this form with the Claims Department according to R.67-414 and R.67-1204. 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

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  Partial  
 (3) Wage Loss  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.

Preparer's Signature: [Signature] Attorney for Claimant: mccrosland@steinberglawfirm.com Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Date: 11/16/10

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 #: 0001  
Employer FEIN #: 80-0330000

Claimant's Name: Mary G. McCord SSN: [redacted] Employer's Name: Yuasa-Edds, Inc.  
Address: [redacted] 1990 Corporate Blvd.  
City: [redacted] 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) 552-4501

Check applicable claims and complete all blanks.

1. The employee sustained a compensable accidental injury to the cardiovascular systems on 7/31/1999 in Sumter State of South Carolina. Brain, kidneys, liver and muscular skeletal, cognitive, pulmonary, neuropathic and
2. That the Second Injury Fund was put on notice of the claim on December 15, 2010 (date)
3. That the carrier concluded the disability claim by  Award  Agreement on October 6, 2011 (date)
4. That the subsequent injury combined with or was aggravated by the below listed permanent impairment under S.C. Code Section 42-9-400 (d):  
 a. Listed Impairment(s) (3) Heavy metal poisoning, brain damage, stroke, diabetes, cardiovascular disease, arthritis  
 b. (34) (a) Hypertension, coronary artery disease, gout  
 c. (34) (b) Hypertension, coronary artery disease, gout
5.  a. That the impairment preexisted;  
 b. That the impairment was permanent; and  
 c. That the impairment is a physical condition.
6.  That the prior impairment combined with or was aggravated by the subsequent injury.
7.  That the combination/aggravation substantially increased the liability of the carrier for:  disability  medical or  both.
8.  That the impairment was a hindrance or obstacle to employment or re-employment.
9.  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.
10.  That the subsequent injury would not have occurred but for the prior impairment.
11. That the above claim qualifies for reimbursement under S.C. Code Section 42-9-110 because South Carolina Supreme Court's holding in the case of Ellison v. Frigidiana Home Products, 371 S.C. 159, 638 S.E.2d 664 (2006)

Path received  
11/01/11  
03100.00211

Vernon F. Dunbar  
Signature

October 31, 2011  
Date

SCANNED

54

WCC Form # 54  
Rev. 6/90

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 #:

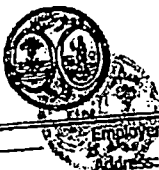
Claimant's Name: Mary C. McConico SSN: [REDACTED] Employer's Name: Yuasa-Exide, Inc.  
Address: [REDACTED] Address: 1990 Corporate Blvd.  
City: [REDACTED] State: [REDACTED] Zip: [REDACTED] City: Sumter State: SC Zip: 29150  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Insurance Carrier: Arrowpoint 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 defect 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 42-15-10;
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 on behalf of the Second Injury Fund 11/18/2011  
Date (m/d/yy)

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



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

Employer's Name: Yuasa-Evide, Inc.  
Address: 1990 Corporate Blvd. State: SC Zip: 29150  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Carrier: Arrowpoint Capital  
Carrier Phone: (864) 552-4601  
Preparer's Name: Vernon F. Dunbar, Esq.  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Preparer's Phone: \_\_\_\_\_

A claim for workers' compensation benefits is made based on the following grounds:  
 Injury  Illness  Repetitive Trauma

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-Evide, 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): Timex Rimel, Ron Whetsel, Malcolm Crosland or David Pearman. 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 Hankin. 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-Evide'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. Rount Reigart, 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. Email: VDunbar@TurnerPadgett.com

Date of hearing: 8/13/2012 Time needed for hearing: 1 hour

On behalf of:  Claimant  Employer/Plaintiff

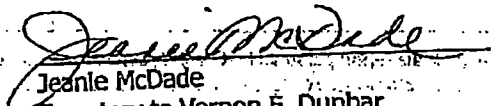
File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.  
\* Commissioners reserve the right to admit expert witnesses at hearings.

**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

Claimant's Name: MARY C. MCCONICO  
Address: [REDACTED]  
City: [REDACTED] State: [REDACTED] Zip: [REDACTED]  
Home Phone #: [REDACTED]  
Insurance webbie: [REDACTED]  
Prepared Name: LISA C. GLOVER  
Address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip: [REDACTED]  
Phone #: [REDACTED]

Employer Name: YUASA-EXIDE, INC.  
Address: 1990 CORP. BLVD., SUMTER, SC 29150  
City: [REDACTED] State: [REDACTED] Zip: [REDACTED]  
Insurance webbie: ARROWPOINT CAPITAL CORPORATION

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 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.67-812; 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: [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.67-811 and R.67-212. Do not send medical reports.  
\* Commissioners reserve the right to admit expert witnesses at hearings.

STATE OF SOUTH CAROLINA  
COUNTY OF RICHLAND

CERTIFICATE OF SERVICE

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. KYLEEN

JOYCE DEATRICK

August 27 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: \_\_\_\_\_ Employer's Name: Yuasa-Edde, Inc.  
Address: \_\_\_\_\_ Address: 1990 Corporate Blvd.  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: Sumter State: SC Zip: 29154  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ 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.

Vernon F. Dunbar  
Preparer's Signature

Attorney for Plaintiff Bob Title \_\_\_\_\_ Date December 31, 2012

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

JAN 17 2013  
3180-211

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.

South Carolina Workers' Compensation Commission  
1933 Main Street, Suite 500  
Columbia, SC 29202-4715  
803-737-5675



WCC File #: 9330459  
Carrier File #: 71500128900  
Carrier Code #: 00123  
Employer FEIN #:

SCUEF/SCSIF #: 447562

Claimant's Name: Mary C. McComb SSN: [redacted] Employer's Name: Yuasa-exide, Inc.  
Address: 1890 Com. Blvd. [redacted] State: SC Zip: 29505  
City: [redacted] State: SC Zip: 29505  
Home Phone: [redacted] Work phone: [redacted] Insurance Carrier: [redacted]

Preparer's Name: Lisa C. Glover Law Firm: [redacted] Preparer's Phone #: [redacted]

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by  SCSIF  SCUEF (check one) Date of Injury: 07/31/89

The undersigned hereby 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 State Commissioner erred in considering medical evidence not timely submitted under 42-29-202. She further erred in failing to find that Carrier's claim was barred by 42-7-320(b)(2). She further erred in failing to sustain Carrier'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 hereby certify that I have served this document pursuant to R.67-21 by delivering a copy to [redacted] at [redacted] in [redacted] South Carolina.

This form is to be filed with the Commissioner on or before the 20th day of December by  first class mail  personal service  certified mail

Preparer's Signature: [Signature] Title: Deputy General Counsel Date: 12/26/12

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.

STATE OF SOUTH CAROLINA

CERTIFICATE OF SERVICE

COUNTY OF RICHLAND

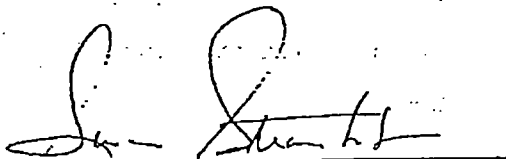
The undersigned employee of the South Carolina Second Injury Fund, 100 Executive Center Drive, Suite 101, Columbia, South Carolina, 29210, does hereby certify that he or she has served the following named individual(s) with a copy of the pleading indicated below by mailing a copy of same to them in the 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**

**WCC FILE NO.**

**9980459**

**-VS-**

**SC SECOND INJURY FUND,**

**Second Appellant**

**In Re of MARY C. McCONICO**

**-VS-**

**YUASA-EXIDE, INC.**

**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**

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APPEARANCES

Vernon Dunbar, Esq.  
Turner Padgett Graham & Laney, PA  
PO Box 1509  
Greenville, SC 29602  
843.552.4613  
jmcdade@turnerpadgett.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

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<u>OBJECTIONS:</u>	
(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  
 \*\*\*\*

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PROCEEDINGS

1  
2 COURT REPORTER: Today is September 16,  
3 2013. This is South Carolina Worker's Compensation  
4 Case Number 9930459. This is the case of Arrow  
5 Point Capital Insurance versus South Carolina  
6 Second Injury Fund, in Re of Mary C. McConico  
7 versus Yuasa-Exide, Inc.

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

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

16 COMMISSIONER BECK: Mr. Killen.

FIRST APPELLANT ARGUMENT

17  
18 MR. KILLEN: Thank you very much, your Honor.  
19 May it please the Commission. Good afternoon. I  
20 am Tim Killen representing the Second Injury Fund  
21 in this Cross Appeal.

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

aps9

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

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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 manner 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 an 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

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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 forget 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

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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. McGonico'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 Esso well before Exide, then Exide purchased it, APA  
 10 pages 90 and 175, then Yuasa purchases it, APA  
 11 pages 176 and 182.  
 12 Her blood lead levels, again, were nine to  
 13 fifty four. It's a stroke, a hindrance, an 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 But heron 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

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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

Page 17

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 ... X-rays 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 ... 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

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

6 COMMISSIONER BECK: Mr. Killen.

7 FIRST APPELLANT REPLY

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

21 For a Carrier to be entitled to reimbursed  
 22 from the Fund it must prove that the Claimant's  
 23 preexisting condition either was aggravated or  
 24 combined with the subsequent injury to increase  
 25 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

Page 22

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

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

*Bob*  
*Rec*  
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DEC 6 2012  
*3180.211*

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

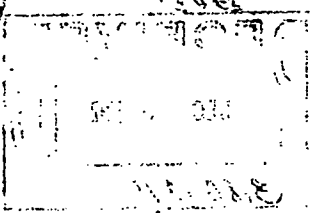
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EXHIBITS  
 (No Exhibits Proffered)



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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?

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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 you 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 AFA 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

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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

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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.

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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

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1 permissible exposure limit the Commission will  
 2 utilize. In the case of Dee 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. To 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

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

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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

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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,

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1 because oftentimes they would go into a different part  
 2 of the plant, 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

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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

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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 87 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

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15

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

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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 91 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--all 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.

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17

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 clinching 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

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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 of 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 follow from lead exposure.

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,

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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

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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 it all settle this underlying  
 10 claim? Is this --

11 MR. DUNBAR: Yes, it's been settled.

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

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21

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.

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

3 MR. DUNBAR: No problem. I have two years and a few

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

22 MR. DUNBAR: Yes, Your Honor. As a matter of

23 fact I sent that to Mr. Killen along with my Pre-Trial  
24 Brief, just to know that there were various exhibits

25

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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

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 ARA 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

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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

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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. Hershey'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 AFA 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

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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. Hershey 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,

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1 but people -- advances in medicine 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, Energys is burdened by  
 19 the sins of the prior owners and thus we believe that  
 20 The Fund's argument that Energys 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

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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

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF LEXINGTON )

CERTIFICATE

TO 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  
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803-4397-0189

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:

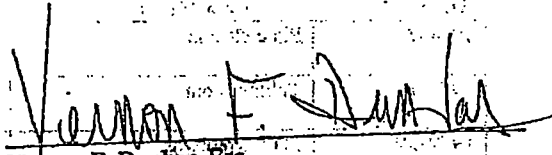
APA#	NAME OF PROVIDER/OTHER	DATE(S) OF RECORD(S)	PAGE NUMBERS
1.	Evaluation of J. Routh Reigart, MD	3/17/2011	1-3
2.	Evaluation of L. Randolph Waid, Ph.D.	3/17/2011	4-8
3.	Eugene Shippen, M.D. - Second Injury Fund Medical Questionnaire	5/31/2011	9-11

- 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:



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

YOU ARE REQUESTING INFORMATION FROM THE RECORDS OF THE SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL. THE INFORMATION REQUESTED IS BEING PROVIDED TO YOU FROM THE RECORDS OF THE SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL.

**I. Medical Evaluation**

**II. 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. McCunico

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. Hematitis
11. Coronary artery disease
12. Gastroesophageal reflux disease
13. Plantar fasciitis

2. Past Medical History:

1. Stroke 1999
2. Bronchitis 2001

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### 3. Laboratory

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

### II. Health conditions attributable to occupation

Ms. McConica 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 (5<sup>th</sup> 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. McConica 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. McCannico 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 this 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. Roubt Reigart, MD

March 17, 2011

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DR TEICHNER/DR WAID

43725 P 006/013

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

The Oaks Business Center  
1459 Stuart Engals 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:

Sex: Female

Handedness: Right

Education: Completed the 8<sup>th</sup> grade

Date of Evaluation: March 17<sup>th</sup>, 2011

E-MAILED  
3/31/11

Identifying Information/Background: Mary McConico is a 63-year-old, married, African American female who was employed for 25 years (1971-1999) at the Exide Battery Plant. Ms. McConico served in various capacities at the plant including tubing and plate wrapping. Ms. McConico left employment capacities in 1999 as she suffered a stroke during which she identified as being in the left hand 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 10-14 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 alert. 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 weight. 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 (8<sup>th</sup> grade).

Current Clinical Presentation: In interview, Ms. McConico reported that she continues to cope with her diabetes and hypertension as well as experiencing aural hallucination. 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/behavior 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 regional 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.

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DR ILLINOIS/DR STATE

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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 ideas. 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 age in which she can become irritable and angry. There was no report of homicidal 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 a fracture 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.

Procedure: Ms. McConico was administered a battery of tests designed from the Pittsburgh Occupational Therapy Institute. Tests administered included the Shipley 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 Adult Intelligence Scale-IV, Test of Memory Malingered, and the B-D-I-III.

Standardized Results: Most test scores in this report are expressed in statistical terms including Standard Deviation Scores, Scaled Scores, Percentile Ranks (P-R), and Composite Index Scores. The following is a general guide to assist in interpretation:

Standard Score	T-Scores	Composite Index Score	Scaled Score	Percentile Rank	Descriptor
130+	70+	130+	78+	98+	Very Superior
120-129	63-69	120-129	70-77	90-97	Superior
110-119	57-62	110-119	63-69	80-89	High Average
100-109	50-56	100-109	55-62	70-79	Average
90-99	43-49	90-99	48-54	60-69	Low Average
80-89	37-42	80-89	40-47	50-59	Borderline
70-79	30-36	70-79	33-39	40-49	Below Average
<70	<30	<70	<33	<40	Deficient

Ms. McConico presented appropriately, attired with good personal hygiene. She was observed to cooperate with the assistance of a chaperone. Affect was euthymic and sensorium was clear. Ms. McConico denied recall though has obvious perceptual impairments. She was assessed as providing good insight into her condition as evidenced by her performance on a symptom validity test (Test of Memory Malingered). The reported 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 the presence of a chaperone or paralinguistic cues, Ms. McConico did not demonstrate expressive aphasic or agnostic symptoms. She was generally responsive to the examiner's requests without inattentiveness or dereliction. 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 level of 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 decrement 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 (16<sup>th</sup> percentile) and was less efficient on the digit span backward test (5<sup>th</sup> 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, obtaining a composite score of 65 placing her at the 1<sup>st</sup> percentile. Ms. McConico was deficient in her performance on the symbol search test (9<sup>th</sup> percentile) and coding test (5<sup>th</sup> 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 (1<sup>st</sup> percentile). She demonstrated a low average ability to retain and recall previously learned narrative passages after a period of delay (percent retention = 63/24<sup>th</sup> percentile). Ms. McConico's performance on a visual memory test involving free recall of familiar pictorial stimuli placed her at the 2<sup>nd</sup> percentile. She had considerable difficulties retaining and recalling previously learned family pictorial stimuli after a period of delay (percent retention = 52/1<sup>st</sup> 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	86	07	16
Beta I.Q.	76		
Percentile	05		



**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-Exlde, Inc.: Dr. Wald Expert Evaluation Reports (EXIDE Round 2)

**Attachments:** 20110321165622760.pdf



20110321165622760.pdf (3 MB)

Mr. Dunbar:

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

- 1) David Bunker
- 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**

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### 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?

Attached please find the report from Dr. Ward on the following conditions:

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.

BALANCE SHEET

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

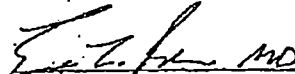
Please comment if necessary:

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: Alvin M. Garcia DEPT: 44 SUPV: Support LAST BLD PB: 44  
 SS NO: [REDACTED] JOB CLASS: 751 LAST AIR PB: 5 Aug  
 CLOCK NO: 1944 SHIFT: 1st 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
  - Scrubbed  YES  NO
- D. Shampoo Daily  YES  NO
- E. Work Clothing
  - Vacuumed  YES  NO
  - Shoes/Boots  YES  NO
- 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 Some time  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 Some time  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 Dipite 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 Suruivair
- 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 use mop*  YES  NO

*Pre-Wipes plates on non-ventilated table  
 in boot container, plates and screen over down draft vent; suggested to clean table*

VI. OTHER JOB ASSIGNMENTS

- Daily \_\_\_\_\_
  - Weekly \_\_\_\_\_
  - Monthly \_\_\_\_\_
- Red Pb dust and chips all over pallets, floor and work station  
 Handle wax paper full 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

*Wear apron and 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

*Handwritten notes at top right of page.*

- 1. lbs
- 2. GMAZ
- 3. 2.000000
- 4. 1.000000
- 5. Discharge

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

EMPLOYEE SIGNATURE Mary McConico # 29-94

*Handwritten notes:*  
More ventilation over to the side of workers' per Mary  
More air conditioner installed near car  
Water from compressor per Mary

- YES  NO
- YES  NO
- YES  NO

**DOWNDRAFT PROCURED** *Handwritten notes and signatures.*

*Handwritten signature and date: 27 MAY 94*

INCO EE MEDICAL MANUAL

INITIAL OCCUPATIONAL HISTORY

NAME Mary Camilla McLenis DOW: 5-21-81  
 ADDRESS [REDACTED] PHONE [REDACTED]  
 CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]  
 SENIORITY: 7 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	EXPOSURES										
		LEAD	ARSENIC	MERCURY	CADMIUM	MANGANESE	ASBESTOS	SULFURIC ACID	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: \_\_\_\_\_

UNITED STATES DEPARTMENT OF LABOR  
BUREAU OF OCCUPATIONAL SAFETY AND HEALTH

10-15-73  
Have you received workers' compensation for illness or injury? NO

Explain:

Are you required to wear a respirator at work? NO Explain: NO

TYPE OF WORK	EXPOSURE TO DUST, FUMES, OR GASES	EXPOSURE TO NOISE	EXPOSURE TO OTHER HAZARDOUS AGENTS	EXPOSURE TO EXTREMELY HIGH OR LOW TEMPERATURES	EXPOSURE TO OTHER HAZARDOUS CONDITIONS
GENERAL BENCH					
GRINDING					
TURNING					
DRILLING					
MILLING					
WELDING					
OPERATING MACHINERY					
ASSEMBLY					
PACKING					
OTHER					

1  
2  
3

the enclosed copy a filed in this file as follows: 1. Copy of this report  
2. Copy of this report  
3. Copy of this report

Occupational Health History Questionnaire

IDENTIFICATION DATA Fill in the following information. PLEASE PRINT.

Name: M. S. Conko, Mary C. Date of birth: 31 19 87, Plant Location: Sex (circle) M (X) P. Social Security No. [redacted] Employee No. 1944. Education: years Elementary, years High School. 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 (grandparents, brothers, sisters, children) have ever had.

YOUR HEALTH HISTORY: Mark an X in the box next to any of the following illnesses you now or ever have had. Includes checkboxes for Anemia, Asthma, Bleeding tendencies, Bronchitis, Cancer or tumor, Diabetes, Diverticulosis, Emphysema, Epilepsy, Eye problems, Glaucoma, Hearing trouble, Heart trouble, Hemorrhoids, Hernia, High blood pressure, Hives or rashes, Kidney/bladder trouble, Liver disease/hepatitis, Lung disease, Malaria, Measles, Mononucleosis, Mumps, Neuralgia/neuritis, Nervous breakdown, Pneumonia, Polio, Rheumatic fever, Rheumatism/arthritis, Skin diseases, Venereal disease, Yellow jaundice, Other.

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. Table with columns: Year, Reason for Hospitalization, Name of Hospital, City and State.

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. List includes chest X-ray, kidney X-ray, GI series, colon X-ray, gallbladder X-ray, electrocardiogram, electrocardiogram with exercise, TB test, breathing test, biopsy, hearing test, other.

Medicines: Mark an X in the box next to any medicines that you are now taking or that you are allergic to. Table with columns: taking, allergic to, medicine name.

Name: McLone May 1981 Special Problem: \_\_\_\_\_

Date: 5 1 31 1981 Birth: \_\_\_\_\_ Type: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_ Employed by: \_\_\_\_\_

HEAD AND NECK:  blurred or less speech  numbness one side of body  weakness one side of body

EYES:  wears glasses  blurred vision  double vision  eye pain

EARS:  ringing or buzzing  hearing problem  ear pain

NOSE and THROAT:  congested nose  runny nose  sore throat

RESPIRATORY:  shortness of breath  coughing spells  coughs up blood

CARDIOVASCULAR:  high blood pressure  chest pain  dizzy spells

NEUROLOGICAL:  slurred or less speech  numbness one side of body  weakness one side of body

ENTOMOLOGICAL:  swollen tonsils  back or shoulder pain  back problem

SKIN:  skin problem  blisters  hives

PSYCHOLOGICAL:  nervous or stressed  difficulty in making decisions  lack of concentration or memory

GENERAL:  loss of interest in eating  fatigue  weight loss

MALE GENITAL:  weak urine stream  prostate trouble  burning or discharge

FEMALE GENITAL:  irregular periods  heavy bleeding  bleeding after intercourse

PREGNANCIES:  miscarriages  stillbirths  premature births

Signature: McLone

<b>1. GENERAL</b> Gait - Normal Grasp - Normal Grimace - Normal Grip - Normal Skin Mucous - Normal		<b>2. EYES</b> Pupils - Normal Equal React to Light React to Acc Conjunctivae - Normal Sclera - Normal Cornea - Normal Optic Nerve - Normal Fundus - Normal Vision - Normal Reflex - Normal Accommodation - Normal Near Vision - Normal Far Vision - Normal		<b>3. EARS</b> Discharge - Normal Drum Intact Eustachian - Normal Hearing - Normal Ossicles - Normal Vestibular - Normal Cochlear - Normal		<b>4. NOSE</b> Perforation of Septum - Normal Mucous Membrane - Normal Turbinate - Normal Epithelium - Normal Allergic - Normal Fungus - Normal		<b>5. MOUTH</b> Cheek - Normal Dentures - Normal Tongue - Normal Throat - Normal Salivary Glands - Normal		<b>6. THROAT</b> Tonsils - Normal Pharynx - Normal Larynx - Normal Trachea - Normal Esophagus - Normal		<b>7. CHEST</b> Shape - Normal Ribs - Normal Heart - Normal Lungs - Normal Pleura - Normal Diaphragm - Normal		<b>8. ABDOMEN</b> Shape - Normal Ribs - Normal Liver - Normal Spleen - Normal Gallbladder - Normal Stomach - Normal Intestines - Normal Kidneys - Normal Bladder - Normal Uterus - Normal Vagina - Normal		<b>9. GENITALS</b> Male - Normal Female - Normal		<b>10. CIRCULATORY SYSTEM</b> Blood Pressure - Normal Heart - Normal Rhythm - Normal Heart Sound - Normal Murmurs - Normal Peripheral Vessels - Normal		<b>11. NEURAL SYSTEM</b> Reflexes - Normal Sensation - Normal Motor - Normal Coordination - Normal		<b>12. SPECIAL SENSES</b> Vision - Normal Hearing - Normal Taste - Normal Smell - Normal		<b>13. SKIN</b> Color - Normal Temperature - Normal Moisture - Normal Texture - Normal		<b>14. LABORATORY</b> Hematology - Normal Chemistry - Normal Microbiology - Normal Immunology - Normal	
---	--	---	--	---	--	---	--	--	--	---	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

*McCallister Mary*  
 HT: 67.5 ✓  
 Wgt: 162.5 ✓  
 Hb: 11.5  
 Hct: 35.0  
 Blood Chem: Blood Large #11, Protein 3.0, pH 7.35  
 Blood Ph: 7.35  
 ADDID 5/21/81 ✓  
 UISON 5/21/81 ✓  
 Debut Blood Stool ✓

*Franklin Schubert & H*  
 Labstix  
 Needs of Pept. function studies  
 4 Repeat SCOT SEPT. LBH  
 Chest. Sept 21-9-81  
 analysis  
 3) 3 Day Bp check

*W.H. Schubert*  
*Sept 21/81*  
*W.H. Schubert*  
*Sept 21/81*

Occupational Health History Questionnaire

**IDENTIFICATION DATA** Fill in the following information. PLEASE PRINT.

Name: McClain, Alan Date: 6-29-82 Plant: 1082

Sex: (circle) M

Employee No.: 1944

Education: 6th years Elementary 2 years High School

Home address: [redacted]

**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	Causes of death	Stroke	Alzheimer's disease	Diabetes	High blood pressure	Heart trouble	Kidney/Bladder trouble	Lung disease	Emphysema or asthma
Father									
Mother		X							

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

<input type="checkbox"/> Anemia	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hemorrhoids	<input type="checkbox"/> Malaria	<input type="checkbox"/> Polio
<input type="checkbox"/> Asthma	<input type="checkbox"/> Eye problems	<input type="checkbox"/> Hernia	<input type="checkbox"/> Measles	<input type="checkbox"/> Rheumatoid arthritis
<input type="checkbox"/> Bleeding tendencies	<input type="checkbox"/> Gallbladder	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Rheumatism/arthritis
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Gout	<input type="checkbox"/> Hives or rashes	<input type="checkbox"/> Mumps	<input type="checkbox"/> Skin diseases
<input type="checkbox"/> Cancer or tumor	<input type="checkbox"/> Heart trouble	<input type="checkbox"/> Kidney/bladder trouble	<input type="checkbox"/> Neuritis/paralysis	<input type="checkbox"/> Venereal diseases
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hearing trouble	<input type="checkbox"/> Liver disease/hepatitis	<input type="checkbox"/> Nervous breakdown	<input type="checkbox"/> Yellow jaundice
<input type="checkbox"/> Diverticulosis	<input type="checkbox"/> Heart trouble	<input type="checkbox"/> Lung disease	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> 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 <u>82</u> chest X-ray	<input checked="" type="checkbox"/>
19 <u>82</u> biopsy X-ray	<input type="checkbox"/>
19 <u>82</u> GI series	<input type="checkbox"/>
19 <u>82</u> colon X-ray	<input type="checkbox"/>
19 <u>82</u> gallbladder X-ray	<input type="checkbox"/>
19 <u>82</u> electrocardiogram	<input type="checkbox"/>
19 <u>82</u> electrocardiogram with exercise	<input type="checkbox"/>
19 <u>82</u> TB test	<input type="checkbox"/>
19 <u>82</u> breathing test	<input type="checkbox"/>
19 <u>82</u> biopsy	<input type="checkbox"/>
19 <u>82</u> hearing test	<input type="checkbox"/>
19 <u>82</u> other	<input type="checkbox"/>

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
<input type="checkbox"/> aspirin	<input type="checkbox"/> High blood pressure medicine
<input type="checkbox"/> penicillin	<input type="checkbox"/> Diuretic/anticoagulants
<input type="checkbox"/> nitro	<input type="checkbox"/> birth control pills
<input type="checkbox"/> codeine	<input type="checkbox"/> diuretic/water pills
<input type="checkbox"/> antibiotics	<input type="checkbox"/> blood thinners (anticoagulants)
<input type="checkbox"/> sodium	<input type="checkbox"/> corticosteroid drugs
<input type="checkbox"/> stimulants	<input type="checkbox"/> insulin/diabetic pills
<input type="checkbox"/> Demerol	
<input type="checkbox"/> laxatives	
<input type="checkbox"/> acid tablets	
<input type="checkbox"/> diet pills	
<input type="checkbox"/> heart medicines	

Name McBrien Mary Initial cl  
 Last First  
 Date 1-14-82  
 Month Day Year  
 Soc. Sec. # [REDACTED]  
 Employee No. 1928

Special Problem \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HEAD AND NECK

- frequent headaches
- neck pains
- neck lumps or swelling

EYES

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

EARS

- abnormal hearing problem
- has draining problem
- decreased hearing after trauma
- earaches
- running ears
- buzzing in ears
- motion sickness

MOUTH

- swells gums or jaws
- sore tongue
- taste changes

NOSE AND THROAT

- congested nose
- running nose
- sneezing spells
- sore throat
- hoarse voice
- difficulty swallowing

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
- must sit up to breathe
- swollen feet or ankles
- leg cramps
- heart murmur
- inflamed veins or blood clots in legs

NEUROLOGICAL

- slurred or lisp speech
- temp. loss of sight

EYES

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

INGESTIVE

- heartburn
- bloated stomach
- belching
- stomach pains
- nausea
- vomited food
- 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
- preterm
- stillbirths
- premature births
- para
- cesarean
- abortion

MUSCULOSKELETAL

- aching muscles or joints
- swollen joints
- back or shoulder pain
- back problem
- painful feet
- hand/capped

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
- difficulty relaxing
- worries a lot
- frightening dreams or thoughts
- shy or sensitive
- loses temper
- work or family problems
- survival difficulties
- considered suicide
- desired psychiatric help

GENERAL

- weight gain
- weight loss
- special diet
- tends to be hot or cold
- always hungry
- more thirsty lately
- sweat in system
- loss of interest in eating
- fatigue
- sleeping difficulties
- amputee or limb 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.
- 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
- 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 McBrien  
 Signature

Occupational Health History Questionnaire

**IDENTIFICATION DATA** Fill in the following information. PLEASE PRINT:

Name: Mrs. Emilee May C. Date: 7 12 84 Place: Sumter  
 Date of birth: May 1944 Married:  Separated:  Divorced:  Widowed:  Single:   
 Soc. Sec. No.: [REDACTED] Employee No.: 19976 Education: 7 years Elementary 0 years High School  
 Home address: [REDACTED] Job title: Machinist Orfl  
 Home telephone: [REDACTED]

**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.

Name	Health	Cause of death		Alcohol	Chronic	Diabetes	Epilepsy	Glaucoma	Hearing	Heart	Kidney	Lungs	Stomach	Blood	Other
		Heart	Other												
Father	Good														
Mother	Good														

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

<input type="checkbox"/> Anemia	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hemorrhoids	<input type="checkbox"/> Malaria	<input type="checkbox"/> Polio
<input type="checkbox"/> Asthma	<input type="checkbox"/> Enlarged prostate	<input type="checkbox"/> Hemiplegia	<input type="checkbox"/> Multiple sclerosis	<input type="checkbox"/> Rheumatoid arthritis
<input type="checkbox"/> Bleeding tendencies	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Myocardial infarction	<input type="checkbox"/> Skin diseases
<input type="checkbox"/> Bloodhills	<input type="checkbox"/> Hearing trouble	<input type="checkbox"/> Hives or rashes	<input type="checkbox"/> Mumps	<input type="checkbox"/> Venereal diseases
<input type="checkbox"/> Cancer or tumors	<input type="checkbox"/> Kidney/bladder trouble	<input checked="" type="checkbox"/> Kidney/bladder trouble	<input type="checkbox"/> Neuralgia/neuritis	<input type="checkbox"/> Yaws
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Liver disease	<input type="checkbox"/> Lung disease	<input type="checkbox"/> Nervous breakdown	<input type="checkbox"/> Other
<input type="checkbox"/> Dysentery	<input type="checkbox"/> Pneumonia			

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

Have you ever received a blood transfusion? (circle) NO

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

1st hospitalization	Reason for hospitalization	Name of hospital	City and State
1978	ORAL SURGERY	Sumter	FL
1979	ORAL SURGERY	Sumter	FL
1980	ORAL SURGERY	Sumter	FL

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

Mark an X in the box next to those tests which you know had abnormal results.

<input checked="" type="checkbox"/> 1978 chest X-ray	<input type="checkbox"/> Abnormal
<input type="checkbox"/> 1978 kidney X-ray	<input type="checkbox"/>
<input type="checkbox"/> 1978 diabetes	<input type="checkbox"/>
<input type="checkbox"/> 1978 colon X-ray	<input type="checkbox"/>
<input type="checkbox"/> 1978 gallbladder X-ray	<input type="checkbox"/>
<input type="checkbox"/> 1978 electrocardiogram	<input type="checkbox"/>
<input checked="" type="checkbox"/> 1978 electrocardiogram with exercise	<input type="checkbox"/>
<input checked="" type="checkbox"/> 1978 TB test	<input type="checkbox"/>
<input checked="" type="checkbox"/> 1978 breathing test	<input type="checkbox"/>
<input type="checkbox"/> 1978 biopsy	<input type="checkbox"/>
<input type="checkbox"/> 1978 hearing test	<input type="checkbox"/>
<input checked="" type="checkbox"/> 1978 other <u>VISION</u>	<input type="checkbox"/>

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

<input type="checkbox"/> aspirin	<input checked="" type="checkbox"/> high blood pressure medicine
<input type="checkbox"/> penicillin	<input type="checkbox"/> Otisina/anticonvulsants
<input type="checkbox"/> sulfa	<input type="checkbox"/> birth control pills
<input type="checkbox"/> codeine	<input type="checkbox"/> diuretics/water pills
<input type="checkbox"/> antibiotics	<input type="checkbox"/> blood thinners (anticoagulants)
<input type="checkbox"/> acetaminophen	<input type="checkbox"/> cortisone-type drugs
<input type="checkbox"/> stimulants	<input type="checkbox"/> insulin/diabetic pills
<input type="checkbox"/> Demerol	<input checked="" type="checkbox"/> <u>fluid</u>
<input type="checkbox"/> laxatives	<input checked="" type="checkbox"/> <u>Taking Full Pill 12 Day</u>
<input type="checkbox"/> cold tablets	<input type="checkbox"/>
<input type="checkbox"/> diet pills	<input type="checkbox"/>
<input type="checkbox"/> heart medicines	<input type="checkbox"/>

Name McConico Marius  
Last First  
Date 7/12/84  
Month Day Year  
Soc. Sec. # [redacted]

C.  
Initial

Special Problems: \_\_\_\_\_

Employee No. 1944

HEAD AND NECK

- frequent headaches
- neck pains
- neck lumps or swelling

EYES

- wear glasses
- eyesight worsening
- eyes double
- eyes itchy

EARS

- others notice hearing problem
- hearing problem

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

MOUTH

- swellings on gums or jaws
- sore throat
- taste changes

NOSE and THROAT

- congested nose
- running nose
- snoring while sleeping
- sore throat
- hoarse voice
- chin/neck itchy

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

- slurred or loss of speech
- temp. loss of sight

- numbness one side of body
- weakness one side of body

SKIN

- freckles
- moles
- rashes
- itching
- blisters
- sores
- ulcers
- warts
- scars
- burns
- frostbite
- radiation
- other

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 urination
- urgency

MALE GENITAL

- weak urine stream
- prostate trouble
- hernia 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 2
- miscarriages
- stillbirths
- premature births
- para 3
- cesareans 1
- abortion 1

MUSCULOSKELETAL

- aching muscles or joints
- swollen joints
- back or shoulder pains
- back problem
- painful feet
- hand/cramped

SKIN

- skin problems
- bleeds easily
- bruises easily

MOOD

- nervous with strangers
- difficulty 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
- spinal/flat
- tends to be hot or cold
- always thirsty
- 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 pack cigs/day
- 22 no. of years smokes cigs
- used to smoke cigs
- 10 pack cigs/day
- 10 years smoked cigs
- 19 year stopped cigs
- smokes cigars/pipe a day
- 10 yrs. smoked cigars/pipe
- used to smoke cigars/pipe
- 10 cigars/pipe a day
- 10 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

Marius C. McConico  
Signature

Physician's Examination and Consultation

1. GENERAL		2. MOUTH		3. THROAT		4. THYROID		5. THORAX		6. THORAX		7. BREASTS		8. CIRCULATORY SYSTEM		9. SPINE		10. ABDOMEN		11. INGUINAL REGION		12. RECTUM		13. EXTREMITIES - NORMAL		14. MULTIFOCAL		15. OTHER FINDINGS	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
Fuller		Good Hygiene		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal	
Cyanosis		Deviations - Peril		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal	
Jawline		Complete		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal	
Skin Changes		None		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal	
Pupils - Regular		Enlarged		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal	
Equal		Modular		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal	
React to Light				Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal	
React to Acet				Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal	
Exophthalmos				Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal	
Nystagmus				Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal	
Strabismus				Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal	
Cherry Red				Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal	
Conjunctiva - Normal				Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal	
Cornea - Normal				Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal	
Anterior Chamber				Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal	
Uveitis				Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal	
Retina - Normal				Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal	
Hemorrhages				Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal	
Exudates				Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal	
Disc edema				Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal	
Nicking				Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal	
Discharge				Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal	
Drum Intact				Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal	
Candy eardrum				Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal	
Perforation of Septum				Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal	
Mucous Membranes				Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal	
Normal				Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal	
Congested				Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal	
"Allergic"				Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal	
Polyps				Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal		Normal	

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

NAME: Maria M. Machado (M.D.)

SS. NO. 110/98

CHEM. SCREEN: 7-12-84 2+ blood H+alt.

LABS: Blood panel 7.5 mgm %10

HEIGHT: 6'7"

WEIGHT: 180 lbs

AUDIO SCREEN: OK

VISUAL SCREEN: 7-12-84 -OK

HISTORY COMPLETED: 7-12-84 Fam h. white, HBP, head trouble

*3/10/84 B/F*  
*Plus ROC's TARC*  
*Needs to see Dr. Conner Jackson*  
*app. 8/24/84*  
*23 Aug 84*  
*OWH*

Physician's Examination and Consultation

		YES	NO			YES	NO			YES	NO
<b>1. GENERAL</b>				<b>5. MOUTH</b>				<b>11. SPINE</b>			
Color			<input checked="" type="checkbox"/>	Good Hygiene				Curved - Normal			
Cyanosis			<input checked="" type="checkbox"/>	Dryness - Faded				Thoracic - Normal			
Jaundice			<input checked="" type="checkbox"/>	Complete				Lumbar - Normal			
Abnormalities			<input checked="" type="checkbox"/>	None				Cervical - Normal			
<b>2. EYES</b>				<b>6. THROAT</b>				<b>12. ABDOMEN</b>			
Pupils - Regular			<input checked="" type="checkbox"/>	Tonsils - Absent				Soft			
Equal			<input checked="" type="checkbox"/>	Normal				Muscle			
React to Light			<input checked="" type="checkbox"/>	Infected				Organically			
React to Acc			<input checked="" type="checkbox"/>	<b>7. THYROID - Normal</b>				<b>13. INGUINAL REGION</b>			
Exophthalmus			<input checked="" type="checkbox"/>	Enlarged				Normal			
Nystagmus			<input checked="" type="checkbox"/>	Modular				Cervical - Normal			
Strabismus			<input checked="" type="checkbox"/>	<b>8. THORAX</b>				External contents - Normal			
Conjunctiva - Normal			<input checked="" type="checkbox"/>	Chest - Symmetrical				<b>14. RECTUM</b>			
Congested			<input checked="" type="checkbox"/>	Shape - Normal				Ext. Hemorrhoids			
Icteric			<input checked="" type="checkbox"/>	Breast Scars - Normal				Int. Hemorrhoids			
Cornea - Normal			<input checked="" type="checkbox"/>	Rales (Type and Location)				Mucosa			
Arcus senilis			<input checked="" type="checkbox"/>	<b>9. BREASTS</b>				Prostate - Normal			
Ulcers			<input checked="" type="checkbox"/>	Normal				<b>15. EXTREMITIES - NORMAL</b>			
Reticles			<input checked="" type="checkbox"/>	Tumor				Deformity			
Hemorrhages			<input checked="" type="checkbox"/>	Other				or mal function			
Exudates			<input checked="" type="checkbox"/>	<b>10. CIRCULATORY SYSTEM</b>				Including edema			
Disc albus			<input checked="" type="checkbox"/>	Riskl Pressure				<b>16. MISCELLANEOUS</b>			
Nothing			<input checked="" type="checkbox"/>	Synovial				Adenopathy			
<b>3. EARS</b>				Otitic				Lymph			
Discharge			<input checked="" type="checkbox"/>	Apex within M.C.L.				Vascular			
Drum Intact			<input checked="" type="checkbox"/>	Rhythm - Normal Blunt				Lacte			
Chains normal			<input checked="" type="checkbox"/>	Heart Sounds - Normal				Etc.			
<b>4. NOSE</b>				Furcled				<b>17. OTHER FINDINGS</b>			
Perforation of Septum			<input checked="" type="checkbox"/>	Mucosa				Puls - If Indicated			
Mucosa Membranes			<input checked="" type="checkbox"/>	Pharyngeal Ventrals							
Normal			<input checked="" type="checkbox"/>	Normal							
Congested			<input checked="" type="checkbox"/>								
Atrophic			<input checked="" type="checkbox"/>								
Polyps			<input checked="" type="checkbox"/>								

Occupational Health History Questionnaire

IDENTIFICATION DATA Fill in the following information. PLEASE PRINT.

Name McConico Mary C. Date 5 2 85 Plant Location \_\_\_\_\_  
 No. \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Sex (circle) M  F  
 Date of birth \_\_\_\_\_ Sex (circle) M  F  
 Soc. Sec. No. \_\_\_\_\_ Employee No. 1744 Married  Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Single  
 Home address \_\_\_\_\_ Education: \_\_\_\_\_ years Elementary 2 years High School  
 \_\_\_\_\_ years College, Technical, Business, etc.  
 Home telephone \_\_\_\_\_ Job title Relief Person

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.

Name	Health		Cause of death																
	Good	Poor	Heart	Stroke	Diabetes	Other	Lung	Kidney	Brain	Other	Alcohol	Other	Alcohol	Other	Alcohol	Other	Alcohol	Other	
Father																			
Mother																			
Blood relatives (mark an X for illnesses only)			Son																

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

<input checked="" type="checkbox"/> Asthma	<input checked="" type="checkbox"/> Emphysema	<input checked="" type="checkbox"/> Hemorrhoids	<input checked="" type="checkbox"/> Malaria	<input checked="" type="checkbox"/> Polio
<input checked="" type="checkbox"/> Bleeding tendencies	<input checked="" type="checkbox"/> Eye problems	<input checked="" type="checkbox"/> Hernia	<input checked="" type="checkbox"/> Measles	<input checked="" type="checkbox"/> Rheumatic fever
<input checked="" type="checkbox"/> Bronchitis	<input checked="" type="checkbox"/> Glaucoma	<input checked="" type="checkbox"/> High blood pressure	<input checked="" type="checkbox"/> Mononucleosis	<input checked="" type="checkbox"/> Rheumatism/arthritis
<input checked="" type="checkbox"/> Cancer or tumor	<input checked="" type="checkbox"/> Hay fever or allergies	<input checked="" type="checkbox"/> HIVes or rashes	<input checked="" type="checkbox"/> Mumps	<input checked="" type="checkbox"/> Skin disease
<input checked="" type="checkbox"/> Diabetes	<input checked="" type="checkbox"/> Hearing trouble	<input checked="" type="checkbox"/> Kidney/bladder trouble	<input checked="" type="checkbox"/> Neuritis/neuritis	<input checked="" type="checkbox"/> Venereal disease
<input checked="" type="checkbox"/> Dizziness	<input checked="" type="checkbox"/> Heart trouble	<input checked="" type="checkbox"/> Liver disease/hepatitis	<input checked="" type="checkbox"/> Nerve pain	<input checked="" type="checkbox"/> Yellow jaundice
<input checked="" type="checkbox"/> Other _____		<input checked="" type="checkbox"/> Lung disease	<input checked="" type="checkbox"/> Pneumonia	<input checked="" type="checkbox"/> 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
<input checked="" type="checkbox"/> 1st hospitalization	1979	(Pneumonia)	Tommy Hospital	Santer
<input type="checkbox"/> 2nd hospitalization	18			
<input type="checkbox"/> 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.

<input checked="" type="checkbox"/> 1979 Chest X-ray	<input type="checkbox"/> Normal
<input type="checkbox"/> 18 Kidney X-ray	<input type="checkbox"/>
<input type="checkbox"/> 18 GI series	<input type="checkbox"/>
<input type="checkbox"/> 1979 colon X-ray	<input type="checkbox"/>
<input type="checkbox"/> 18 gallbladder X-ray	<input type="checkbox"/>
<input checked="" type="checkbox"/> 1979 electrocardiogram	<input type="checkbox"/>
<input checked="" type="checkbox"/> 18 electrocardiogram with exercise	<input type="checkbox"/>
<input checked="" type="checkbox"/> 18 TB test	<input type="checkbox"/>
<input checked="" type="checkbox"/> 1979 breathing test	<input type="checkbox"/>
<input type="checkbox"/> 18 Mopay	<input type="checkbox"/>
<input checked="" type="checkbox"/> 1979 hearing test	<input type="checkbox"/>
<input checked="" type="checkbox"/> 1979 Other <u>vision</u>	<input type="checkbox"/>

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

<input type="checkbox"/> aspirin	<input type="checkbox"/> high blood pressure medicine
<input type="checkbox"/> penicillin	<input type="checkbox"/> Difant/anticoagulants
<input type="checkbox"/> sulfa	<input type="checkbox"/> birth control pills
<input type="checkbox"/> codeine	<input type="checkbox"/> diuretic/water pills
<input type="checkbox"/> antihistamines	<input type="checkbox"/> blood thinners (anticoagulants)
<input type="checkbox"/> sedatives	<input type="checkbox"/> cortisone-type drugs
<input type="checkbox"/> stimulants	<input type="checkbox"/> insulin/diabetic pills
<input type="checkbox"/> Demerol	
<input type="checkbox"/> laxatives	
<input type="checkbox"/> cold tablets	
<input type="checkbox"/> diet pills	
<input type="checkbox"/> heart medicines	

Name McGraw Mary C  
 Date 1 1968  
 Soc. Sec. # [redacted]  
 Employee No. 1908

Special Problem \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- HEAD AND NECK**  
 frequent headaches  
 neck pain  
 neck lumps or swelling
- EYES**  
 wears glasses  
 eyesight worsening  
 see double  
 see halo
- EARS**  
 others notice hearing problem  
 has hearing problem  
 decreased hearing after trauma  
 ringing ears  
 buzzing in ears  
 cottoniness
- MOUTH**  
 swellings on gums or jaws  
 sore tongue  
 taste changes
- NOSE AND THROAT**  
 congested nose  
 running nose  
 sores in mouth  
 sore throat  
 hoarse voice  
 sore throat 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  
 waking pillows to breathe  
 swollen feet or ankles  
 leg cramps  
 heart murmur  
 inflamed veins or blood clots in legs

- NEUROLOGICAL**  
 slurred or lisp/speech  
 tique, loss of sight  
 numbness one side of body  
 weakness one side of body  
 faintness  
 numbness  
 convulsions  
 trembles  
 indigestive  
 heartburn  
 moist stomach  
 belching  
 stomach pains  
 nausea  
 vomiting  
 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 4  
**PREGNANCIES**  
 gravida 3  
 miscarriages 0  
 stillbirths 0  
 preterm births 0  
 para 3  
 cesareans 1  
 abortion 1

- MUSCULOSKELETAL**  
 aching muscles or joints  
 swollen joints  
 back or shoulder pains  
 back problem  
 painful feet  
 handicapped
- SKIN**  
 skin problems  
 itches easily  
 bruises easily
- MOOD**  
 nervous with strangers  
 difficulty in making decisions  
 lack of concentration or memory  
 lonely or depressed  
 impetuous 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  
 feels thirsty lately  
 sugar in system  
 loss of interest in eating  
 fatigue  
 sleeping difficulties  
 symptoms or signs swelling  
 lack of exercise  
 smokes cigarettes  
 no. packs cig/day  
 no. of years smoked cig.  
 used to smoke cigs.  
 no. packs cig/day  
 no. years smoked cig.  
 year stopped cig.  
 smokes cig./pipe a day  
 no. cig./pipe a day  
 no. yrs. smokes cig./pipe  
 used to smoke cig./pipe  
 no. cig./pipe a day  
 no. years smoked cig./pipe  
 year stopped cig./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

**B**

Mary McGraw  
 Signature

Occupational Health History Questionnaire

**IDENTIFICATION DATA** Fill in the following information. PLEASE PRINT.

Name: McCauley Mary C.  
 Last First Initial  
 Date: 8/1/53 18 86 Summer  
 No. Day Year Location  
 Date of birth:                                  Sex (circle) M  
 Social Security No.            Employee No. 1946  
 Home address:            Education:            years Elementary            years High School  
 Home telephone:            Job title: Dip + Bake

**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																				
	Good	Poor	Heart	Stroke	Diabetes	High blood pressure	Other	Accident	Alcohol	Asphyxia	Blinding infections	Cancer of unknown	Diabetes	Epilepsy	Glaucoma	Hearing trouble	Heart trouble	Kidney or bladder trouble	High blood pressure	Nervous breakdown	Uterine or ovarian cancer	Blindness or arthritis	
Father		X																					
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.

<input checked="" type="checkbox"/> Anemia	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hemorrhoids	<input type="checkbox"/> Malaria	<input type="checkbox"/> Polio
<input type="checkbox"/> Asthma	<input type="checkbox"/> Eye problems	<input type="checkbox"/> Hernia	<input type="checkbox"/> Measles	<input type="checkbox"/> Rheumatic fever
<input checked="" type="checkbox"/> Bleeding tendencies	<input type="checkbox"/> Glaucoma	<input checked="" type="checkbox"/> High blood pressure	<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Rheumatism/arthritis
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Hay fever or allergies	<input type="checkbox"/> HIV or rash	<input checked="" type="checkbox"/> Mumps	<input type="checkbox"/> Skin diseases
<input type="checkbox"/> Cancer or tumor	<input type="checkbox"/> Hearing trouble	<input checked="" type="checkbox"/> Kidney/bladder trouble	<input type="checkbox"/> Neuralgia/neuritis	<input type="checkbox"/> Venereal disease
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart trouble	<input type="checkbox"/> Liver disease/hepatitis	<input type="checkbox"/> Nervous breakdown	<input type="checkbox"/> Yellow jaundice
<input type="checkbox"/> Diver's disease		<input type="checkbox"/> Lung disease	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> 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
1970	Cesarian		
1985	Tube Tye		
1972			

**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.

<input checked="" type="checkbox"/> 1972 chest X-ray	<input checked="" type="checkbox"/> Abnormal
<input type="checkbox"/> 1972 kidney X-ray	<input type="checkbox"/>
<input type="checkbox"/> 1972 GI series	<input type="checkbox"/>
<input type="checkbox"/> 1972 colon X-ray	<input type="checkbox"/>
<input type="checkbox"/> 1972 gallbladder X-ray	<input type="checkbox"/>
<input checked="" type="checkbox"/> 1972 electrocardiogram	<input checked="" type="checkbox"/>
<input type="checkbox"/> 1972 electrocardiogram with exercise	<input type="checkbox"/>
<input type="checkbox"/> 1972 TB test	<input type="checkbox"/>
<input type="checkbox"/> 1972 breathing test	<input type="checkbox"/>
<input type="checkbox"/> 1972 biopsy	<input type="checkbox"/>
<input checked="" type="checkbox"/> 1972 hearing test	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> 1972 other <u>Thyroid</u>	<input checked="" type="checkbox"/>

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

<input type="checkbox"/> aspirin	<input checked="" type="checkbox"/> Allergic	<input type="checkbox"/> High blood pressure medicine
<input type="checkbox"/> penicillin	<input type="checkbox"/>	<input type="checkbox"/> Dianin/aminocoumarins
<input type="checkbox"/> sulfa	<input type="checkbox"/>	<input type="checkbox"/> birth control pills
<input type="checkbox"/> codalme	<input type="checkbox"/>	<input type="checkbox"/> diuretics/water pills
<input type="checkbox"/> antibiotics	<input type="checkbox"/>	<input type="checkbox"/> blood thinners (anticoagulants)
<input type="checkbox"/> sedatives	<input type="checkbox"/>	<input type="checkbox"/> cortisone-type drugs
<input type="checkbox"/> stimulants	<input type="checkbox"/>	<input type="checkbox"/> insulin/diabetic pills
<input type="checkbox"/> Demerol	<input type="checkbox"/>	
<input type="checkbox"/> laxatives	<input type="checkbox"/>	
<input type="checkbox"/> cold tablets	<input type="checkbox"/>	
<input type="checkbox"/> diet pills	<input type="checkbox"/>	
<input type="checkbox"/> heart medicines	<input type="checkbox"/>	

Name Mr. Conroy Ma-y C. V. Special Problems: \_\_\_\_\_  
 Date 5 / 13 / 56  
 Soc. Sec. # \_\_\_\_\_  
 Employee No. 1944

**HEAD AND NECK**  
 frequent headaches \_\_\_\_\_  
 neck pain(s) \_\_\_\_\_  
 neck lumps or swelling \_\_\_\_\_  
**EYES**  
 wear glasses/contact lenses \_\_\_\_\_  
 frequent blurring \_\_\_\_\_  
 eyes double \_\_\_\_\_  
 eyes itchy \_\_\_\_\_  
**EARS**  
 otitis media/hearing problem \_\_\_\_\_  
 has hearing problem \_\_\_\_\_  
 decreased hearing after trauma \_\_\_\_\_  
 earaches \_\_\_\_\_  
 ringing ears \_\_\_\_\_  
 buzzing in ears \_\_\_\_\_  
 motion sickness \_\_\_\_\_  
**MOUTH**  
 swellings on gums or jaws \_\_\_\_\_  
 sore throat \_\_\_\_\_  
 white patches \_\_\_\_\_  
**NOSE AND THROAT**  
 congested nose \_\_\_\_\_  
 running nose \_\_\_\_\_  
 sneezing spells \_\_\_\_\_  
 sore throat \_\_\_\_\_  
 hoarse voice \_\_\_\_\_  
 sore/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 pain \_\_\_\_\_  
 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 \_\_\_\_\_  
 tremor, loss of sight \_\_\_\_\_  
 numbness one side of body \_\_\_\_\_  
 weakness one side of body \_\_\_\_\_  
 balance \_\_\_\_\_  
 dizziness \_\_\_\_\_  
 trembles \_\_\_\_\_  
**INTESTINE**  
 heartburn \_\_\_\_\_  
 bloated stomach \_\_\_\_\_  
 belching \_\_\_\_\_  
 stomach pain \_\_\_\_\_  
 nausea \_\_\_\_\_  
 vomiting blood \_\_\_\_\_  
 difficulty swallowing \_\_\_\_\_  
 change in bowel habits \_\_\_\_\_  
 black stools \_\_\_\_\_  
 rectal surgery \_\_\_\_\_  
 rectal bleeding \_\_\_\_\_  
 URINARY  
 night frequency \_\_\_\_\_  
 day frequency \_\_\_\_\_  
 poor bladder control \_\_\_\_\_  
 leaking on urination \_\_\_\_\_  
 Brown, black or bloody urine \_\_\_\_\_  
 difficulty starting urine \_\_\_\_\_  
 urgency \_\_\_\_\_  
**MALE GENITAL**  
 weak/low stream \_\_\_\_\_  
 prostate trouble \_\_\_\_\_  
 burning or discharge \_\_\_\_\_  
 lumps or warts \_\_\_\_\_  
**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 \_\_\_\_\_  
 paps \_\_\_\_\_  
 constraints \_\_\_\_\_  
 abortion \_\_\_\_\_

**MUSCULOSKELETAL**  
 X holding muscles or joints \_\_\_\_\_  
 X swollen joints \_\_\_\_\_  
 X back or shoulder pain \_\_\_\_\_  
 X back problem \_\_\_\_\_  
 X painful feet \_\_\_\_\_  
 X handicapped \_\_\_\_\_  
**SKIN**  
 X skin problems \_\_\_\_\_  
 X bleeds easily \_\_\_\_\_  
 X bruises easily \_\_\_\_\_  
**MOOD**  
 X nervous with strangers \_\_\_\_\_  
 X difficulty in making decisions \_\_\_\_\_  
 X lack of concentration or memory \_\_\_\_\_  
 X lonely or depressed \_\_\_\_\_  
 X hopeless outlook \_\_\_\_\_  
 X difficulty relaxing \_\_\_\_\_  
 X worries a lot \_\_\_\_\_  
 X frightening dreams or thoughts \_\_\_\_\_  
 X shy or sensitive \_\_\_\_\_  
 X loses temper \_\_\_\_\_  
 X work or family problems \_\_\_\_\_  
 X sexual difficulties \_\_\_\_\_  
 X considered suicide \_\_\_\_\_  
 X desired psychiatric help \_\_\_\_\_  
**GENERAL**  
 X weight gain \_\_\_\_\_  
 X weight loss \_\_\_\_\_  
 X special diet \_\_\_\_\_  
 X tends to be hot or cold \_\_\_\_\_  
 X always hungry \_\_\_\_\_  
 X more thirsty lately \_\_\_\_\_  
 X sugar in system \_\_\_\_\_  
 X loss of interest in eating \_\_\_\_\_  
 X fatigue \_\_\_\_\_  
 X sleeping difficulties \_\_\_\_\_  
 X swells or goes swelling \_\_\_\_\_  
 X lack of exercise \_\_\_\_\_  
 X smokes cigarettes \_\_\_\_\_  
 X no. packs cig./day \_\_\_\_\_  
 X no. of years smokes cig. \_\_\_\_\_  
 X used to smoke cig. \_\_\_\_\_  
 X no. packs cig./day \_\_\_\_\_  
 X no. years smoked cig. \_\_\_\_\_  
 X 1 year stopped cig. \_\_\_\_\_  
 X smokes cigars/pipe a day \_\_\_\_\_  
 X no. cigars/pipe a day \_\_\_\_\_  
 X no. yrs. smokes cigars/pipe \_\_\_\_\_  
 X used to smoke cigars/pipe \_\_\_\_\_  
 X no. cigars/pipe a day \_\_\_\_\_  
 X no. years smoked cigars/pipe \_\_\_\_\_  
 X 19 year smoked cigars/pipe \_\_\_\_\_  
 X 2 alcoholic drinks daily \_\_\_\_\_  
 X 4 alcoholic drinks daily \_\_\_\_\_  
 X heavy coffee or tea drinker \_\_\_\_\_  
 X marijuana \_\_\_\_\_  
 X heroin, LSD, similar drugs \_\_\_\_\_  
 X doesn't use safety belts \_\_\_\_\_  
 visited in last 6 months

Man M Conroy  
 Signature

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SU-04 11/74

Physician's Examination and Consultation

		YES	NO			YES	NO			YES	NO
<b>1. GENERAL</b>				<b>5. MOUTH</b>				<b>11. SPINE</b>			
Pallor				Good Hygiene				Cervical - Normal			
Cyanosis				Dentures - Partial				Thoracic - Normal			
Jaundice				Complete				Lumbar - Normal			
Skin Disease				None				Sacral - Normal			
<b>2. EYES</b>				<b>6. THROAT</b>				<b>12. ABDOMEN</b>			
Pupils - Equal				Tonsils - Absent				Tender			
Equal				Normal				Organic			
React to Light				Enlarged				<b>13. INGUINAL REGION</b>			
React to Acon				Nodular				Hernia			
Exophthalmos				<b>7. THYROID - Normal</b>				Cervical - Normal			
Myasthenia				Enlarged				Lumbar - Normal			
Strabismus				Nodular				Sacral - Normal			
Cataract				<b>8. THORAX</b>				<b>14. RECTUM</b>			
Conjunctiva - Normal				Chest - Symmetrical				Ext. Hemorrhoids			
Congested				Shape - Normal				Int. Hemorrhoids			
Icteric				Breath Sounds - Normal				Mucosa			
Cornea - Normal				Rales (Type and Location)				Prostate - Normal			
Arcus senilis				<b>9. BREASTS</b>				<b>15. EXTREMITIES - NORMAL</b>			
Ulcers				Normal				Describe deformity			
Redness - Normal				Tender				or nail function			
Hemorrhages				Other				including scars			
Exudates				<b>10. CIRCULATORY SYSTEM</b>				<b>16. MISCELLANEOUS</b>			
Discoloration				Blood Pressure				Adhesions			
Mottling				Systolic				Lacerations			
<b>3. EARS</b>				Diastolic				Vascular			
Discharge				Apex within M.C.L.				Etc.			
Drum Intact				Rhythm - Normal				<b>17. OTHER FINDINGS</b>			
Ossicles normal				Heart Sounds - Normal				Folic - V			
<b>4. NOSE</b>				Forceful							
Perforation of Septum				Distant							
Mucous Membranes				Murmurs							
Normal				Pharyngeal Vessels -							
Congested				Normal							
"Allergic"											
Polyps											

LIST ALL POSITIVE FINDINGS OR ABNORMAL FINDINGS INDICATED FROM ANSWERS TO THE ABOVE ON PREVIOUS PAGE.

NAME: Max McCoskey Age: 72  
 S.S. NO.: [REDACTED]  
 BP: 120/70  
 CHEM. SCREEN: 8-14-86  
 BASTIX: Bld pb 12 (5-2-88)  
 HEIGHT: 67  
 WEIGHT: 192  
 AUDIO SCREEN: 8-14-86  
 VISUAL SCREEN: 8-13-86  
 HISTORY COMPLETED: Yes ✓ Jim Hx.  
Miss Katherine - architect  
SPT-560T-560T  
Mild anemia (young)  
MX C. sect -  
T. lyatis  
In being developed for  
post. hip joint p/bk  
19 Aug 86  
OK  
hypertension, arthritis,  
hypertension, glaucoma, diabetes, etc.

SU-04 11/74

Physician's Examination and Consultation

1. GENERAL		YES	NO	5. MOUTH		YES	NO	11. SPINE		YES	NO
Build			<input checked="" type="checkbox"/>	Good Hygiene				Cervical - Normal	<input checked="" type="checkbox"/>		
Complexion				Dentures - Partial				Thoracic - Normal	<input checked="" type="checkbox"/>		
Inspection				Complete				Lumbar - Normal	<input checked="" type="checkbox"/>		
Skin - Clean				Name				Sacral - Normal	<input checked="" type="checkbox"/>		
2. EYES		RIGHT	LEFT	6. THROAT		YES	NO	12. ABDOMEN		YES	NO
Pupils - Regular		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Tonsils - Absent				From	<input checked="" type="checkbox"/>		
Equal				Normal				Masses	<input checked="" type="checkbox"/>		
React to Light				Infected				Organisms			
React to Acid				7. THYROID - Normal				13. INGUINAL REGION			
Exophthalmos				Enlarged				Nodes	<input checked="" type="checkbox"/>		
Strabismus				Mediastinal				Genitals - Normal			
Conjunctiva - Normal				8. THORAX				Rectal contents - Normal			
Cornea - Normal				Chest - Symmetrical				14. RECTUM			
Cornea - Normal				Shape - Normal				Ext. Hemorrhoids			
Areae trachae				Roentgen Signs - Normal				Int. Hemorrhoids			
Ulcers				Size (Type and Location)				Masses			
Resins - Normal				9. BREASTS		RIGHT	LEFT	Prostate - Normal			
Hemorrhages				Normal		YES	NO	15. EXTREMITIES - NORMAL			
Eruptions				Tumor				Describe deformity			
Discolora				Other				or anal function			
Nitid				10. CIRCULATORY SYSTEM		SITTING		including neuro-			
3. EARS		RIGHT	LEFT	Blood Pressure		RIGHT	LEFT	16. MISCELLANEOUS			
Discharge		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Systolic				Abnormality -			
Drum intact				Diastolic				Locate			
Ossicle normal				Apex with M.C.L.		YES	NO	Vascular			
4. NOSE		YES	NO	Rhythm - Normal				Locate			
Perforation of Septum				Heart Sounds - Normal				Locate			
Mucous Membranes				Forceful				Locate			
Normal				Distast				Locate			
Compacted				Mammaries				Locate			
"Allergic"				Fluorid				Locate			
Polyps				Normal				Locate			
								17. OTHER FINDINGS			
								Follicle - If indicated			
								Def - If indicated			

Occupational Health History Questionnaire

IDENTIFICATION DATA Fill in the following information. PLEASE PRINT.

Name Malonico 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. 17066 Married  Separated  Divorced  Widowed  Single   
 Home address [redacted] Education: 5 years Elementary 3 years High School  
[redacted] years College, Technical, Business, etc.  
 Home telephone [redacted] Job title Dip + Rate Relief

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		Nephritis	Diabetes	Hypertension	Heart trouble	High blood pressure	Kidney or bladder trouble	Nervous breakdown	Stomach disorders
	Good	Poor								
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.

<input type="checkbox"/> Anemia	<input type="checkbox"/> Emphysema	<input type="checkbox"/> Hemorrhoids	<input type="checkbox"/> Malaria	<input type="checkbox"/> Polio
<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hernia	<input type="checkbox"/> Measles	<input type="checkbox"/> Rheumatic fever
<input checked="" type="checkbox"/> Bleeding tendencies	<input type="checkbox"/> Eye problems	<input checked="" type="checkbox"/> High blood pressure	<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Rheumatism/arthriti
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Hives or rashes	<input type="checkbox"/> Mumps	<input type="checkbox"/> Skin disease
<input type="checkbox"/> Cancer or tumor	<input type="checkbox"/> Hay fever or allergies	<input type="checkbox"/> Kidney/bladder trouble	<input type="checkbox"/> Neuralgia (neuritis)	<input type="checkbox"/> Venereal disease
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hearing trouble	<input type="checkbox"/> Liver disease/hepatitis	<input type="checkbox"/> Nervous breakdown	<input type="checkbox"/> Yellow jaundice
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Heart trouble	<input type="checkbox"/> Lung disease	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> 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.

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
<input type="checkbox"/> 18 chest X-ray	<input type="checkbox"/>
<input type="checkbox"/> 19 kidney X-ray	<input type="checkbox"/>
<input type="checkbox"/> 18 GI series	<input type="checkbox"/>
<input type="checkbox"/> 18 colon X-ray	<input type="checkbox"/>
<input type="checkbox"/> 18 gallbladder X-ray	<input type="checkbox"/>
<input checked="" type="checkbox"/> 18 electrocardiogram	<input checked="" type="checkbox"/>
<input type="checkbox"/> 18 electrocardiogram with exercise	<input type="checkbox"/>
<input checked="" type="checkbox"/> 18 TB test	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> 18 breathing test	<input checked="" type="checkbox"/>
<input type="checkbox"/> 18 biopsy	<input type="checkbox"/>
<input checked="" type="checkbox"/> 18 hearing test	<input checked="" type="checkbox"/>
<input type="checkbox"/> 18 other	<input type="checkbox"/>

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

allergic to	allergic to
<input type="checkbox"/> aspirin	<input checked="" type="checkbox"/> high blood pressure medicine
<input type="checkbox"/> penicillin	<input type="checkbox"/> Dilantin/anticoagulants
<input type="checkbox"/> sulfa	<input type="checkbox"/> birth control pills
<input type="checkbox"/> codeine	<input type="checkbox"/> diuretics/water pills
<input type="checkbox"/> antibiotics	<input type="checkbox"/> blood thinners (anticoagulants)
<input type="checkbox"/> sedatives	<input type="checkbox"/> cortisone-type drugs
<input type="checkbox"/> stimulants	<input type="checkbox"/> insulin/diabetes pills
<input type="checkbox"/> Demerol	
<input type="checkbox"/> laxatives	
<input type="checkbox"/> cold tablets	
<input type="checkbox"/> diet pills	
<input type="checkbox"/> heart medicines	

Name: Mary Conko M/2 1944 Special Problems: \_\_\_\_\_  
 Date: 1-23-77  
 Soc. Sec. #: \_\_\_\_\_  
 Employee No. 1944

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
- scratches
- ringing ears
- buzzing in ears
- motion sickness

MOUTH

- swellings on gums or lips
- 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 pain
- dizzy spells
- shortness of breath at night
- more pillows to breathe
- swollen feet or ankles
- leg cramps
- heart murmur
- irritated veins or blood clots in legs

NEUROLOGICAL

- started or lost speech
- tremor, loss of sight
- numbness one side of body
- weakness one side of body
- faintness
- numbness
- dizziness
- trembles

DIGESTIVE

- heartburn
- bloated stomach
- belching
- stomach pain
- nausea
- vomited blood
- difficulty swallowing
- change in bowel habits
- black stools
- rectal surgery
- rectal bleeding

URINARY

- high frequency
- day frequency
- poor bladder control
- burning on urination
- brown, black, or bloody urine
- difficulty starting urine
- urgency

MALE GENITAL

- weak urine stream
- penile trouble
- burning or discharge
- lumps or testicles

FEMALE GENITAL

- menstrual troubles
- breakthrough bleeding
- heavy bleeding
- bleeding after intercourse
- premenstrual headache
- hot flashes
- birth control pill
- lumps in breasts
- vaginal discharge

PAP smear

last performed 9/7/75

PREGNANCIES

- gravida
- miscarriages
- stillbirths
- premature births
- puerperal fever
- abortion

MUSCULOSKELETAL

- aching muscles or joints
- swollen joints
- back or shoulder pain
- back problem
- painful feet
- hand/wrist

SKIN

- skin problems
- itches easily
- bruises easily

MOOD

- nervous with stress
- 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
- job's tempo
- 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
- snorts or groans sleeping
- 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. \_\_\_\_\_
- year stopped cig. \_\_\_\_\_
- smokes cigar/pipe a day \_\_\_\_\_
- no. yrs. smokes cigar/pipe \_\_\_\_\_
- used to smoke cigar/pipe \_\_\_\_\_
- no. cigar/pipe a day \_\_\_\_\_
- no. years smoked cigar/pipe \_\_\_\_\_
- 19 \_\_\_\_\_ year stopped cigar/pipe \_\_\_\_\_
- 2 alcoholic drinks daily \_\_\_\_\_
- 4 alcoholic drinks daily \_\_\_\_\_
- heavy coffee or tea drinker \_\_\_\_\_
- marijuana \_\_\_\_\_
- heroin, LSD, stimulants \_\_\_\_\_
- doesn't use safety belts
- \_\_\_\_\_ visited in last 6 months

Mary Conko  
Signature

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SU-04 11/84

Physician's Examination and Consultation

		YES	NO			YES	NO			YES	NO
<b>1. GENERAL</b>				<b>5. MOUTH</b>				<b>11. SPINE</b>			
Fair				Good Hygiene				Cervical - Normal			
Cyanosis				Dentures - Partial				Thoracic - Normal			
Jaundice				Chrysm				Lumbar - Normal			
Skin Disease				New				Sacro - Normal			
<b>2. EYES</b>				<b>6. THROAT</b>				<b>12. ABDOMEN</b>			
Pupils - Equal				Tonsils - Absent				Soft			
Equal to Light				Normal				Masses			
Equal to Acc				Inflamed				Organomegaly			
Exophthalmos				<b>7. THYROID - Normal</b>				<b>13. INGUINAL REGION</b>			
Myopia				Enlarged				Nodes			
Strabismus				Enlarged				Gonads - Normal			
Cataract				<b>8. THORAX</b>				<b>14. RECTUM</b>			
Conjunctiva - Normal				Chest - Symmetrical				Ext. Hemorrhoids			
Cornea - Normal				Shape - Normal				Int. Hemorrhoids			
Cooper's Ligament				Breast glands - Normal				Mucosa			
Iris				Risks (Type and Location)				Fissures			
Ulcers				<b>9. BREASTS</b>				<b>15. EXTREMITIES - NORMAL</b>			
Rafes - Normal				Normal				Describe deformities			
Hemorrhoids				Tumor				or mal Dislocation			
Excess				Other				Including scars			
Edema				<b>10. CIRCULATORY SYSTEM</b>				<b>16. MISCELLANEOUS</b>			
Edema				Blood Pressure				Adenopathy			
Nicking				Systolic				Vertigo			
<b>3. EARS</b>				Diastolic				Rheum			
Discharge				Apt. wide M.C.L.				<b>17. OTHER FINDINGS</b>			
Drum Intact				Rhythm - Normal Strong				Public - if indicated			
Cerumen normal				Heart Sounds - Normal				Nail			
<b>4. NOSE</b>				Furcal				P.P.P. dist			
Perforation of Septum				Dissect							
Mucous Membranes				Mucous							
Normal				Fluoridated Vessels - Normal							
Congested											
"Allergic"											
Polyps											

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

NAME: Mrs. M. C. Conner

SS. NO. [redacted]

BP 120/80

CHEM SCREEN 9-23-87

Bill 15 (9-87)

HEIGHT 67

WEIGHT 190

AUDIO SCREEN 9-23-87 ok. clb

VISUAL SCREEN 9-17-87 ok

HISTORY COMPLETED For h+dm

① dilated chest x  
 ② x-ray  
 ③ bi-hypothyroidism (blood)  
 ④ x-ray  
 ⑤ microhematuria  
 ⑥ hx. C-scan BTL

*[Signature]*

SU-04 11/84

Physician's Examination and Consultation

1. GENERAL		YES	NO	2. MOUTH		YES	NO	11. SPINE		YES	NO
Pulse				Good Hygiene		/		Cervical - Normal			
Chin				Discolor - Periorbital		/		Thoracic - Normal			
Jaundice				Complete				Lumbar - Normal			
Skin Disease				None				Sacral - Normal			
2. EYES		RIGHT	LEFT	3. THROAT		YES	NO	12. ABDOMEN		YES	NO
Pupils - Regular				Tonsils - Absent		/		Scars			
Equal				Normal				Masses			
Exam in Light				Infected		/		Organic			
Exam in Acc				7. THYROID - Normal		YES	NO	13. INGUINAL REGION		YES	NO
Exophthalmos				Enlarged				Nodes			
Strabismus				Mediolar				Cysts			
Cataract				8. THORAX		YES	NO	14. RECTUM		YES	NO
Conjunctiva - Normal				Color - Symmetrical				Ext. Hemorrhoids			
Conjunctiva - Congested				Shape - Normal				Int. Hemorrhoids			
Icteric				Depth - Normal				Masses			
Cornea - Normal				Rate (Type and Location)				Fissures - Normal			
Axillary Swells				9. BREASTS		RIGHT	LEFT	15. EXTREMITIES - NORMAL		YES	NO
Ulcers				Normal		YES	NO	Describe deformity			
Rashes - Normal				Tumor				or anal function			
Hemorrhages				Other				including scars			None
Exophtalmos				10. CIRCULATORY SYSTEM		SITTING		16. MISCELLANEOUS		YES	NO
Exophtalmos				Blood Pressure		RIGHT	LEFT	Adiposity			
Disc edema				Systemic		120		Local			
Nicking				Diastolic		80		Varicosities			
3. EARS		RIGHT	LEFT	Aptot with M.C.L.		YES	NO	17. OTHER FINDINGS		YES	NO
Discharge				Rhythm - Normal Slow				Describe			
Drum intact				Heart Sound - Normal				if present			
Conch normal				Murmurs				None			
4. NOSE		YES	NO	Peripheral Vessels - Normal		YES	NO	PAP clear		YES	NO
Perforation of Septum											
Mucosa Membrane											
Nasal											
Congested											
"Allergic"											
Polyps											

SU-04 11/84

Physician's Examination and Consultation

I. GENERAL		YES	NO	II. MOUTH		YES	NO	III. SPINE		YES	NO
Pulse				Good Hygiene		<input checked="" type="checkbox"/>		Cervical - Normal		<input checked="" type="checkbox"/>	
Cyanosis				Dentures - Partial				Thoracic - Normal			
Jaundice				Complete				Lumbar - Normal			
Klin Disease				None		<input checked="" type="checkbox"/>		Sacro - Normal			
II. EYES		RIGHT		LEFT		IV. THROAT		V. ABDOMEN		YES	
Probs - Regular		YES	NO	YES	NO	Tonsils - Absent		Scars		NO	
Equal						Dysphagia		Masses		<input checked="" type="checkbox"/>	
React to Light						Diagnosis		Organisms			
React to Acc						VI. THYROID - Normal		VII. INGUINAL REGION		YES	
Exophthalmos						Enlarged		Hernia		<input checked="" type="checkbox"/>	
Nystagmus						Moths		Otitis - Normal		<input checked="" type="checkbox"/>	
Scleritis						Enlarged		Scrotal contents - Normal		<input checked="" type="checkbox"/>	
Conjunctiva - Normal						Moths		VIII. RECTUM		YES	
Congested						Other		Hemorrhoids		<input checked="" type="checkbox"/>	
Icteric						IX. THORAX		Hemorrhoids		<input checked="" type="checkbox"/>	
Cornea - Normal						Chest - Symmetrical		Moles		<input checked="" type="checkbox"/>	
Arcus senilis						Shape - Normal		Fissures - Normal		<input checked="" type="checkbox"/>	
Ulcers						Breath Sounds - Normal		IX. EXTREMITIES - NORMAL		DESCRIBE DEFECTS	
Retic						Rales (Type and Location)		or not included		including scars	
Hemorrhages						X. BREASTS		SITTING		YES	
Erosions						Nipples		RIGHT		LEFT	
Discoloration						Tender		YES		NO	
Nicking						Other		NO		NO	
XI. EARS		RIGHT		LEFT		XI. CIRCULATORY SYSTEM		STANDING		YES	
Discharge		YES	NO	YES	NO	Blood Pressure		RIGHT		LEFT	
Dryness						Systolic		130		84	
Cloudy periaur						Diastolic		84		84	
XII. NOSE		RIGHT		LEFT		XIII. OTHER FINDINGS		PELVIC - If indicated		YES	
Perforation of Septum						Blood Pressure				<input checked="" type="checkbox"/>	
Mucous Membrane						Systolic					
Normal						Diastolic					
Congested						Other					
"Allergic"						XIV. OTHER FINDINGS					
Polyps						Blood Pressure					

LIST ALL POSITIVE FINDINGS OR ANY DIAGNOSES DEDUCED FROM ANSWERS TO THE ABOVE OR PREVIOUS PAGE

NAME: Mary McConis Age: 42

S.S. NO. [REDACTED]

BP 130/84

CHEM SCREEN 10-11-88

LABS: Bld ab 35 (5-88) Air Pb 29 (6-88)

HEIGHT: 68

WEIGHT: 192

AUDIO SCREEN 10-11-88 Class A

VISUAL SCREEN 10-10-88

HISTORY COMPLETED Head injury, Hypertension, Diabetes, Posthuma

*Elevated cholesterol by contact diet to meat proteins.*

*11-20-88 E.R. Boyd*

*Mary McConis*

Occupational Health History Questionnaire

**IDENTIFICATION DATA** Fill in the following information. PLEASE PRINT.

Name Ms. Cosico Mary C.  
 Date 8/12/89 <sup>Print</sup> Summer <sup>Location</sup>  
 Date of birth [redacted] <sup>Mo. Day Year</sup> Sex (circle) M F  
 Social Security No. [redacted] Employee No. 1924  
 Home address [redacted]  
 Home telephone [redacted]  
 Education: 7 years Elementary 12 years High School  
0 years College, Technical, Business, etc.  
 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		Alcohol or drugs	Bladder/urinary	Cancer or tumor	Diabetes	Epilepsy	Glaucoma	Heart trouble	High blood pressure	Kidney or bladder trouble	Lung disease	Nervous breakdown	Rheumatism or arthritis	Stomach/intestinal tract
	Good	Poor	None at all	Heart													
Father		<input checked="" type="checkbox"/>		Heart													
Mother		<input checked="" type="checkbox"/>		Heart													
Blood relatives (mark an X for illnesses only) <u>SON</u>																	

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

<input type="checkbox"/> Anemia	<input type="checkbox"/> Emphysema	<input type="checkbox"/> Hemorrhoids	<input type="checkbox"/> Malaria	<input type="checkbox"/> Pofo
<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hernia	<input type="checkbox"/> Measles	<input type="checkbox"/> Rheumatic fever
<input checked="" type="checkbox"/> Bleeding tendencies	<input type="checkbox"/> Eye problems	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Rheumatism/arthritis
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Hives or rashes	<input type="checkbox"/> Mumps	<input type="checkbox"/> Skin disease
<input type="checkbox"/> Cancer or tumor	<input type="checkbox"/> Hay fever or allergies	<input type="checkbox"/> Kidney/bladder trouble	<input type="checkbox"/> Neuralgia/neuritis	<input type="checkbox"/> Venereal disease
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hearing trouble	<input type="checkbox"/> Liver disease/hepatitis	<input type="checkbox"/> Nervous breakdown	<input type="checkbox"/> Yellow jaundice
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Heart trouble	<input type="checkbox"/> Lung disease	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> 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	1877	Cesarian	Tornley	Summer 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	Test	Abnormal
<input type="checkbox"/> 18	chest X-ray	<input checked="" type="checkbox"/>
<input type="checkbox"/> 18	kidney X-ray	<input type="checkbox"/>
<input type="checkbox"/> 18	GI series	<input type="checkbox"/>
<input type="checkbox"/> 19	colon X-ray	<input type="checkbox"/>
<input type="checkbox"/> 19	pancreas X-ray	<input type="checkbox"/>
<input type="checkbox"/> 18	electrocardiogram	<input checked="" type="checkbox"/>
<input type="checkbox"/> 19	electrocardiogram with exercise	<input checked="" type="checkbox"/>
<input type="checkbox"/> 19	TB test	<input checked="" type="checkbox"/>
<input type="checkbox"/> 19	breathing test	<input checked="" type="checkbox"/>
<input type="checkbox"/> 19	biopsy	<input type="checkbox"/>
<input type="checkbox"/> 19	hearing test	<input checked="" type="checkbox"/>
<input type="checkbox"/> 18	other	<input type="checkbox"/>

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

taking	allergic	taking	allergic
<input type="checkbox"/>	<input type="checkbox"/>	aspirin	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	penicillin	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	sulfas	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	codeine	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	antibiotics	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	sedatives	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	stimulants	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Demerol	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	laxatives	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	cold tablets	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	diet pills	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	heart medicines	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure medicine	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Dilantin/anticoagulants	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	birth control pills	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	diuretic/water pills	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	blood thinners (anticoagulants)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	cortisone-type drugs	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	insulin/diabetic pills	<input type="checkbox"/>



SU-04 11/84

Physician's Examination and Consultation

I. GENERAL		YES		NO		3. MOUTH		YES		NO		11. SPINE		YES		NO	
Pallor						Good Hygiene						Cervical - Normal					
Cyanosis						Dentures - Partial						Thoracic - Normal					
Jaundice						Complete						Lumbar - Normal					
Skin Disease						None						Sacro - Normal					
2. EYES		RIGHT		LEFT		4. THROAT		YES		NO		12. ABDOMEN		YES		NO	
Pupils - Regular		YES	NO	YES	NO	Tonsils - Absent						Scars					
Equal						Normal						Masses					
React to Light						Inflamed						Organomegaly					
React to Acc						7. THYROID - Normal						13. ENDOCRINAL MECHAN					
Exophthalmos						Enlarged						Horms					
Myopia						Mediary						Gonads - Normal					
Strabismus						8. THORAX						Skeletal constants - Normal					
Cataract						Chest - Symmetrical						14. RECTUM					
Conjunctiva - Normal						Shape - Normal						Ext. Hemorrhoids					
Congested						Breath Sounds - Normal						Int. Hemorrhoids					
Icteric						Vesic (Type and Location)						Mucos					
Cancer - Normal						9. BREASTS						Prostate - Normal					
Aron's spots						Normal						15. EXTREMITIES - NORMAL					
Ulcer						Tumor						Describe deformity					
Necrosis - Normal						Other						or vital function					
Hemorrhage						10. CIRCULATORY SYSTEM						including scars					
Erythema						Blood Pressure						16. MISCELLANEOUS					
Diastolic						Systolic						Adequacy -					
Diastolic						Diastolic						Locate					
1. EARS		RIGHT		LEFT		Apt. within M.C.L.						Vascularities -					
Flushing		YES	NO	YES	NO	Rhythmic - Normal						Locate					
Drum intact						Heart Sound - Normal						Etc.					
Candle normal						Feroed						17. OTHER FINDINGS					
4. NOSE		YES		NO		Distast						Folic - If indicated					
Perforation of Septum						Mucous						Contact					
Mucous Membranes						Picrocytic Vessels -						Mucos					
Normal						Normal						Kerns					
Congested																	
"Allergic"																	
Polyps																	

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

NAME: May McConie Agi

S.S. NO. [REDACTED]

BP: 190/110

CHEM. SCREEN: 8-24-89

LABS: hematuria - bacteriuria

HEIGHT: 68 1/2

WEIGHT: 198 1/2

AUDIO SCREEN: 8-24-89 Class A

VISUAL SCREEN: 8-23-89 OK.

HISTORY COMPLETED

*Elevated Cholesterol.*  
*Contact Specialist to grant problem.*  
*renal litigation.*  
*Hypertension.*  
*Elkrod 9-7-89*  
*May McConie*

SU-04 11/74

Physician's Examination and Consultation

		YES	NO			YES	NO			YES	NO
<b>1. GENERAL</b>			<input checked="" type="checkbox"/>	<b>2. MOUTH</b>		<input checked="" type="checkbox"/>		<b>11. SPINE</b>		<input checked="" type="checkbox"/>	
Pallor			<input checked="" type="checkbox"/>	Good Hygiene		<input checked="" type="checkbox"/>		Cervical - Normal		<input checked="" type="checkbox"/>	
Cyanosis			<input checked="" type="checkbox"/>	Discoloration				Thoracic - Normal			
Jaundice			<input checked="" type="checkbox"/>	Complete				Lumbar - Normal			
Skin Disease			<input checked="" type="checkbox"/>	None		<input checked="" type="checkbox"/>		Sacro - Normal		<input checked="" type="checkbox"/>	
<b>3. EYES</b>		<b>RIGHT</b>	<b>LEFT</b>	<b>3. THROAT</b>				<b>12. ABDOMEN</b>			<input checked="" type="checkbox"/>
Pupils - Regular		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Tonsils - Absent				Bowel			<input checked="" type="checkbox"/>
Sclera		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Normal				Nipples			<input checked="" type="checkbox"/>
React to Light		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Infected				Cystic			<input checked="" type="checkbox"/>
React to Accommodation		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>4. THYROID - Normal</b>				<b>13. INGUINAL REGION</b>			<input checked="" type="checkbox"/>
Exophthalmos		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Enlarged				Hernia			<input checked="" type="checkbox"/>
Nyctopia		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Masked				Gonorrhea - Normal		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Strabismus		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>5. TESTICLES</b>				Scrotal masses - Normal		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Coloration		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Symmetrical				<b>14. RECTUM</b>			<input checked="" type="checkbox"/>
Conjunctiva - Normal		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Shape - Normal				Ext. Hemorrhoids			<input checked="" type="checkbox"/>
Congested		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Breast Scars - Normal				Int. Hemorrhoids			<input checked="" type="checkbox"/>
Icteric		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	None (Type and Location)				Mucosa			<input checked="" type="checkbox"/>
Cornea - Normal		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>6. BREASTS</b>		<b>RIGHT</b>	<b>LEFT</b>	Fissures - Normal		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Arcus senilis		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Normal		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>15. EXTREMITIES - NORMAL</b>			<input checked="" type="checkbox"/>
Ulcer		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Tumor		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Deformity			<input checked="" type="checkbox"/>
Retina - Normal		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	of hip/ankle			<input checked="" type="checkbox"/>
Hemorrhages		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>16. CIRCULATORY SYSTEM</b>		<b>SITTING</b>		including pulse			<input checked="" type="checkbox"/>
Exudate		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Blood Pressure		<b>RIGHT</b>	<b>LEFT</b>	<b>16. MISCELLANEOUS</b>			<input checked="" type="checkbox"/>
Macular spots		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Systolic		190	140	Asterixity			<input checked="" type="checkbox"/>
Nodules		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Diastolic		114	117	Loose			<input checked="" type="checkbox"/>
<b>7. EARS</b>		<b>RIGHT</b>	<b>LEFT</b>	Apex with M.C.L.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Vascular			<input checked="" type="checkbox"/>
Discharge		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Rhythm - Normal		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Loose			<input checked="" type="checkbox"/>
Drum intact		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Normal		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Etc.			<input checked="" type="checkbox"/>
Conch normal		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Heart Sounds - Normal		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>17. OTHER FINDINGS</b>			<input checked="" type="checkbox"/>
<b>8. NOSE</b>		<b>YES</b>	<b>NO</b>	Furrows		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Folic - if indicated			<input checked="" type="checkbox"/>
Perforation of Septum		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pharyngeal Veins - Normal		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cordless			<input checked="" type="checkbox"/>
Structural Abnormalities		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Murdets			<input checked="" type="checkbox"/>
Normal		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	hands			<input checked="" type="checkbox"/>
Congested		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
"Allergic"		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
Polyps		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>

SL-04 11/74

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				Sacro - 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				Gonorrhea - Normal			
Strabismus				8. THORAX				Scrotal cystitis - Normal			
Conjunctiva - Normal				Chest - Symmetrical				14. RECTUM			
Congested				Shape - Normal				Ext. Hemorrhoids			
Icteric				Breath Sounds - Normal				Int. Hemorrhoids			
Cornea - Normal				Rales (Type and Location)				Moles			
Arcus senilis				9. BREASTS		RIGHT	LEFT	15. EXTREMITIES - NORMAL			
Ulcers				Normal		YES	NO	Describe abnormality			
Rheinitis - Normal				Tumor				or mal function			
Microscaphes				Other				including scars			
Emulsify				10. CIRCULATORY SYSTEM		SITTING		16. MISCELLANEOUS			
Disc edema				Blood Pressure		RIGHT	LEFT	Atherosclerotic -			
Nothing				Systolic				Lacate			
3. EARS		RIGHT	LEFT	Diastolic				Vascular -			
Discharge		YES	NO	Apex within M.C.L.				Lacate			
Drum intact				Rhythmic - Normal sinus				Em.			
Canals normal				Heart Sounds - Normal				17. OTHER FINDINGS			
4. NOSE		YES	NO	Feverish				Pelvic ch			
Perforation of Septum				Distact				Pap done			
Mucous Membranes				Murmurs							
Normal				Peripheral Vessels -							
Congested				Normal							
"Allergic"											
Polyps											

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

NAME: Mary McConico Age: 60 ( )

S.S. NO.: 13 P 170/164

CHEM. SCREEN: 8-9-90

LABSTX: will have Pap here Mary McConico

HEIGHT: 68 1/2

WEIGHT: 198 1/2

AUDIO SCREEN: 8-9-90 OK

VISUAL SCREEN: 8-9-90 OK

HISTORY COMPLETED

*hematuria 4/8/90 for Hematuria  
Contact Dermatitis 2nd met  
proteinuria  
Subal hepatic  
↑ cholesterol  
Hypertension on Rx.*

PHYSICIAN'S EXAMINATION AND CONSULTATION

SU-04 11/84

Physician's Examination and Consultation

GENERAL	YES		NO		E. MOUTH	YES		NO		11. SPINE	YES		NO	
Pallor					Good Hygiene					Cervical - Normal				
Cyanosis					Dentures - Present					Thoracic - Normal				
Jaundice					Complete					Lumbar - Normal				
Skin Disease					None					Neck - Normal				
<b>2. EYES</b>					<b>7. THYROID - Normal</b>					<b>12. ABDOMEN</b>				
RIGHT LEFT					Tender - Absent					Sore				
YES NO YES NO					Normal					Masses				
Pupils - Regular					Infected					Consistency				
Sclera - Normal					Enlarged					13. INGUINAL REGION				
Mucosa - Normal					Modular					Hernia				
Nose to Ax					Chest - Symmetrical					Cervical - Normal				
Emphysema					Breath Sounds - Normal					Scrotal edema - Normal				
Nystagmus					Wheezes					14. RECTUM				
Strabismus					Rales (Type and Location)					Ext. Hemorrhoids				
Cataract					<b>8. BREASTS</b>					Int. Hemorrhoids				
Congestive - Normal					Normal					Masses				
Congested					Tender					Prostate - Normal				
Icteric					Other					<b>15. EXTREMITIES - NORMAL</b>				
Cornea - Normal					<b>10. CIRCULATORY SYSTEM</b>					Describe abnormality				
Arcus senilis					Blood Pressure					or and function				
Ulcer					Systolic					physical exam				
Retic					Diastolic					<b>16. MISCELLANEOUS</b>				
Reticular					SITTING					Adequately -				
Reticular					RIGHT LEFT					Locate				
Reticular					YES NO YES NO					Vascular -				
Reticular					YES NO					Locate				
Reticular					YES NO					Etc.				
<b>3. EARS</b>					<b>11. CIRCULATORY SYSTEM</b>					<b>17. OTHER FINDINGS</b>				
Discharge					Aptx with M.C.L.					pelvic etc				
Drum intact					Rhythm - Normal					Rep done				
Canals patent					Heart Sounds - Normal									
					Fortsis									
<b>4. NOSE</b>					<b>12. CIRCULATORY SYSTEM</b>									
Puffiness of Septum					Blood Pressure									
Mucous Membranes					Systolic									
Normal					Diastolic									
Congested					Aptx with M.C.L.									
"Allergic"					Rhythm - Normal									
Polyps					Heart Sounds - Normal									
					Fortsis									
					Diast									
					Mucous									
					Peripheral Vessels									
					Normal									

Occupational Health History Questionnaire

**IDENTIFICATION DATA** Fill in the following information. PLEASE PRINT.

Name: McConiro Mary C. Date: 9/20/96

Social Security No. [redacted] Employee No. 1144 Sex (circle) M

Home address: [redacted] Education: \_\_\_\_\_ years Elementary \_\_\_\_\_ years High School

Home telephone: [redacted] 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																		
	Good	Poor	Dead	Cardiac	Heart	Lung	Other	Alcohol or smoking	Blinding infections	Cancer or tumor	Diabetes	Epilepsy	Glaucoma	Headache trouble	Heart trouble	High blood pressure	Kidney or bladder trouble	Lung disease	Nerve pain (neuritis)	Pneumonia or arthritis	Stomach/duodenal ulcer	
Father			X																			
Mother			X																			

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

<input checked="" type="checkbox"/> Anemia	<input type="checkbox"/> Emphysema	<input type="checkbox"/> Hemorrhoids	<input type="checkbox"/> Malaria	<input type="checkbox"/> Polio
<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hemia	<input type="checkbox"/> Measles	<input type="checkbox"/> Rheumatic fever
<input checked="" type="checkbox"/> Bleeding tendencies	<input type="checkbox"/> Eye problems	<input checked="" type="checkbox"/> High blood pressure	<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Rheumatism/arthritis
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Hives or rashes	<input type="checkbox"/> Mumps	<input type="checkbox"/> Skin disease
<input type="checkbox"/> Cancer or tumor	<input type="checkbox"/> Hay fever or allergies	<input checked="" type="checkbox"/> Kidney/bladder trouble	<input type="checkbox"/> Neuralgia/neuritis	<input type="checkbox"/> Venereal disease
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hearing trouble	<input type="checkbox"/> Liver disease/hepatitis	<input type="checkbox"/> Nervous breakdown	<input type="checkbox"/> Yellow jaundice
<input type="checkbox"/> Diverticulosis	<input type="checkbox"/> Heart trouble	<input type="checkbox"/> Lung disease	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> 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	T.H.	Santa SC.
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
<input type="checkbox"/> 19 _____ chest X-ray	<input type="checkbox"/>
<input type="checkbox"/> 19 _____ kidney X-ray	<input type="checkbox"/>
<input type="checkbox"/> 19 _____ GI series	<input type="checkbox"/>
<input type="checkbox"/> 19 _____ colon X-ray	<input type="checkbox"/>
<input type="checkbox"/> 19 _____ gallbladder X-ray	<input type="checkbox"/>
<input type="checkbox"/> 19 _____ electrocardiogram	<input type="checkbox"/>
<input type="checkbox"/> 19 _____ electrocardiogram with exercise	<input type="checkbox"/>
<input type="checkbox"/> 19 _____ TB test	<input checked="" type="checkbox"/>
<input type="checkbox"/> 19 _____ breathing test	<input checked="" type="checkbox"/>
<input type="checkbox"/> 19 _____ biopsy	<input type="checkbox"/>
<input type="checkbox"/> 19 _____ hearing test	<input checked="" type="checkbox"/>
<input type="checkbox"/> 19 _____ other _____	<input type="checkbox"/>

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

allergic to	taking	allergic to	taking
<input type="checkbox"/> aspirin	<input checked="" type="checkbox"/>	<input type="checkbox"/> High blood pressure medicine	<input type="checkbox"/>
<input type="checkbox"/> penicillin	<input type="checkbox"/>	<input type="checkbox"/> Olanin/anticonvulsants	<input type="checkbox"/>
<input type="checkbox"/> sulfis	<input type="checkbox"/>	<input type="checkbox"/> birth control pills	<input type="checkbox"/>
<input type="checkbox"/> codeine	<input type="checkbox"/>	<input type="checkbox"/> diuretics/water pills	<input type="checkbox"/>
<input type="checkbox"/> antibiotics	<input type="checkbox"/>	<input type="checkbox"/> blood thinners (anticoagulants)	<input type="checkbox"/>
<input type="checkbox"/> sedatives	<input checked="" type="checkbox"/>	<input type="checkbox"/> cortisone-type drugs	<input type="checkbox"/>
<input type="checkbox"/> stimulants	<input type="checkbox"/>	<input type="checkbox"/> insulin/diabetic pills	<input type="checkbox"/>
<input type="checkbox"/> Demerol	<input type="checkbox"/>		
<input type="checkbox"/> laxatives	<input type="checkbox"/>		
<input type="checkbox"/> cold tablets	<input type="checkbox"/>		
<input type="checkbox"/> diet pills	<input type="checkbox"/>		
<input type="checkbox"/> heart medicine	<input type="checkbox"/>		

Name: Mary C. McCone Mary C.  
Special Problems: \_\_\_\_\_  
Date: 1 22 78

Sec. No. # \_\_\_\_\_  
Employee No. 17719

<b>HEAD AND NECK</b> <input type="checkbox"/> frequent headaches <input type="checkbox"/> neck pain <input type="checkbox"/> neck tight or swelling	<b>NEUROLOGICAL</b> <input type="checkbox"/> slurred words/speech <input type="checkbox"/> limp, loss of sight <input type="checkbox"/> numbness one side of body <input type="checkbox"/> weakness one side of body	<b>MUSCULOSKELETAL</b> <input type="checkbox"/> aching muscles or joints <input type="checkbox"/> swollen joints <input type="checkbox"/> back or shoulder pain <input type="checkbox"/> hand/foot <input type="checkbox"/> hand/cramp
<b>EYES</b> <input type="checkbox"/> wears glasses/contact lenses <input type="checkbox"/> eyesight worsening <input type="checkbox"/> eyes dry <input type="checkbox"/> eyes itchy	<input type="checkbox"/> diabetes <input type="checkbox"/> cholesterol <input type="checkbox"/> triglycerides	<b>SKIN</b> <input type="checkbox"/> skin problems <input type="checkbox"/> blisters, rashes, and sores <input type="checkbox"/> hives <input type="checkbox"/> eczema
<b>EARS</b> <input type="checkbox"/> ringing, itching, hearing problem <input type="checkbox"/> loss hearing problem <input type="checkbox"/> decreased hearing after trauma <input type="checkbox"/> dizziness <input type="checkbox"/> ringing in ears <input type="checkbox"/> motion sickness	<b>DIGESTIVE</b> <input type="checkbox"/> heartburn <input type="checkbox"/> bloated stomach <input type="checkbox"/> indigestion <input type="checkbox"/> nausea <input type="checkbox"/> constipation <input type="checkbox"/> diarrhea <input type="checkbox"/> difficulty swallowing <input type="checkbox"/> changes in bowel habits <input type="checkbox"/> mouth sores <input type="checkbox"/> facial swelling <input type="checkbox"/> rectal bleeding	<b>MOOD</b> <input type="checkbox"/> stressed with stressors <input type="checkbox"/> difficulty in making decisions <input type="checkbox"/> lack of concentration or memory <input type="checkbox"/> foggy or depressed mind <input type="checkbox"/> loss of interest in activities <input type="checkbox"/> difficulty relaxing <input type="checkbox"/> worries a lot <input type="checkbox"/> frequent dreams or thoughts <input type="checkbox"/> shy or sensitive <input type="checkbox"/> nervous <input type="checkbox"/> work or family problems <input type="checkbox"/> social difficulties <input type="checkbox"/> considered suicidal <input type="checkbox"/> desired psychiatric help
<b>NOSE and THROAT</b> <input type="checkbox"/> congestion <input type="checkbox"/> runny nose <input type="checkbox"/> sneezing spells <input type="checkbox"/> sore throat <input type="checkbox"/> hoarse voice <input type="checkbox"/> difficulty swallowing	<b>URINARY</b> <input type="checkbox"/> night frequency <input type="checkbox"/> poor bladder control <input type="checkbox"/> burning on urination <input type="checkbox"/> brown, black, or bloody urine <input type="checkbox"/> difficulty starting urine <input type="checkbox"/> urgency	<b>GENERAL</b> <input type="checkbox"/> weight gain <input type="checkbox"/> weight loss <input type="checkbox"/> special diet <input type="checkbox"/> tends to be hot or cold <input type="checkbox"/> always hungry <input type="checkbox"/> more thirsty lately <input type="checkbox"/> sugar in system <input type="checkbox"/> tendency of interest in eating <input type="checkbox"/> fatigue <input type="checkbox"/> sleeping difficulties <input type="checkbox"/> smooth or rough swelling <input type="checkbox"/> lack of exercise <input type="checkbox"/> smokes cigarettes no. packs per day _____ no. years smoked _____ stopped to smoke _____ no. packs per day _____ no. years smoked _____ year stopped _____ smokes cigarette _____ no. cigarettes per day _____ no. yrs. smoked _____ used to smoke _____ no. cigarettes per day _____ no. years smoked _____ year stopped _____ 2 alcoholic drinks daily 4 alcoholic drinks daily heavy coffee or tea drinker marijuana heroin, LSD, similar drugs doesn't use safety belts visited IA last 6 months
<b>RESPIRATORY</b> <input type="checkbox"/> wheezing or rales <input type="checkbox"/> shortness of breath <input type="checkbox"/> coughing spells <input type="checkbox"/> coughs up phlegm <input type="checkbox"/> coughs up blood <input type="checkbox"/> chest colds <input type="checkbox"/> excessive sweating, night sweats	<b>MALE GENITAL</b> <input type="checkbox"/> weak urine stream <input type="checkbox"/> prostate trouble <input type="checkbox"/> burning or discharge <input type="checkbox"/> herpes or genital	<b>FEMALE GENITAL</b> <input type="checkbox"/> menstrual trouble <input type="checkbox"/> irregular bleeding <input type="checkbox"/> heavy bleeding <input type="checkbox"/> bleeding after intercourse <input type="checkbox"/> premenstrual tension <input type="checkbox"/> vaginal itching <input type="checkbox"/> birth control pill <input type="checkbox"/> lumps in breasts <input type="checkbox"/> vaginal discharge <input type="checkbox"/> PAP smear last period _____
<b>CARDIOVASCULAR</b> <input type="checkbox"/> high blood pressure <input type="checkbox"/> itching hands <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy spells <input type="checkbox"/> shortness of breath at night <input type="checkbox"/> more pillows to breathe <input type="checkbox"/> swelling feet or ankles <input type="checkbox"/> leg cramps <input type="checkbox"/> heart murmur <input type="checkbox"/> inflamed veins or blood clots in legs	<b>PREGNANCIES</b> <input type="checkbox"/> gravid <input type="checkbox"/> miscarriages <input type="checkbox"/> stillbirths <input type="checkbox"/> premature births <input type="checkbox"/> twins <input type="checkbox"/> cesarean <input type="checkbox"/> abortion	

Mary C. McCone  
Signature

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SU-04 11/84

Physician's Examination and Consultation

1. GENERAL		YES	NO	2. MOUTH		YES	NO	11. SPINE		YES	NO
Pallor			<input checked="" type="checkbox"/>	Good Hygiene		<input checked="" type="checkbox"/>		Cervical - Normal		<input checked="" type="checkbox"/>	
Cyanosis			<input checked="" type="checkbox"/>	Disorders - Partial				Thoracic - Normal			
Jaundice			<input checked="" type="checkbox"/>	Complete				Lumbar - Normal			
Skin Disease			<input checked="" type="checkbox"/>	None		<input checked="" type="checkbox"/>		Sacral - Normal			
2. EYES		RIGHT		LEFT		3. THROAT		12. ABDOMEN		YES	
Pupils - Regular		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Tonsils - Absent					<input checked="" type="checkbox"/>
Equal		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Normal		Scars			<input checked="" type="checkbox"/>
React to Light		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Enlarged		Masses			<input checked="" type="checkbox"/>
React to Acc.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Inflamed		Organomegaly			<input checked="" type="checkbox"/>
Exophthalmos		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4. THYROID - Normal					<input checked="" type="checkbox"/>
Myopia		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Enlarged					<input checked="" type="checkbox"/>
Strabismus		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5. THORAX					<input checked="" type="checkbox"/>
Conjunctiva - Normal		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Chest - Symmetrical					<input checked="" type="checkbox"/>
Cornea - Normal		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Shape - Normal					<input checked="" type="checkbox"/>
Axial keritis		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Breast Mounds - Normal					<input checked="" type="checkbox"/>
Ulcers		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Ribs (Type and Location)					<input checked="" type="checkbox"/>
Reflex - Normal		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6. BREASTS					<input checked="" type="checkbox"/>
Hemorrhages		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Normal					<input checked="" type="checkbox"/>
Exudates		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7. BREASTS					<input checked="" type="checkbox"/>
Disc edema		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Normal					<input checked="" type="checkbox"/>
Mitching		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8. CIRCULATORY SYSTEM					<input checked="" type="checkbox"/>
3. EARS		RIGHT		LEFT		Blood Pressure					<input checked="" type="checkbox"/>
Discharge		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Systolic	162				<input checked="" type="checkbox"/>
Drum intact		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Diastolic	102				<input checked="" type="checkbox"/>
Cerumen present		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Apex with M.C.L.					<input checked="" type="checkbox"/>
4. NOSE		RIGHT		LEFT		Rhythm - Normal					<input checked="" type="checkbox"/>
Perforation of Septum		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Heart Sounds - Normal					<input checked="" type="checkbox"/>
Mucous Membranes		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Forced					<input checked="" type="checkbox"/>
Normal		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Diast					<input checked="" type="checkbox"/>
Congested		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Mucous					<input checked="" type="checkbox"/>
"Allergic"		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Peripheral Vessels -					<input checked="" type="checkbox"/>
Polypt		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Normal					<input checked="" type="checkbox"/>

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

NAME: Mary McLoonie Age 71  
 S.E. NO: 154/102  
 BP: 162/102  
 CHEM. SCREEN: 6-14-91  
 LABS: 154/102  
 HEIGHT: 68 1/2  
 WEIGHT: 195  
 AUDIO SCREEN: Class A - 2005, 85-91  
 VISUAL SCREEN: OK  
 HISTORY COMPLETED: OK  
 1) Hye. Control Diet with 20% to meet protein.  
 2) Hypertension on Meds. (Cordis)  
 3) Tubal ligation  
 4) Essential cholesterol.  
 5) Hx. P.D.  
 x Mary McLoonie

PHYSICIAN'S EXAMINATION AND CONSULTATION

SU-04 11/24

Physician's Examination and Consultation

GENERAL	YES		NO		S. MOUTH	YES		NO		II. SPINE	YES		NO	
	RIGHT	LEFT	RIGHT	LEFT		RIGHT	LEFT	RIGHT	LEFT		RIGHT	LEFT	RIGHT	LEFT
General					Good Hygiene					Normal				
Teeth					Dentures - Partial					Normal				
Throat					Complete					Normal				
Head Ears					None					Normal				
2. EYES					5. THROAT					12. ARMS/WRISTS				
Pupils - Equal					Tonsils - Absent					Skin				
React to Light					Throat Normal					Moist				
React to Acc					Enlarged					Openness				
Emphysema					Enlarged									
Strabismus					Modular									
Conjunctiva - Normal					13. THYROID					14. INGUINAL REGION				
Congested					Enlarged					Normal				
Icteric					Modular					Normal				
Cornea - Normal					14. RECTUM					15. EXTREMITIES - NORMAL				
Ulcers					15. BREASTS					16. MISCELLANEOUS				
Retina - Normal					16. CIRCULATORY SYSTEM					17. OTHER FINDINGS				
Hemorrhages					Blood Pressure					Adequacy - Locate				
Exudates					Systolic					Vertebral - Locate				
Other lesions					Diastolic					De - Locate				
Nicking					Apeir with M.C.L.									
3. EARS					6. THROAT									
Discharge					Enlarged - Normal									
Drum intact					Heart Sounds - Normal									
Osseous normal					Murmurs									
4. NOSE					7. THROAT									
Perforation of Septum					Pharyngeal									
Inflamed Membranes					Normal									
Normal														
Congested														
"Allergic"														
Polyps														

SU-04 11/74

Physician's Examination and Consultation

1. GENERAL		YES	NO	5. MOUTH		YES	NO	11. SPINE		YES	NO
Fallor				Good Hygiene		<input checked="" type="checkbox"/>		Cervical - Normal		<input checked="" type="checkbox"/>	
Cyanosis				Discolor - Partial				Thoracic - Normal			
Jawline				Complete				Lumbar - Normal			
Skin Disease				None		<input checked="" type="checkbox"/>		Sacral - Normal			
2. EYES		RIGHT		LEFT		6. THROAT		12. ABDOMEN		1	
Pupils - Regular		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Tonsils - Absent					
Eyes						Normal	<input checked="" type="checkbox"/>	Esars			
React to Light		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Infectal		Mucosa			
React to Air		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7. THYROID - Normal	<input checked="" type="checkbox"/>	Organic			
Exophthalmos						Enlarged					
Nystagmus						Modular					
Strabismus						8. THORAX		13. INGUINAL REGION		c	
Colorad						Chest - Symmetrical	<input checked="" type="checkbox"/>				
Conjunctiva - Normal						Shape - Normal	<input checked="" type="checkbox"/>				
Conjunctiva - Congested						Axillary Swells - Normal	<input checked="" type="checkbox"/>				
Sclera						Rates (Type and Location)					
Cornea - Normal						9. BILASTS		14. RECTUM			
Area scalis						Normal					
Ulcers						Tumor					
Retina - Normal						Other					
Hemorrhages						10. CIRCULATORY SYSTEM		15. EXTREMITIES - NORMAL		w	
Exudates						Blood Pressure					
Disc edema						Systolic	122				
Nicking						Diastolic	74				
3. EARS		RIGHT		LEFT		SITTING		16. MISCELLANEOUS			
Discharge		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RIGHT	LEFT	Ascaropy -			
Drain intact						YES	NO	Locate			
Canals normal								Varicoides -			
4. NOSE		YES		NO		APR		Locate			
Perforation of Septum						Within N.C.L.					
Mucous Membranes						Rhythm - Normal State					
Normal						Heart Sounds - Normal					
Congested						Furcal					
"Allergic"						Distal					
Polyps						Mucosa					
						Pharyngeal Voids -					
						Normal					
								17. OTHER FINDINGS		pelvic exam pap done	

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

NAME: Maura McCongie Age 27

S.S. NO. BP 122/74

CHEM. SCREEN 4-29-92

LABSTIX

HEIGHT: 67 1/2

WEIGHT: 192

AUDIO SCREEN 4-29-92

VISUAL SCREEN

HISTORY COMPLETED

(1) Glucitol intestinal 270  
 (2) Glucitol urine acid  
 (3) Contact dermatitis as most problem.  
 (4) Hc. Pud.

4-29-92 5-14-92

SL-04 11/74

Physician's Examination and Consultation

	YES		NO			YES		NO			YES		NO	
	YES	NO	YES	NO		YES	NO	YES	NO		YES	NO	YES	NO
<b>1. GENERAL</b>					<b>3. MOUTH</b>					<b>11. SPINE</b>				
Build					Good Hygiene					Cervical - Normal				
Cynosis					Dentures - Partial					Thoracic - Normal				
Jaundice					Complete					Lumbar - Normal				
Skin Disease					Mucous					Sacral - Normal				
<b>2. EYES</b>					<b>6. THROAT</b>					<b>12. ABDOMEN</b>				
Pupils - Regular					Tonsils - Absent					Soft				
Equal					Normal					Masses				
React to Light					Infected					Organic				
React to Ace														
Exophthalmos					<b>7. THYROID - Normal</b>					<b>13. INGUINAL REGION</b>				
Nystagmus					Enlarged					Normal				
Strabismus					Modular					Contractile - Normal				
Cataract										Scrotal contract - Normal				
Conjunctiva - Normal					<b>8. THORAX</b>					<b>14. RECTUM</b>				
Congested					Chest - Symmetrical					Internal Hemorrhoids				
Chronic - Normal					Chest - Normal					External Hemorrhoids				
Arcus senilis					Breast Swells - Normal					Mucous				
Ulcers					Abnormal (Type and Location)									
Retina - Normal					<b>9. BREASTS</b>					<b>15. EXTREMITIES - NORMAL</b>				
Hemorrhages					Normal					Deformity				
Headaches					Tumor					Power and function				
Discoloration					Other					Including scars				
Nicking														
					<b>10. CIRCULATORY SYSTEM</b>					<b>16. MISCELLANEOUS</b>				
<b>3. EARS</b>					Blood Pressure					Adiposity -				
Discharge					Systolic					Locate				
Drum Intact					Diastolic					Variations -				
Conds normal					Apex within M.C.L.L.V.					Etc.				
					Normal - Normal (S) (S)									
					Normal - Normal					<b>17. OTHER FINDINGS</b>				
<b>4. NOSE</b>					Paranasal					None - If listed				
Perforation of Septum					Disent									
Mucous Membranes					Masses									
Normal					Pharyngeal Vessels									
Congested					Normal									
"Allergic"														
Polyps														

*relieved the  
pain done 11/13*

## 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: McConico Mar 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: \_\_\_\_\_

Family Doctor:  
 Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

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:  Fair  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

- Frequent tension, can't relax
- Panic spells
- Dizziness or light headedness
- Frequent depression
- Frequent anger
- Other nervous problems

Eyes

- Not seeing properly
- Contact removed
- 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

- 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

- 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

- 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

- 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

- 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)

- Ulcer
- Gall bladder trouble
- Frequent heartburn or indigestion
- Frequent diarrhea
- Frequent stomach pain
- Blood in your stool
- Vomit up blood
- Other digestive trouble

Neurological

- 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
  - Phumonla
  - Pain in chest

**Skin**

- YES NO
- Warts or moles that change in size or color
  - Skin cancer
  - Eczema
  - Psoriasis
  - Hives
  - Sunburn easily
  - Persistent rash
  - Other skin trouble

**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

**Other illnesses**

- YES NO
- Diabetes
  - Cancer or Leukemia
  - Anemia

Since you last exam, have you had any other illness or surgery that we have not asked about?

**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  | <input type="checkbox"/> <input type="checkbox"/> Mist from spray paints            | YES NO  | <input type="checkbox"/> <input type="checkbox"/> Lasers                   |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> Spray or dust from insecticides   | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> Ultraviolet light        |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> Fumes from solvents               | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> Beryllium                |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> Fumes from welding                | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> Benzidine                |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> Asbestos                          | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> Cotton dusts             |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> Chromium                          | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> Sand blasting dust       |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> Arsenic                           | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> Fumes from degreasing    |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> Lead                              | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> Solvents                 |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> Mercury                           | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> Furniture refinishing    |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> Color dyes                        | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> Other chemicals or dusts |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> Silica or sand dust               | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> Other exposure           |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> Benzene                           |   |  |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> Agricultural dust, mold or mildew |   |  |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> Oil mists                         |   |  |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> Carbon tetrachloride              |   |  |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> 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:

- 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?

- Does not apply

Since your last exam, have you

- Taken birth control pills?
- Used an IUD?

Are you now pregnant?

- Do not know

Since your last exam, have you had surgery for:

- Removal of uterus (hysterectomy)
- Removal of ovaries
- Tubal ligation (tubes tied)
- Any related surgery not otherwise mentioned

Since your last exam, have you:

- 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: *Mary C. McConie*

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				Dentures - Partial				Thoracic - Normal			
Jaundice				Complete				Lumbar - Normal			
Skin Disease				None		✓		Sacral - Normal			
2. EYES		RIGHT	LEFT	3. THROAT		YES	NO	12. ABDOMEN		YES	NO
Pupils - Regular		1	1	Tender - Absent		✓		Sore			1
Equal				Normal				Masses			
React to Light		1	1	Infected				Organomegaly			
React to Acc		1	1	7. THYROID - Normal		✓		13. INGUINAL REGION			
Exophthalmos				Enlarged				Hernia			
Myopia				Mediocr				Omphala - Normal			
Strabismus				8. THORAX		✓		Scrubbed contents - Normal			
Cataract				Chest - Symmetrical				14. RECTUM			
Conjunctiva - Normal		✓	✓	Shape - Normal		✓		Ext. Hemorrhoids			1
Congenital				Roach Swallow - Normal		✓		Int. Hemorrhoids			1
Icteric				Risks (Type and Location)		✓		Mucous			1
Cornea - Normal		✓	✓	9. BREASTS		RIGHT	LEFT	15. EXTREMITIES - NORMAL			
Arcus senilis				Normal		YES	NO	Determine deformity			
Ulcers				Tumor		✓	✓	of arm function			
Retina - Normal		✓	✓	Other				including neuro			✓
Hemorrhoids				10. CIRCULATORY SYSTEM		SITTING		16. MISCELLANEOUS			
Exudates				Blood Pressure		RIGHT	LEFT	Autopsy -			
Disc edema				Systolic			182	Locate			
Nicking				Diastolic			120	Vascular -			
3. EARS		RIGHT	LEFT	Apex within M.C.L.		YES	NO	Etc.			
Discharge		✓	✓	Rhythm - Normal		✓	✓	17. OTHER FINDINGS			
Drum intact		✓	✓	Heart Sounds - Normal		✓	✓	Positive - If indicated			
Cerua normal		✓	✓	Forced							
4. NOSE		YES	NO	Murmur							
Perforation of Septum			✓	Perciperal Vessels -		✓	✓				
Mucous Membranes				Normal							
Normal		✓	✓								
Congenital											
"Allergic"											
Polyps											

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

NAME: Mary McLoone Ag. (McLoone) *CPA Mary McLoone*  
 S.S. NO.: [REDACTED]  
 BP: 182/120  
 CHEM. SCREEN: 5-4-93 *glucitol cholesterl (264)  
 Hypertension - on VAsbetin.  
 Rhe. P.D.*  
 LABS: [REDACTED]  
 HEIGHT: 67 1/2  
 WEIGHT: 199 *W. McLoone 5-20-93.*  
 AUDIO SCREEN: Class A  
 VISUAL SCREEN: [REDACTED]  
 HISTORY COMPLETED: [REDACTED]

Physician's Examination and Consultation

30-04.11/84

**Physician's Examination and Consultation**

		YES	NO			YES	NO			YES	NO
<b>1. GENERAL</b>				<b>3. MOUTH</b>				<b>11. SKIN</b>			
Pale				Cad Hypert				Cardiac - Normal			
Cyanosis				Dorsum - Partial				Thoracic - Normal			
Juvenile				Complete				Extremities - Normal			
Edema				Name				Scars - Normal			
<b>2. EYES</b>		RIGHT	LEFT	<b>4. THROAT</b>				<b>12. ABDOMEN</b>			
Visual - Regular				Tonsils - Absent				Abdomen			
Refractive Error				Normal				Distended			
React to Light				Infected				Cracked			
React to Acc				<b>7. THYROID - Normal</b>				<b>13. INGUINAL REGION</b>			
Exophthalmos				Enlarged				Normal			
Nystagmus				Moist				Cracked - Normal			
Strabismus				<b>8. THORAX</b>				Scars - Normal			
Conjunctiva - Normal				Chest - Symmetrical				<b>14. RECTUM</b>			
Cornea				Shape - Normal				Normal			
Cooper's Ligament				Ribs - Normal				Normal			
Iris				Ribs (Type and Location)				Normal			
Cornea - Normal				<b>9. BREASTS</b>		RIGHT	LEFT	<b>15. EXTREMITIES - NORMAL</b>			
Arms				Normal		YES	NO	Distal			
Arms - Normal				Tumor				Normal			
Ulnar				Other				Normal			
Radius - Normal				<b>16. CIRCULATORY SYSTEM</b>		SITTING		<b>16. MISCELLANEOUS</b>			
Hemorrhages				Blood Pressure		RIGHT	LEFT	Adiposity			
Embolus				Spont.				Loose			
Discharge				Diastolic			182	Varicosis			
Diaphanous						YES	NO	Loose			
Canals normal				<b>17. OTHER FINDINGS</b>				Loose			
<b>3. EARS</b>		RIGHT	LEFT	Apostrophic M.C.L.				Etc.			
Discharge				Rhythm - Normal				<b>17. OTHER FINDINGS</b>			
Dryness				Heart Sounds - Normal				Etc.			
Canals normal				Papillary				Etc.			
<b>4. NOSE</b>		YES	NO	Diastal				Etc.			
Perforation of Septum				Mucous				Etc.			
Mucous Membranes				Physiologic Vessels				Etc.			
Normal				Normal				Etc.			
Crusts								Etc.			
Allergic								Etc.			
Polye								Etc.			

SU-04 11/84

Physician's Examination and Consultation

		YES	NO			YES	NO			YES	NO
<b>1. GENERAL</b>				<b>5. MOUTH</b>				<b>11. SPINE</b>			
Pallor				Good Hygiene		✓		Cervical - Normal		✓	
Cyanosis				Dentures - Partial				Thoracic - Normal			
Jaundice				Complete				Lumbar - Normal			
Skin Disease				None		✓		Sacro - Normal			
<b>2. EYES</b>		<b>RIGHT</b>	<b>LEFT</b>	<b>6. THROAT</b>				<b>12. ABDOMEN</b>			
Pupils - Equal		✓	✓	Tonsils - Absent		✓		Spleen			✓
Equal in Light		✓	✓	Normal				Masses			✓
Equal in Axis		✓	✓	Enlarged				Organomegaly			✓
Exophthalmos				Enlarged				<b>13. INGUINAL REGION</b>			
Nystagmus				Normal				Hernia			✓
Squint				Enlarged				Cervical - Normal			✓
Conjunctiva - Normal				Normal				Scrotal contents - Normal			
Congested				Enlarged				<b>14. RECTUM</b>			
Icteric				Normal				Ext. Hemorrhoids			✓
Cornea - Normal				Enlarged				Int. Hemorrhoids			✓
Arcus senilis				Normal				Moles			✓
Ulcers				Enlarged				Fistulae - Normal			
Retina - Normal				Normal				<b>15. EXTREMITIES - NORMAL</b>			
Hemorrhages				Enlarged				Deformity			✓
Exudate				Normal				of nail function			✓
Disc edema				Enlarged				Including scars			✓
Nicking				Normal				<b>16. MISCELLANEOUS</b>			
<b>3. EARS</b>		<b>RIGHT</b>	<b>LEFT</b>	<b>7. BREASTS</b>				Autopsy -			
Discharge		✓	✓	Normal				Local			
Drum intact		✓	✓	Tender				Ventricles -			
Canals normal		✓	✓	Other				Local			
<b>4. NOSE</b>		<b>RIGHT</b>	<b>LEFT</b>	<b>8. THORAX</b>				Local			
Perforation of Septum				Chest - Symmetrical				Local			
Mucous Membranes				Shape - Normal				Local			
Normal				Breath Normal				Local			
Congested				Rales (Type and Location)				<b>17. OTHER FINDINGS</b>			
"Allergic"				<b>9. CIRCULATORY SYSTEM</b>				Peds - If indicated			
Polyps				Blood Flow				Cancer or			
				Systolic				pap dms			
				Diastolic				no masses			
				Apex within M.C.L.							
				Rhythm - Normal Sinus							
				Heart Sounds - Normal							
				Furcal							
				Diast.							
				Murmurs							
				Pleural Friction							
				Normal							
				BP 190/110							

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

NAME: Mary McConico

R.S. NO.:                     

CHEM. SCREEN: 3-16-97

LABSTIX: Repeat UA - Microscopic clear - No RBC

HEIGHT: 67 3/4

WEIGHT: 198 1/4

AUDIO SCREEN: OK

VISUAL SCREEN: OK omitted

HISTORY COMPLETED: Repeal

Diagnosis/Notes:  
 1) Hypertension - uncontrolled  
 2) Elevated cholesterol - 261  
 3) hematuria (States was having period at the time)  
 Increase Uric acid to 20/12.5/96  
 Mannitol  
 Gulliver

Signature: Mary McConico

Other notes: when no contaminants can be found

МЕДИЦИНСКА ДОК ПОЛІКЛИНІКА С. ПЕТРОВГРАД

SU-04-11/74

Physician's Examination and Consultation

1. GENERAL		2. EYES		3. EARS		4. NOSE		5. MOUTH		6. THROAT		7. THYROID		8. CHEST		9. BREASTS		10. CIRCULATORY SYSTEM		11. SPINE		12. ABDOMEN		13. PERINEAL REGION		14. RECTUM		15. EXTREMITIES - NORMAL		16. MISCELLANEOUS		17. OTHER FINDINGS			
		RIGHT	LEFT	RIGHT	LEFT	RIGHT	LEFT							SITTING																					
		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO				
Patient																																			
Chief Complaint																																			
Date of Exam																																			
Patient History																																			
Present Illness																																			
Past Medical History																																			
Social History																																			
Family History																																			
Review of Systems																																			
Neurological																																			
Cardiovascular																																			
Respiratory																																			
Gastrointestinal																																			
Genitourinary																																			
Endocrine																																			
Hematology																																			
Immunology																																			
Laboratory																																			
X-ray																																			
ECG																																			
Special Studies																																			
Other																																			
Summary																																			
Diagnosis																																			
Treatment																																			
Prognosis																																			
Comments																																			
Physician's Signature																																			
Date																																			
Hospital																																			

McLanico  
NAME STINE, MARY

CLAP

INDUSTRIAL HYGIENE LABORATORY STUDIES

DATE	Pb In Air UG/M <sup>3</sup>	ALA	URINE Sp. Gr.	URINE Pb UG/L	URINE CORRECTED TOTAL Pb UG/L	BLOOD Pb UG/100 GMS	NOTES	JOB TITLE	CLOCK NO.	DEPT. NO.
6/3/75			1.025	20		20	HR. 12 vno 37		1944	
7-9-75			1.015	40						
8-20-75			1.030	20						
9-3-75			1.080	20						
10-2-75			1.020	20						
11-6-75			1.020	30			Urine & Blood Sam.	3/10/75 SD		
12-3-75			1.013	20		14	Urine Sam.	12/3/75		
1-5-76			1.025	20			Urine Sam.	1/5/76		
4-1-76			1.025	30		18				
7-1-76			1.028	20			Urine Sam 77	7/1/76		
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		9	U & Blood Sp. 78	10/3/77		
1-4-78			1.018	20						
9-11-78						17	Blood			
3-5-79						29	3/5/79 Reported <del>some</del> abnormal alignment - FDC not			
6-18-79						23	diagnosed by Dr. Casperkin Feb. 3/10/79 and liver			
8-30-79						9	Urine completed - Blood Sample 9/5/79 reported 9-29-79			
11-30-79						15	Medical Leave 3-09-79 FEP-20			
6-18-80						26	Delivered 9-19-79 (Twin)			
12-2-80						17	Rel. 11-12-79 (Ant. Breast Cancer)			
6-10-81					20	21		4/27-81 Hep. vaccination		
12-8-81					21	16				
4-20-82					18	12		7-16-82 Form #20 to LCC Assemb		
9-01-82					24	27				
10-13-82					36	27		7-26-83 LCC to Dept 20		
1-09-83					39	21				
1/7/83					41	24				
5-26-83					36	30	16 June 83 Chest			
7/7/83					38	34		7-26-83 To Mch #20		
6-06-84						16				
7-12-84					69	15	7-3 Aug 84 Chest			
5-02-85					36	12	1/1 June 85 Chest			

1-5189 REV. 1/73

PERSONAL EMPLOYEE DATA

EFFECTIVE: 09/08/88      DATE/JOB: 01/01/80      CLOCK #: 1944  
 DATE/HIRED: 03/04/74

NAME : MCDONICO, MARY C.  
 ADDRESS :   
 TELEPHONE :   
 SS#:   
 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      EED:   
 MARITAL : M      DEP M/D: N      DEP LIFE: Y

MEDICAL :      AVG BLOOD: 36      LST BLOOD: 35      LST LIA: 0  
 EST TAKEN: 10/04/89      DUE DATE: 04/05/89

SUPERV. : RUPPERT      DEPT HEAD: STOTLER  
 PROD MGR : STOTLER      PLT MGR: REDMOND      ER:

COMMENT :

*Singer,  
 Please check address for  
 address change.*

SU-04 11/84

Physician's Examination and Consultation

1. GENERAL		YES	NO	5. MOUTH		YES	NO	11. SPINE		YES	NO
Pulse			1	Good Hygiene		1		Cervical - Normal		1	
Cyanosis				Dentures - Present				Thoracic - Normal			
Jaundice				Complete				Lumbar - Normal			
Skin Disease				None		1		Sacral - Normal			
2. EYES		RIGHT	LEFT	6. THROAT				12. ABDOMEN			1
Pupils - Regular		1	1	Tonsils - Absent				Bowel			
Equal		1	1	Normal		1		Masses			
React to Light		1	1	Infected				Organomegaly			
React to Acc		1	1	7. THYROID - Normal				13. INGUINAL REGION			1
Exophthalmos				Enlarged				Hernia			
Nystagmus				Moderate				Gonads - Normal			
Strabismus				8. THORAX				Breast contasts - Normal			
Chloriasis				Card - Asymmetrical		1		14. RECTUM			
Conjunctivitis - Normal				Slight - Normal				Ext. Hemorrhoids			
Congestive				Breath Sounds - Normal				Int. Hemorrhoids			
Icteric				Rales (Type and Location)				Mucos			
Cornea - Normal		1	1	9. BREASTS		RIGHT	LEFT	15. EXTREMITIES - NORMAL			
Arcus senilis				Normal		1	1	Dorsal arches of feet			
Ulcers				Tumor				and function			
Reflex - Normal				Other				including neuro			1
Hemorrhages				10. CIRCULATORY SYSTEM		SITTING		16. MISCELLANEOUS			
Echthyma				Head Frames		RIGHT	LEFT	Adenopathy -			
Disc cornea				Systolic		110/80	110/80	Lymphatic			
Nicking				Diastolic		70/50	70/50	Vascular -			
3. EARS		RIGHT	LEFT	Apex within M.C.L.		YES	NO	Local			
Discharge		1	1	Rhythm - Normal S2				Vascular -			
Drum intact		1	1	Heart Sounds - Normal				Local			
Crystals normal				Fascic				17. OTHER FINDINGS			
4. NOSE		YES	NO	Diast				Puls - If indicated			
Perforation of Septum				Mucous							
Mucous Membranes				Peripheral Vessels		1					
Normal				Normal							
Congestive											
"Allergic"											
Polyps											

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

NAME: Mary McConico Age: 4 (~~65~~)  
 S.S. NO.: 4  
 OP: 170/108 2/10/100  
 CHEM. SCREEN: 04-08-94  
 LABSTX:  
 HEIGHT: 68"  
 WEIGHT: 204 lbs  
 AUDIO SCREEN: 4-08-94  
 VISUAL SCREEN: 4-08-94  
 HISTORY COMPLETED: May McConico

1) Elevated chylolipid (265)  
 2) Hb. Dermatitis 80 mg protiens  
 3) Hypertension - gent taking medicine

Paul Boyd 4-28-94

PHYSICIAN'S EXAMINATION AND CONSULTATION

11-01-11/84

Physician's Examination and Consultation

		RIGHT		LEFT				RIGHT		LEFT			
		YES	NO	YES	NO			YES	NO	YES	NO		
<b>1. GENERAL</b>						<b>3. MOUTH</b>				<b>11. SPINE</b>			
Color						Good Hygiene				Cervical - Normal			
Conjunctivae						Dentures - Partial				Thoracic - Normal			
Respiratory						Complete (tooth type)				Lumbar - Normal			
Skin Diseases						Note				Sacral - Normal			
<b>2. EYES</b>						<b>4. THROAT</b>				<b>12. ABDOMEN</b>			
Visual Acuity						Tachycardia - Absent				Soft			
External						Normal				Masses			
Internal						Inflamed				Distended			
Reaction to Light						<b>5. THYROID - Normal</b>				<b>13. INGUINAL REGION</b>			
Reaction to Acc.						Enlarged				Healed			
Exophthalmos						Medullary				Cervical - Normal			
Nystagmus						<b>6. THORAX</b>				<b>14. RECTUM</b>			
Strabismus						Chest - Symmetrical				Ext. Hemorrhoids			
Contract.						Shape - Normal				Int. Hemorrhoids			
Conjunctivae - Normal						Roent. Signs - Normal				Polyps - Normal			
Conjunctivae - Congested						Size (Type and Location)				<b>15. EXTREMITIES - NORMAL</b>			
Icteric						<b>7. BREASTS</b>							
Cornea - Normal						Normal				Deformity			
Arterio-scler.						Tumor				or mal. function			
Ulcers						Other				including scars			
Reflex - Normal						<b>8. CIRCULATORY SYSTEM</b>				<b>16. MISCELLANEOUS</b>			
Hemorrhoids						Blood Pressure							
Erythema						Diastolic				Adenopathy -			
Diastolic edema										Local			
Nicking										Varicosities -			
<b>9. EARS</b>										Local			
Discharge										Etc.			
Drum Intact										<b>17. OTHER FINDINGS</b>			
Otitis media													
<b>4. NOSE</b>													
Perforation of Septum													
Mucous Membranes													
Normal													
Congested													
Allergic													
Polyps													

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			7	Good Hygiene Dentures - Partial Complete None		✓		Cervical - Normal Thoracic - Normal Lumbar - Normal Sacral - Normal		✓	
2. EYES Pupils - Regular Equal React to Light React to Acc Emmetropia Nystagmus Strabismus Conjunctivae - Normal Congested Icteric Cornea - Normal Arcus senilis Ulcers Retina - Normal Hemorrhages Exudates Disc edema Nicking		RIGHT YES NO	LEFT YES NO	6. THROAT Tonsils - Absent Normal Infected		✓		12. ABDOMEN Bowel Masses Organomegaly		✓	
3. EARS Discharge Drums intact Ossicles normal		RIGHT YES NO	LEFT YES NO	7. THYROID - Normal Enlarged Multinodular		✓		13. DENTURAL REGION Gums Gums - Normal Scrotal contracture - Normal		✓	
4. NOSE Perforation of Septum Mucous Membranes Normal Congested "Allergic" Polyps		RIGHT YES NO	LEFT YES NO	8. THORAX Chest - Symmetrical Shape - Normal Breath Sounds - Normal Rales (Type and Location)		✓		14. RECTUM Ext. Hemorrhoids Int. Hemorrhoids Masses Proctitis - Normal		✓	
		RIGHT YES NO	LEFT YES NO	9. BREASTS Nipple Tumor Other		RIGHT YES NO	LEFT YES NO	15. EXTREMITIES - NORMAL Describe deformity or past function Including scars		✓	web
		RIGHT YES NO	LEFT YES NO	10. CIRCULATORY SYSTEM Blood Pressure Spots Diastolic Apical width M.C.L. Rhythm - Normal Slow Heart Sounds - Normal Furotic Distal Murmurs Peripheral Vessels - Normal		SITTING RIGHT LEFT		16. MISCELLANEOUS Adenopathy - Local Vascular - Local Etc.			
		RIGHT YES NO	LEFT YES NO			RIGHT YES NO	LEFT YES NO	17. OTHER FINDINGS Fabric - if indicated			ok - no lesions

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

NAME: Mary McConico age 62

S.S. NO. [REDACTED]

BP 116/70

CHEM. SCREEN 4-3-95

LABSIX [REDACTED]

HEIGHT 67 1/2

WEIGHT 193 lb

AURO SCREEN 4-03-95 ok.

VISUAL SCREEN 4-03-95 ok corrected. Mammograms to be scheduled for June.

HISTORY COMPLETED

① Dermatitis 2° to hand proteins

② Elevated Cholesterol

③ Hypertension on med

④ Breast in situ

Exam by [REDACTED] 4-27-95

uninterfered has not interfered with

SU-04 11/74

444

Physician's Examination and Consultation

		YES		NO		YES		NO	
<b>1. GENERAL</b>									
Pulse									
Capitals									
Junctions									
Skin Disease									
<b>2. EYES</b>		RIGHT		LEFT		RIGHT		LEFT	
Visual Acuity		YES	NO	YES	NO	YES	NO	YES	NO
Visual Fields									
Reaction to Light									
Reaction to Accommodation									
Exophthalmos									
Nystagmus									
Conjunctivae									
Cornea									
Anterior Chamber									
Crystalline Lens									
Retina									
Hemorrhages									
Exudates									
Glaucoma									
<b>3. EARS</b>		RIGHT		LEFT		RIGHT		LEFT	
Discharge		YES	NO	YES	NO	YES	NO	YES	NO
Drum Intact									
Conduct normal									
<b>4. NOSE</b>		RIGHT		LEFT		RIGHT		LEFT	
Perforation of Septum		YES	NO	YES	NO	YES	NO	YES	NO
Mucous Membranes									
Normal									
Obstructed									
Allergic									
Purulent									
<b>5. MOUTH</b>									
Good Hygiene									
Complete Dentures									
Complete Gums									
<b>6. THROAT</b>									
Tonsils - Absent									
Yaws									
Infectious Mononucleosis									
<b>7. THYROID</b>									
Normal									
Enlarged									
Medullary Carcinoma									
<b>8. CHEST</b>									
Chest - Symmetrical									
Shape - Normal									
Respiratory Sounds - Normal									
Wheezes (Type and Location)									
<b>9. BREASTS</b>									
Normal									
Tumor									
Other									
<b>10. CIRCULATORY SYSTEM</b>									
Blood Pressure									
Systolic									
Diastolic									
<b>11. ABDOMEN</b>									
Scars									
Magnification									
Capacity									
<b>12. INGUINAL REGION</b>									
Scars									
Capitals - Normal									
Scrotal contents - Normal									
<b>13. RECTUM</b>									
Ext. Hemorrhoids									
Int. Hemorrhoids									
Anal Canal									
Prostate - Normal									
<b>14. EXTREMITIES - NORMAL</b>									
Describe deformity or functional abnormality including scars									
<b>15. MISCELLANEOUS</b>									
Ataxopathy - Local									
Vasculitis - Local									
Other									
<b>17. OTHER FINDINGS</b>									
State if indicated									

SU-04 11/84

Physician's Examination and Consultation

1. GENERAL		YES	NO	3. MOUTH		YES	NO	11. SPINE		YES	NO	
Pulse			1	Good Hygiene		✓		Cervical - Normal		1		
Cyanosis			1	Dentures - Partial				Thoracic - Normal				
Jawline			1	Complete		✓		Lumbar - Normal				
Skin Disease			1	None				Sacral - Normal				
2. EYES		RIGHT	LEFT	5. THROAT				12. ABDOMEN				
Protein - Regular		1	1	Tonsils - Absent		✓		Eyes		1		
Equal		1	1	Normal		✓		Mucosa				
React to Light		1	1	Infected				Organs				
React to Acc		1	1	7. THYROID - Normal				13. INGUINAL REGION				
Exophthalmos				Enlarged				Hernia		✓		
Nystagmus				Mediastinal				Cervical - Normal				
Strabismus				8. THORAX				Sternal notches - Normal				
Cataract				Chest - Symmetrical		✓		14. RECTUM				
Conjunctiva - Normal				Edges - Normal		✓		Hid. Hemorrhoids				
Conjunctiva - Congested				Breast Swells - Normal		✓		Int. Hemorrhoids				
Icteric				Rails (Type and Location)				Mucosa				
Cornea - Normal		✓	✓	9. BREASTS				Prostate - Normal				
Aves scallie				Normal		✓		15. EXTREMITIES - NORMAL				
Ulcers				Tumor		✓		Distal edema				
Reflex - Normal				Other				or dist. function				
Hemorrhoids				10. CIRCULATORY SYSTEM				including numb				
Eosinophils				Blood Pressure	SITTING				16. MISCELLANEOUS			
Dis. edema					Systolic	RIGHT	LEFT			Adenopathy		
Swelling				Diastolic	110	104			Lungs			
3. EARS		RIGHT	LEFT	Apeis within M.C.L.				Ventricles				
Discharge		✓	✓	Normal					Etc.			
Dryness				Normal								
Cerumen normal				Normal								
4. NOSE		YES	NO	Heart Sounds - Normal								
Perforation of Septum			✓	Furcal								
Mucous Membranes				Distal								
Normal				Murmurs								
Congested				Peripheral Vessels								
"Altrigid"				Normal								
Polyps												

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

NAME: Mary McConico Age: 67 no complaints

S.S. NO: [REDACTED]

CHEM. SCREEN: BP 170/104

LABSTX: 3-20-96

HEIGHT: 67 1/2

WEIGHT: 198 3/4

AUDIO SCREEN: Memorized 6-95 - ok.

VISUAL SCREEN: ok

HISTORY COMPLETED: ok

① Hx. Dermatitis 20 to 30 yrs  
 ② Elevated cholesterol - 269  
 ③ Hypertension - on meds.

Paul McNeil & 4/96.  
& Mary McConico

PHYSICIAN'S EXAMINATION AND CONSULTATION

SL-04-10714

*Henry M. Cook*

### Physician's Examination and Consultation

	YES		NO			YES		NO			YES		NO	
	RIGHT	LEFT	RIGHT	LEFT		RIGHT	LEFT	RIGHT	LEFT		RIGHT	LEFT	RIGHT	LEFT
<b>1. GENERAL</b>					<b>2. MOUTH</b>					<b>11. SPINE</b>				
Pallor	/				Good Hygiene	/				Cervical - Normal	/			
Cyanosis	/				Dentures - Partial	/				Thoracic - Normal	/			
Jaundice	/				Complex	/				Lumbar - Normal	/			
Skin Discolor	/				Nasal	/				Sacro - Normal	/			
<b>2. EYES</b>					<b>3. THROAT</b>					<b>12. ABDOMEN</b>				
Pupils - Equal	/		/		Tonsils - Absent	/		/		Roof	/		/	
React to Light	/		/		Normal	/		/		Costal	/		/	
React to Acc	/		/		Enlarged	/		/		Organs - Normal	/			
Exophthalmos	/				Medial	/				Several masses - Normal	/			
Nystagmus	/				<b>7. THYROID - Normal</b>	/				<b>13. INGUINAL REGION</b>				
Strabismus	/				Enlarged	/				Masses	/			
Cataract	/				Medial	/				Organs - Normal	/			
Conjunctiva - Normal	/				<b>8. THORAX</b>					Several masses - Normal	/			
Congested	/				Shape - Normal	/				<b>14. RECTUM</b>				
Icteric	/				Exam - Normal	/				Ext. Hemorrhoids	/			
Costal - Normal	/				Exam - Normal	/				Int. Hemorrhoids	/			
Arms swollen	/				Hair (Type and Location)	/				Masses	/			
Ulcers	/				<b>9. BREASTS</b>					Prostate - Normal	/			
Reflex - Normal	/				Normal	/				<b>15. EXTREMITIES - NORMAL</b>				
Hemorrhages	/				Other	/				Describe deformity or tenderness including scars	/			
Eruptions	/				<b>10. CIRCULATORY SYSTEM</b>					<b>16. MISCELLANEOUS</b>				
Discoloration	/				Blood Pressure	/		/		Adipopathy	/			
Neck	/				Diastolic	/		/		Local	/			
<b>3. EARS</b>					<b>11. OTHER FINDINGS</b>					Local	/			
Discharge	/		/		Apex with M.C.T.	/				/				
Drum heard	/		/		Stylohyoid - Normal	/				/				
Candle-glass	/		/		Roof - Normal	/				/				
<b>4. NOSE</b>					Diaphragm	/				/				
Perforation of Septum	/				Paranasal Sinuses	/				/				
Mucous Membrane	/				Normal	/				/				
Normal	/				Paranasal Veins	/				/				
Congested	/				Normal	/				/				
"Allergic"	/					/				/				
Polyps	/					/				/				

*Henry M. Cook*

*Palmer St. Pasadena - Encino - S.F.*

SU-04 11/84

Physician's Examination and Consultation

I. GENERAL		YES	NO	5. MOUTH		YES	NO	11. SPINE		YES	NO
Patient				Good Hygiene		<input checked="" type="checkbox"/>		Cervical - Normal		<input checked="" type="checkbox"/>	
Cyanosis				Dentures - Partial				Thoracic - Normal			
Jaundice				Complete				Lumbar - Normal			
Skin Disease				None		<input checked="" type="checkbox"/>		Sagittal - Normal			
2. EYES		RIGHT		LEFT		6. THROAT		12. ABDOMEN		YES	NO
Pupils - Regular		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Tonsils - Absent		Soft			
Equal						Normal		Masses			
React to Light		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Enlarged		Organic			
React to Acc		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Modular					
Exophthalmos						7. THYROID - Normal		13. INGUINAL REGION			
Nystagmus						Enlarged		Hernia			
Strabismus						Modular		Oscillate - Normal		<input checked="" type="checkbox"/>	
Conjunctiva - Normal						8. THORAX		Scrotal contents - Normal			
Congested						Chest - Symmetrical					
Sclera						Shape - Normal		14. RECTUM			
Cornea - Normal						Breast Swollen - Normal		Ext. Hemorrhoids			
Arcus senilis						Rales (Type and Location)		Int. Hemorrhoids			
Ulcers						9. BREASTS		Masses			
Reflex - Normal						Normal		Prostate - Normal			
Hemorrhages						Tumor		15. EXTREMITIES - NORMAL			
Exudates						Other		Describe deformity or anal function including scars			
Disc edema						10. CIRCULATORY SYSTEM		16. MISCELLANEOUS			
Nicking						Blood Pressure		Adaptability			
3. EARS		RIGHT		LEFT		Systolic		Locate			
Discharge		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Diastolic		Vascularities			
Drum Intact						Apex visible (M.C.)		Locate			
Cerumen normal						Rhythm - Normal Slow		17. OTHER FINDINGS			
4. NOSE		YES		NO		Heart Sounds - Normal		Folate - If indicated			
Perforation of Septum						Furcated		pap done			
Mucosa Membrane						Distal		pelvic ok.			
Normal						Mucous					
Congested						Peripheral Vessels - Normal					
"Allergic"											
Polyps											

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

NAME: Maria Melnick Repeat 234/116 - 0

S.S. NO: [REDACTED] 224/120 P

DOB: [REDACTED] Age: [REDACTED]

CHEM SCREEN: 3/16/98 only. 1 BP med 2YBAN 1) Hypertension - not well controlled.

LABS: 3/16/98 2) Elevated cholesterol

HEIGHT: 5'6"

WEIGHT: 203

BP: 170/88

AUDIO SCREEN: 3/16/98 ok. Exam by 4-2-98.

VISUAL SCREEN: 3/16/98 ok.

HISTORY COMPLETED: 3/20/98 1st... The medication see your doctor.

SU-04 11/94

Physician's Examination and Consultation

		YES	NO			YES	NO			YES	NO
<b>1. GENERAL</b>				<b>8. MOUTH</b>				<b>16. EYES</b>			
Paper				Good Hygiene				Cornea - Normal			
Cyanosis				Dentures - Partial				Iris - Normal			
Jaundice				Cannula				Lacrimal - Normal			
Skin Changes				Nose				Sclera - Normal			
<b>2. EYES</b>		RIGHT	LEFT	<b>9. THROAT</b>				<b>12. ABDOMEN</b>			
Pupils - Regular				Tonsils - Absent				Soft			
Equal				Normal				Visible			
React to Light				Inflamed				Organic			
React to Accommodation				<b>10. THYROID - Normal</b>				<b>13. INGUINAL REGION</b>			
Exophthalmos				Enlarged				Healed			
Nystagmus				Marked				Occult - Normal			
Strabismus				<b>11. THORAX</b>				Scars/contusions - Normal			
Chlorosis				Chest - Symmetrical				<b>14. RECTUM</b>			
Conjunctiva - Normal				Clear - Normal				Ext. Hemorrhoids			
Congested				Crackles - Normal				Int. Hemorrhoids			
Icteric				Rales (Type and Location)				Masses			
Cases - Normal				<b>13. BREASTS</b>		RIGHT	LEFT	<b>15. EXTREMITIES - NORMAL</b>			
Arcus senilis				Normal		YES	NO	Strength			
Ulcers				Thick				Defect in function			
Elevated				Other				Including score			
Eosinophils				<b>16. CIRCULATORY SYSTEM</b>		RIGHT	LEFT	<b>16. MISCELLANEOUS</b>			
Eosinophils				Normal				Anemias			
Diastolic				Blood Pressure				Leucis			
Diastolic				Systolic				Vascularis			
Mittig				Diastolic				Leucis			
<b>3. EAR</b>		RIGHT	LEFT	<b>17. OTHER FINDINGS</b>		YES	NO				
Discharge				Hypertension							
Dysacusis				Diabetes							
Cerumen normal				Apothecia							
<b>4. NOSE</b>		YES	NO								
Perforation of Septum				Apothecia							
Mucous Membrane				Diabetes							
Normal				Apothecia							
Chronic				Diabetes							
"Alergic"				Apothecia							
Polyps				Diabetes							

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

NAME Mary McCann

SS. NO. [REDACTED]

HT. 160/96

CHEM. SCREEN 2/3/99

LABSIX

HEIGHT 160

WEIGHT 239.00

AUDIO SCREEN 2/3/99

VISUAL SCREEN 2/3/99

HISTORY COMPLETED

*1) Hypertension on*

*2) Elevated uric acid*

*low cholesterol diet !!*

*Small blood 4-8-99*

**McCormick**

NAME: 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
9-10-75		Blow to knee	CP - MR. O'D	JM
11-13-80		Ch of headaches & dizziness	Chry - BP 178/120	JR
11/11/81	5:30 PM	Standing	122/92	PLM
	6:30 PM	135/92	118/70	
	10:30 PM	140/94	125/75	
11-12-81	3:30	150/98	120/90	
11-13-81	3:30	160/98	130/78	
	8:30	132/100	130/74	
5/22/82	Standing	140/102	135/86	
	"	110/90	130/88	
	5:17 PM	130/96	120/80	
11-28-83		C.C.: "Watering eye" - she has been using Visine. No pain or irritation. Try massage of lacrimal duct - pt. Has a red bottle.		PLM
12-07-83		pt complains of tooth pain - upper, sept - was told to see dentist.		
4-11-84		CC: Back ache - lower lumbar - usual area. APC - Next see Dr. O'D on Thurs 11/15		
2/6/84		Sch. sept post @ ear - for Dr. Hewitt. Cared for by Dr. Hewitt		
14/Jan/84		W/L & pharynx tonsillitis - Rx - Vibran & Dicyclanil + Buff		PLM
8-2-85		C.C. Discomfort in pubic area - couldn't walk the yesterday - OK today - Exam - 9 st tender. Blower failed - Aug expense - Rte of steam car.		
11-12-85		C.C. Chest Congestion 7992 VMLT - Pharmacy - Mr. Exp & Cal		PLM

304-908 7-71

EMPLOYEE MEDICAL RECORD CARD

(OVER)

DATE	TIME	ROOM	ILLNESS	ACUTE ON TREATMENT	CARED FOR BY
9-14-88			CC: Hands broken out again - Also upset that her skin problem is flaring up again and has never fully healed - She thinks she gets sometimes bad touches things she should not - A ppt to Dr. Simmons 10:30 AM, 9-21-88		SM
9-21-88			Rept to Dr. Simmons - skin problem Lidex cream bid Aloesol 20 mg bid Diphene 100 mg bid to thickest places		CR
9-25-88			found to be hypertensive on BP. Stanton (Pain) bid 10 mg daily Daily BP checks starting Monday.		
12-04-89			BP 204/118 - r/o head and back ached hurting Took painkillers 10 mg each x 2 wraps stopped. Don't know what effect it had on BP.		
			Try Cor 75 to 40/5 daily. \$15.		
12-14-89			BP 140/88 Cor 75 40/5 \$60 3 supps		
8-16-90			BP 204/126 since July 11 Cor 75 to 40/5 \$60 3 supps		
8-20-90			During physical exam pt states that all her plate is missing but indicates some numbness and tingling in digits - severe Pao thy splint do wear to 1000 mg; Tell Dr. Boyd that she is allergic to most protein - can't even take her own fish off the hook (BP 150/96)		

DATE	TIME	INJURY OR ILLNESS	ADVICE OR TREATMENT	CARED FOR BY
4/22/98		FRONT 150 (SD) @ 30		
		10-10-97 CC: Pulsed station in automatic wrapped fished at 5th floor upward this AM (8:30) N/A of some stiffness and soreness now (9:30 pm) Elect. Elevation - Admit - no swelling No discoloration noted at this time		
4/21/98	0810	Reported to Medical Dept to see if left hand numbness in spec. hand last 1-5 minutes. Patient reported no signs of symptoms of stroke. BP 225/120 reported - normal. P-104 R-20. Domiciliary on BP medications. Advised to schedule out & hand on right side. EMS notified. Report BP @ 0825 - 222/126. Ship = bilaterally in hand & thumb. Tarsus & fingers numb, not full. Urgent visit to Med. Dept. McCreary @ 8:30 @ this request, and husband called. notified.		
4/21/98	0850	Phoned on ambulance. & transported to hospital by EMS attendants @ this time. No contraindications to be administered.		J. Brown
4/21/98	0930	BP 230/120 - 238/116 - Advice. 204/110 - advise. Water table has not had her BP medication yet this AM. Seen by Dr. Paul Van physical exam scheduled to see medical dept & to return through Medical Dept for BP check. Advised to return to work.		J. Brown
4/21/98	0640	BP 180/90. Has RTN release by Dr. McCreary. Now on Lisinopril 10mg & gl along other BP meds.		J. Brown

NAME <u>Alfonca Ma</u>		TELEPHONE	Significant Conditions
ADDRESS		DATE EMPLOYED	
BIRTH DATE	DEPT.		
FAMILY DOCTOR		NEXT OF KIN	
DATE	TIME	INJURY OR ILLNESS	ADVICE OR TREATMENT
5-4-93		BP 200/120 @ 10 min sitting state to be under ability stress cont. going down top lat. d RT 7 weeks	Medication 10/25. daily EMS
5-10-93		BP 125/80 # 90 Bifid	Cont. Medication 10/25 daily EMG
5-2-94		BP 140/120 @ 5 min sitting was by BP 140/120 @ 5 min sitting with 10 days cont. medication 10/25 cont. medication 10/25	cont. medication 10/25 cont. medication 10/25
1-09-96		T 97.5 Cough & sneeze cont. medication 10/25	cont. medication 10/25
		BP 140/120 @ 14 Phenazone 10/25 C. 10/25 T 98.4	cont. medication 10/25
		cont. medication 10/25	

EMPLOYEE MEDICAL RECORD CARD

(OVER)

DATE	TIME	INJURY OR ILLNESS	ADVICE OR TREATMENT	CARED FOR BY
		<p>Sign M...                      (B... 500/122)                      Phen... M.</p>		
12-13-76		<p>Un... 10/25 H. 90.                      Sup...</p>	<p>LLS</p>	
12-13-76	2:30pm	<p>Another sup. came to meet &amp; stated "someone is sick in the shower room" so found many sitting on a bench of 61A, neck pain, sudden dizziness. States an episode of approx. 30 sec. - 1 min of having nose BP 20/130. Erip. states she did not take BP med today. States she faint. Erip. became very dizzy &amp; incontinent @ times. All called by Joe LaRage. Above reported to EMS &amp; Erip. trans. to Trinity North Care Systems ER via ambulance. R. Singeta, RN.</p>		

DATE	TIME	TYPE OF INJURY OR ILLNESS	ADVICE OR TREATMENT	CARED FOR BY
		<p>Sp: Bruise (D) wrist on occ. of C.T.S. Recurrent in forearm splint at night &amp; at work. Ibuprofen 600 qd.</p>		
3-31-92		<p>Return to work after for past few weeks sometime at release, she has pain in both wrists but more in the - the long bone she is working with handles no pulling - makes her operate might without hand numb and tingling - when wearing gloves but quit about 2 weeks ago</p>		
		<p>Clonidine in (D) wrist - she has been before to Sp. 2, C.T.S. Status: Dorsal pain after she gets home @ hand occasionally swells up @ night &amp; morning has been on plaster wrapping x 4 yrs</p>		
		<p>No swelling about wrist - Flom 5 pain. ⊕ Hand sign -</p>		
		<p>Sp: C.T.S. (D) wrist Encouraged to wear splint Ibuprofen 800 TID. Recheck 2 weeks.</p>		
5-5-93		<p>BP 182/120 - States she has not taken any BP meds for one month because it makes her feel bad.</p>		
5-4-93		<p>It won't take Ceftin since February because it makes her feel tired.</p>		

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
10/12/87		adamantly states that she is ailing & by again with extra special precautions return here if answers still.	Dr. Dunning	
10-15-87		Beck: Rock impact - No reaction, etc. From, advised to return if any symptoms	Dr. Dunning	
10/20/87		When a resumption of work details, some vessels point with abjectly for temporary job.	Dr. Dunning	
11-09-87		Long vessels point, lot of pain in chest, pain in back - advised to see Dr. Dunning	Dr. Dunning	
11-11-87		C.C. "Dad's in Col. sent doing another 'run' water dash, sup that Eide was 'let him do allergy testing' & he is down in Am.		MA
11-12-87		Respiratory - still report, depressed - on nerve pills - can take samples of Resonance Col. for allergy testing; however, no personal allergy testing		
1-11-88		C.C. "The eye like sand is, it - started yesterday, this am all puffed - abjectly - Missions opt. after 7 - let after lunch to see Dr. Brad		MA
		Surge: Myristiclin D.S. - Re. Cortisporin opt. drops to both eyes.		EMD
8-30-88		C.C. Chest Cold - 1994 Phed. Clear to desc. - R&R Phenylephrine & col. Exp. - Humericollin 1/21 28mg		EMD

REPORT C03P6600 EXIDE HEALTH AND ENVIRONMENTAL INFORMATION SYSTEM 10/29/83  
 EMPLOYEE HISTORY REPORT - LOCATION EXIDE SUMNER - SC

EMPLOYEE NAME: [REDACTED] SUPERVISOR: [REDACTED] AGE: [REDACTED] STATUS: [REDACTED] DATE: 03/04/74 HIRE DATE: [REDACTED]

LINE NO.	DATE TAKEN	WORK STATION	AIR SAMPLE NUMBER	TYPE	CONC.	UNIT	FEEL	FB	AS	AS	TIME	COMMENT
31	09/21/81	CLADEX	31509	I	12							LEC TO 220 - CHANGE IN STATUS
30	08/31/81	GLUE & COVER LEC #1		I								NORMAL CONDITIONS GLUE & COVER & STATION
29	07/07/83	GLUE & COVER LEC #1		I								NORMAL CONDITIONS
28	05/28/83	GLUE & COVER LEC #1	041003	I	35					440		NORMAL CONDITIONS
27	05/01/83	GLUE & COVER LEC #1		I								NORMAL CONDITIONS
26	01/17/83	GLUE & COVER LEC #1		I	24					57		NORMAL CONDITIONS
25	12/07/82	GLUE & COVER LEC #1	705282	I								NORMAL CONDITIONS
24	11/17/82	GLUE & COVER LEC #1	747002	I						49		NORMAL CONDITIONS
23	11/09/82	GLUE & COVER LEC #1		I								UPDATE
22	11/10/82	GLUE & COVER LEC #1	724502	I						40		NORMAL CONDITIONS
21	11/09/82	GLUE & COVER LEC #1		I								NORMAL CONDITIONS
20	11/03/82	GLUE & COVER LEC #1	705302	I						27		FAN OFF
19	10/13/82	GLUE & COVER LEC #1		I								RESPIRATOR FIT TEST-QUALITATIVE
18	10/13/82	GLUE & COVER LEC #1		I								HAD TRAINING SESSION ON LEAD HYGIENE
17	10/13/82	GLUE & COVER LEC #1		I								PHYSICAL EXAM PERFORMED
16	09/01/82	GLUE & COVER LEC #1		I								LEC FROM CLADEX
15	08/18/82	CLADEX		I								LEC ASSEMBLY/REMOVING
14	04/29/82	CLADEX		I								VALVE SYSTEM USED
13	04/14/82	CLADEX		I								CLEANUP CASSETTE RAN NO
12	04/14/82	CLADEX		I								FOUR VENTILATION
11	04/14/82	CLADEX	25102	I						300		PHS
10	12/08/81	TUNE MACHINE OPER		I								PHS
9	05/18/81			I								PHS
8	12/02/80			I								PHS
7	08/19/80			I								PHS
6	11/30/79			I	22.0							PHS
5	06/26/79			I								PHS
4	05/18/79			I						10.0		PHS
3	02/05/78			I						29.0		PHS
2	09/11/78			I						17.0		PHS
1	04/25/78			I	43.0							PHS

*Acct  
5-14-90  
Med. Sup.  
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 : ~~REDACTED~~  
 TELEPHONE : ~~REDACTED~~      SS#: ~~REDACTED~~

DEPT : 44      SHIFT: A  
 JOB : ~~PLT REP. / KOR. WRAP~~      CODE:      GRADE: 6      WAGE: ~~8.19~~ <sup>8.44</sup>  
           PLT. WRAP

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  
 DEPT HEAD: STOTLER      ER: STOTLER  
 PLT MGR: HENRY

SUPERV. : RUPPERT  
 PROD MGR :

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. Whitaker  
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: [REDACTED]

TELEPHONE: [REDACTED]

DEPT: 44

SHIFT: A

CODE: [REDACTED]

JOB: PL WRAP, EXIOBDE: K751

GRADE: 6

WAGE: 8.82

RACE: B

SEX: F CHANGE: [REDACTED]

STATUS: REG

VETERAN: N

BID: [REDACTED]

EEO: 7D

MARITAL: M

DEP M/D: N

DEP LIFE: Y

MEDICAL: [REDACTED]

LST PHYB: [REDACTED]

AVG. BLOOD: 48

LST BLOOD: 48

LST LIA: 23

SUPERV. TR: [REDACTED]

RUBBERT

LST TAKEN: 03/06/91

DUE DATE: 05/06/91

PRDD MGR: LUNNING

DEPT HEAD: [REDACTED]

ER: [REDACTED]

PLT MGR: HENRY

COMMENT: PAY 1 WEEK VACATION PAY EFF: 3/14/90

COMMENT 2: [REDACTED]

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 GRADE: 6 WAGE: 8.82  
CODE : JOB: PL WRAP, EXIOBDE: K751

RACE : B SEX: F CHANGE: STATUS: REG VETERAN: N BID: EEO: 7D  
MARITAL : M DEP. M/D: N DEP LIFE: Y  
MEDICAL :  
LST PHYS : *Chry* AVG BLOOD: 43 LST BLOOD: 42 LST LIA: 26  
LST TAKEN: 01/08/92 DUE DATE: 03/09/92

SUPERV: RUPPERT DEPT HEAD: *Jim Henry 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. White*  
3-11-92

cc of  
JE



BLOOD LEAD REDUCTION PROGRAM FOR

Mary McConico Dept 44 Pbl. Shop

Bld Pb 55 3/3/92 DATE: 3-13-92

Repetited 3/13/92

- 1) Mary was very upset about her checking
- 2) Bld Pb - states that she has taken extra
- 3) precautions 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 shower, etc and
- 6) see what her Pb reads for April
- 7) detailed to person with Mary about the nec.
- 8) of wash-ups, shower, correct 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 Bld Pb was taken again.

Employee

Supervisor

Sharon Miller  
H & S Coord.

Employee Relations Manager

Overdime a factor here?

Per C. Sugg - none in past  
2 wks - prior to this 10 h/day,  
6 days/wk

PERSONAL EMPLOYEE DATA

EFFECTIVE: 05/03/93      DATE/JOB: 01/01/80      CLOCK #: 1944  
 DATE/HIRED: 03/04/74

NAME : MCONICO, MARY C.  
 ADDRESS :   
 TELEPHONE:   
 SS#:   
 DEPT : 44      SHIFT: A  
 CODE :      JOB: PL WRAP, EXIDBE: 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*  
*8/27*  
*[Signature]*  
 Bdm 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] SSN: [REDACTED]  
 DEPT CODE : 44 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 : [REDACTED]  
 LST PHYS : [REDACTED] 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  
 PRD MGR : EVANS PLT MGR: HENRY  
 -C 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

SPONSOR of award [unclear] 5/3/93

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 ██████████ F RUPPERT 01/01/80 AUTO FLT WBA

LINE NO.	DATE TAKEN	WORK STATION	S	R	H	K	F	S	PB	COMMENT
			T	P					BLOOD	
1	05/01/96	WRAPPER OPER	A	Y					40	
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 OPER	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, EKIDE	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, EKIDE	1	N					36	
18	11/03/93	WRAPPER OPR	1	N					36	
19	09/07/93	PL WRAP, EKIDE	1	N					40	
20	03/04/93	PLATE WRAP, EKIDE	1	Y					33	
21	09/08/92	PL WRAP, EKIDE	1	Y					34	
22	07/01/92	PL WRAP, EKIDE	1	Y					39	
23	05/14/92	PL WRAP, EKIDE	1	Y					41	
24	04/02/92	PL WRAP, EKIDE	1	Y					54	
25	03/13/92	PL WRAP, EKIDE	1	Y					53	
26	03/03/92	PL WRAP, EKIDE	1	Y					55	
27	01/08/92	PL WRAP, EKIDE	1	Y					42	
28	11/07/91	PL WRAP, EKIDE	1	Y					42	
29	08/01/91	PL WRAP, EKIDE	1	Y					45	
30	06/13/91	PL WRAP, EKIDE	1	N					41	
31	05/08/91	PL WRAP, EKIDE	1	Y					43	
32	03/06/91	PL WRAP, EKIDE	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 & CLEAN #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] RUPPERT 01/01/80 PL WRAP, EXIDE

LINE DATE WORK STATION F S PB COMMENT

LINE NO.	DATE TAKEN	WORK STATION	F	S	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 & CLEAN #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 HP #2	1	N	35	
34	02/02/88	PLATE FINISHER HP #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	SDC-SEC-NUM	SEX	SUPERVISOR	DATE/JOB	JOB TITLE
MCCONICO, MARY G.	REG		F	RUPPERT	01/01/80	PL WRAP, EXIDE
				S R		
				H E		
				F S		
				T P		
LINE NO.	DATE TAKEN	WORK STATION			PB BLOOD	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 Att. Wkg. 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<sup>3</sup> 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 DATE 10/17  
 SUPERVISOR

EMPLOYEE SIGNATURE Mary McConico DATE 10-17-95

EMPLOYE 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		PB BLOOD	COMMENT
			F S	H E		
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	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 OPER	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 Funder Supervisor FROM: Lois Mullis

DEPT. 44

SUBJECT: PERSONAL HYGIENE: Reduction of Blood Pb Level

EMPLOYEE: Mary McConica CLOCK # 12

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: Jim Funder  
EMPLOYEE: Mary McConica

Return to Medical Department

Blood Pb 12-18-95 "24"

Yussa-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

BLOOD 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

RECEIVED  
SENT: JAN 20 1998  
RETURNED: [Signature]

45

H. Richardson

Western

Yuasa-Exide, INC SUMTER SC PLANTC 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.

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 M. Cornejo

RECEIVED OCT 19 1998  
SENT OCT 19 1998  
RETURNED 10-14-98

451

Yuasa-Exide, INC      SUMTER SC PLANT      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

BLOOD 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 29 1998  
SENT JUN 30 1998  
RETURNED

Yussa-Exide, INC SUMTER SC PLANTC Plant.

451

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

JOB 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, IF YOU HAVE HAD AT LEAST ONE (1) 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  
MAY 20 1998  
RELEASED TO: [REDACTED]

RECEIVED [Signature]  
SENT [Signature]  
RETURNED [Signature]

Yuasa-Exide, INC SUMTER SC PLANT 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: 7-1-99 SIGNED: Mary McConico

RECEIVED JUN 25 1999  
SENT JUN 28 1999  
RETURNED

TUOMEY REGIONAL MEDICAL CENTER  
129 North Washington St.  
Sumter, SC 29150

MCCOMBLE, MARY  
LES A. REBEN, 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 60 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. TBN 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.

MCCOMBLE, MARY C  
ID# 235534 FIC# 1164252

1 JAN 21 2001 10:00 AM

TUOMEY REGIONAL MEDICAL CENTER  
129 North Washington St.  
Sumter, SC 29150

MCCONIKLE, MARY

LES A. BEBEN, P.A.

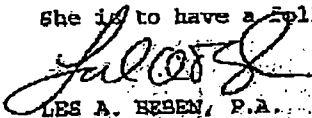
DISCHARGE SUMMARY, PAGE TWO

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 glycaemic 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, HCRZ 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 Vioxx 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

RECORDED - COPY C  
11-265554 FILE# 11543252

STANDARD TIME WEB TIME 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]  
RM#: [REDACTED]  
DOB: [REDACTED]

**HISTORY OF PRESENT ILLNESS:** 67-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 glucose in the past, Reflux disease, Hyperlipidemia, Coronary disease, Craniotomy for subarachnoid hemorrhage and ruptured anterior communicating artery aneurysm in July of 1999 with subsequent aphasia 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. Sister with diabetes and breast cancer.

**CURRENT MEDICINES:** HCTZ 50 mg. a day, Zantac 150 mg b.i.d., Catapres ITS 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# 265534 F021 11643252

TOOMEY HEALTHCARE SYSTEM

TUOMEY HEALTHCARE SYSTEM  
129 N. WASHINGTON STREET  
SUMMER, SC 29150

MCCONICO, MARY C  
~~XXXXXXXXXX~~

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:

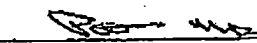
1. New onset diabetes
2. Bronchitis
3. Hypertension

PLAN: Will admit. Patient was discussed with Dr. Peter. Please see orders for further details.

MCCONICO, MARY C  
U# 269534 ACCT# 11643252

LESLIE A. BEBER, PA

  
LESLIE A BEBER, PA

  
CARL W PETER, MD

Dict. Date: 01/18/2001. Trans. Date: 01/18/2001  
MRES/9312

ADMISSION HISTORY AND PHYSICAL  
2 of 2



APR 19 01 14 20  
ADM IN

PETER, CARL W  
CNR

MCORFICO, WARY C

TUOHY REGIONAL MEDICAL CTR HUR-PLIVE  
Medication Profile

Page: 1 of 1

Printed 01/28/01 at 19:33  
8 Hours ending 01/28/01 at 19:59

00564681	CLIPIZIDE XL	10 MG	QD	PO	01/28/01	02/19/01	
00563849	PICGLITAZONE HCL	15 MG	QD	PO	01/19/01	02/18/01	
00563479	CLONIDINE	1 TTS	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	HYDROPIRINE	5 MG	BID	PO	01/18/01	02/17/01	
00562903	BEHAZEPRIL	20 MG	BID	PO	01/18/01	02/17/01	
00562902	NOFEXON	25 MG	QD	PO	01/18/01	02/17/01	
00562901	CLATFENESIN/DEXTRONE	1-2 TABLETS	BID	PO	01/18/01	02/17/01	
00562898	HYDROXYLAL PAROATE	25 MG	NS	PO	01/18/01	02/17/01	
00562896	INSULIN R	SLIDING SCALE	SS	SN	01/18/01	02/17/01	
00562891	ALITHROMICIN	250 MG	QD	PO	01/18/01	01/23/01	
00562887	CLIPIZINE XL	5 MG	QD	PO	01/18/01	01/28/01	*DC
00562850	NSL Q. 9X	1000 ML	QD	IV	01/19/01	01/28/01	*DC
00564682	KOD POTASSIUM CHLORIDE 20 MED	5 MG	.STX-MED ***		01/28/01	01/28/01	*DC

01/18/01 at 1428  
ADM IN

PETER, CARL W  
CITY

HCCOMED, HARY C  
TUCUEN REGIONAL MEDICAL CTR MAR \*LIVE\*  
Medication Profile

Page: 1 of 1

Printed 01/19/01 at 0838  
8 hour ending 01/19/01 at 0859

00562421	HACL 0.02	1000 ML	LD	IV	01/18/01	02/17/01
00562420	HACL 0.02	100 ML	LD	IV	01/18/01	02/17/01
	ADD INSULIN R	100 UNIT				
00562008	NS FLUSH	2.5 ML	LD	IV	01/18/01	02/17/01
00562907	HYDROCHLOROTHIAZIDE	50 MG	OD	PO	01/18/01	02/17/01
00562906	FACONIDINE	20 MG	BID	PO	01/18/01	02/17/01
00562904	APLIDIPINE	5 MG	BID	PO	01/18/01	02/17/01
00562903	BEVAZEPIN	20 MG	BID	PO	01/18/01	02/17/01
00562902	NOFECOXIB	25 MG	QD	PO	01/18/01	02/17/01
00562899	GUALFENCISIN/DEXTRO	1-2 TABLETS	BID/PRN	PO	01/18/01	02/17/01
00562898	HYDROXYZINE PPMATE	25 MG	HS/PRN	PO	01/18/01	02/17/01
00562897	GLIPIZINE XL	5 MG	QD	PO	01/18/01	02/17/01
00562896	INSULIN R	SLIDING SCA	SS	PO	01/18/01	02/17/01
00562905	CLONIDINE	1 TTSD	QD	PO	01/18/01	02/17/01
00562901	ASITRACONAZOLE	250 MG	QD	PO	01/18/01	01/23/01
00562900	ASITRACONAZOLE	500 MG	STAT/PR	PO	01/18/01	01/18/01

ADMISSION DATE: 01/21/01 at 1420  
FACILITY: 018 IN

ADMISSION: PETER, CARL W  
ACCOUNT: [REDACTED]  
LOCATION: [REDACTED]  
ROOM: [REDACTED]

ACCOUNT: MCCONICO, MARY C  
TUCKEY REGIONAL MEDICAL CTR BUR #1174  
DISCHARGE PLANNING ASSESSMENT

Page: 1 of 2  
Printed 01/21/01 at 1420  
8 hours ending 01/21/01 at 1420

<p><b>**PRIOR TO ADMISSION STATUS**</b>          Bathing: <input type="checkbox"/>          Grooming: <input type="checkbox"/>          Dressing: <input type="checkbox"/>          Feeding: <input type="checkbox"/>          Toileting: <input type="checkbox"/>          Ambulation: <input type="checkbox"/></p> <p><b>**ADMISSION STATUS**</b>          Bathing: <input type="checkbox"/>          Grooming: <input type="checkbox"/>          Dressing: <input type="checkbox"/>          Feeding: <input type="checkbox"/>          Toileting: <input type="checkbox"/>          Ambulation: <input type="checkbox"/></p> <p>Does pt live alone: <input type="checkbox"/>          DC Desk/In/Out: <input type="checkbox"/>          Stairs at Home: <input type="checkbox"/>          # of stairs: <input type="text"/></p> <p>Are you currently receiving services from:          Extended Care Pac: <input type="checkbox"/>          DLA: hospitals: <input type="checkbox"/>          Home Health Agency: <input type="checkbox"/>          Personal Care Aide: <input type="checkbox"/>          Community LTC: <input type="checkbox"/>          Meals on Wheels: <input type="checkbox"/>          Hospice: <input type="checkbox"/>          Outpatient Rehab: <input type="checkbox"/>          Other: <input type="text"/></p> <p><b>EQUIP/ASSIST DEVICES USED PRIOR TO ADMISSION:</b>          Walker: <input type="checkbox"/>          Quad Cane: <input type="checkbox"/>          Wheelchair: <input type="checkbox"/>          Bedside Commode: <input type="checkbox"/>          Hospital Bed: <input type="checkbox"/>          Oxygen: <input type="checkbox"/>          Ambulizer/Pulm/Ina: <input type="checkbox"/>          CPAP/BiPAP: <input type="checkbox"/>          Other: <input type="text"/></p> <p><b>Discharge Screen:</b>          Currently has ID/Insurance: <input type="checkbox"/>          Pt wants info about NH/Hospice: <input type="checkbox"/>          Currently resides w/ M: <input type="checkbox"/>          Age 65 or + with no close relatives: <input type="checkbox"/>          Dx: EKA, dorsal wound, joint replacement,          New/uncontrolled Diabetic, Limb/Inj illness,          HIV, Ca, Renal Failure: <input type="checkbox"/></p> <p>After discharge help needed with          Personal Care: <input type="checkbox"/>          Medical needs: <input type="checkbox"/></p>	<p>Medication Administration: <input type="checkbox"/>          Food Preparation: <input type="checkbox"/>          Transportation: <input type="checkbox"/></p> <p><b>NUTRITIONAL SCREENING</b>          Unintentional wt loss/gain          of 10 lbs in 2 months: <input type="checkbox"/>          Consistent swallowing problems: <input type="checkbox"/>          Tube Feeding: <input type="checkbox"/>          Frequent Diarrhea: <input type="checkbox"/>          Pregnant or Lactating: <input type="checkbox"/>          Surgical Pt age 70 or above: <input type="checkbox"/>          History of HIV: <input type="checkbox"/>          Has or at risk          for pressure sores: <input type="checkbox"/>          Has/uncontrolled diabetic: <input type="checkbox"/>          New renal failure: <input type="checkbox"/>          Known/suspected COPD: <input type="checkbox"/>          Cultural/Religious/Dietary food preferences: <input type="checkbox"/>          Nutritional Assessment          needed: <input type="checkbox"/></p> <p><b>FUNCTIONAL SCREENING - NEW DEFICIT WITHIN THE PAST MONTH</b>          Speech: <input type="checkbox"/>          Swallowing: <input type="checkbox"/>          Hearing: <input type="checkbox"/>          Dressing self: <input type="checkbox"/>          Ambulation: <input type="checkbox"/>          New Dx of COPD/Stroke: <input type="checkbox"/>          Candidate for Cardiac Rehab: <input type="checkbox"/>          Candidate for Pulmonary Rehab: <input type="checkbox"/>          Benefit from Energy          Conservation intervention: <input type="checkbox"/></p> <p>Does Pt have Prescription Drug Card or Medication          Mgt? <input type="checkbox"/>          Will Pt have difficulty obtaining meds upon discharge: <input type="checkbox"/>          Organ Donor: <input type="checkbox"/>          More information requested: <input type="checkbox"/></p> <p>Re Alcohol/Drug Abuse within past 6 months: <input type="checkbox"/></p> <p><b>**ADVANCE DIRECTIVES**</b>          Living will: <input type="checkbox"/>          Health Care          Power of Attorney: <input type="checkbox"/>          Copy of AD on chart: <input type="checkbox"/>          Asked to bring copy: <input type="checkbox"/>          Does pt want more          info about AD: <input type="checkbox"/>          Suspected abuse/neglect: <input type="checkbox"/>          Homeless: <input type="checkbox"/>          Chaplain consult: <input type="checkbox"/></p>
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TOOMEY HEALTHCARE SYSTEM

PROGRESS NOTES

011801

RECEIVED HART  
CALPETER 1988

DATE	TIME	NOTES
11/26/85	8:45	<p>SI: Feeding better &amp; wt. gain</p> <p>GI rest - 1 hr</p> <p>01 197.2 P/R RZO 100/62</p> <p>05 229 166 182</p> <p>137/108/23 ← 193</p> <p>3.7/24/116</p> <p>Almond milk</p> <p>Neck supple + 2m, 7.5</p> <p>skint. of the organo-stad gland</p> <p>heart's 100% of lungs clear</p> <p>add 2000 0.5% of M, 7.5</p> <p>2.5% of M</p> <p>A. 100% / 100% / 100% / 100%</p> <p>Non</p> <p>A. add 2000 0.5% of M, 7.5</p>
11/26/85	10:45	<p>S. Conf. with - still E. Hemat. 100%</p> <p>O 97.5 70.20 101/62</p> <p>Integrit. change 369,558,301</p> <p>137/108/14 285</p> <p>CU R/R 5 ml/d</p> <p>3.7/26/11 Ca<sup>2+</sup> 6.3</p> <p>add NT</p> <p>2.5% of M</p> <p>Int. 100% of flora</p> <p>Exp. 100% of flora</p> <p>A. New onset DM, bronchitis, CAH, HTN</p> <p>A. 7 Hematol xl - hopefully MC 2 AM</p> <p>Send to work P. Enids and document Pb levels</p> <p><i>[Signature]</i></p>

31315

TUOMEY HEALTHCARE SYSTEM

011801  
MARK MCCONICO

PROGRESS NOTES

11643252 01/18/01  
MCCONICO, MARY C  
CA - PETER

DATE	TIME	ADMIT NOTE
1/18/01	1 PM	<p>HPT: 5576 &amp; presents to office to 9. Head, evening  frequency 1 blurred vision x 3 days - is blurry  in office 7600 &amp; 7 - admitted for further eval  HPT: HPT "borderline" disease in past, B&amp;B,  hyperlipidemia, HTN, monitoring for SAH. (rechecked)  NEA areumgon 7199 - subsequent epinephrine  hemiparesis &amp; ataxia - now almost entirely resolved.  C. infection, D&amp;C - Dr Johnson - abd. x 6, petechiae,  S&amp;C: Discharge 2° SAH, hypernatremia, D&amp;E 104  FHX: M DM, HTN &amp; HPT 2 further DM 5 - DM. Parvot of  MEOB: HCTZ 50mg qd, Furosem 150 BID, Simvast 30 qd,  Captopril TTS-3 patch 1x/week, Lisinap 5120 i BID  Vaccines: PRN  ROS: o/c HPT, visual blurring, VRE nas + 1 week  soreness, counting - yellow spots, 63013 O&amp;P  &amp; BE 70 o/c dark stool - tracing frequency  (+) leg cramping - resolves w/ Vioxx  PE: 98° 135/98 100 - 30 RR 18 - 7600  H&amp;B: 0 2 hypoxia  w/ chest exam cu RR. r &amp; l  abd ut Ext 4/5 atych (3/08 5/15 atych  DM 2 Jt: 0 c/c  ASSESS: New onset DM, hypernatremia, HTN  PLAN: Admit - reviewed &amp; Dr Peter</p>
		<p><i>[Signature]</i></p>
		<p>MCCONICO, MARY C</p>

31315

TUOMEY HEALTHCARE SYSTEM

PROGRESS NOTES

011801

11443252 01/16/01  
RECEIVED NERVOUS SYSTEM  
CA PETER BF 55H BAP  
#269534 ADH IN

DATE	TIME	
1/16/01	11:15	2. <i>Amig lilla</i>
		O: 567.61-15 1037.42
		<i>Chest CRT</i>
		<i>CV. PRIC 5ml/s</i>
		<i>Plat Wt</i>
		<i>N. DM. brandito</i>
		<i>P. Discharge recorded</i>
		<i>John O. [Signature]</i>

RECEIVED PART 5

RECEIVED PART 5

31315

PATIENT NAME: MCCONICO, MARY C  
UNIT NO: [REDACTED]  
EXAM DATE: 01/18/2001

TUDNEY HEALTH CARE SYSTEM  
DEPARTMENT OF RADIOLOGY  
125 N. WASHINGTON ST.  
SUMMER, SOUTH CAROLINA 29586-0208

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]

Tuopey Regional Medical Center  
129 N. Washington Street  
Sumter, S.C. 29150  
TUH NFR LAB \*\*LIVE\*\*  
Summary Location Report

RUN DATE: 01/19/01  
RUN TIME: 0003

PAGE 1

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		Reference	Units
	1 JAN 18 1810		
=> WBC	9.43	(3.6-11)	1000/UL
=> RBC	4.51	(3.7-5.3)	MILL/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]

RUN DATE: 01/19/01  
 RUN TIME: 0003

Tuomey Regional Medical Center  
 129 N. Washington Street  
 Sumter, S.C. 29150  
 TUR NPR LAB: \*\*LIVE\*\*  
 Summary Location Report

PAGE 2

LOCATION  
 Childrens Center

Patient: MCCONICO, MARY C

(Continued)

\*\*\*URINALYSIS\*\*\*

Day	Date	Time	Reference	Units
	JAN 18	1620		
=>	COLOR-1	STRAM	(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
=>	NYTRITES	NEGATIVE	(NEGATIVE)	
=>	LEUKOCYTES	NEGATIVE	(NEGATIVE)	
=>	WBC	1	(0-6)	/HPF
=>	RBC	9		/HPF
=>	EPI CELLS	0	(0-6)	/HPF
=>	SQ EPITH CELL	2	(0-6)	/HPF
=>	BACTERIA	FEW H	(NEGATIVE)	

NOTES: (a) SLIGHTLY HAZY

Patient: MCCONICO, MARY C

Age/Sex:

Acc#:

Unit:

RUN DATE: 01/19/01  
 RUN TIME: 0003

Tuomey Children's Medical Center  
 129 N. Washington Street  
 Sumter, S.C. 29150  
 TUB, NIP, LAB \*\*LIVE\*\*  
 Summary Location Report

PAGE 304  
 0000 0017 000

LOCATION  
 Childrens Center

Patient: MCCONICO, MARY C

(Continued)

\*\*\*CHEMISTRY\*\*\*

Day	Date	Time	Result	Reference	Units
	JAN 19	0600			
	JAN 18	1810			
			130	(136-145)	MG/DL
			3.8	(3.5-5.1)	MG/DL
			90	(98-107)	MG/DL
			31	(22-32)	MG/DL
			517(b) *H	(80-110)	MG/DL
			10	(7-10)	MG/DL
			1.5	(0.6-1.3)	MG/DL
			9.5	(8.5-10.1)	MG/DL
			9.4	(6.4-8.3)	MG/DL
			1.4	(3.4-5.0)	MG/DL
			0.4	(0.1-1.0)	MG/DL
			32	(30-65)	IU/L
			16	(15-37)	IU/L
			187	(50-136)	IU/L
				(128-200)	MG/DL
				(35-60)	MG/DL
				(0-130)	MG/DL
				(2-49)	MG/DL
				(30-200)	MG/DL
				(4.2-6.3)	X

\*\*GLUCOSE-FINGERSTICK\*\*

Day	Date	Time	Result	Reference	Units
	JAN 18	2230			
			568 *H	(80-110)	MG/DL

NOTES: (b) CALLED TO STELLA, RN AT 1853

Patient: MCCONICO, MARY C

Acct

Unit

Troney Regional Medical Center  
129 N. Washington Street  
Sumter, S.C. 29150  
TUM-NPR LAB \*\*LIVE\*\*  
Summary Location Report

RUN DATE: 01/19/01  
RUN TIME: 0803

PAGE 4

LOCATION  
Childrens Center

Patient: MCCONICO, MARY C

(Continued)

\*\*\*CHEMISTRY\*\*\*

\*\*THYROID FUNCTION TESTS\*\*

Day Date Time	1 JAN 18 1610	Reference	Units
=> TSH	0.6	(0.3-7.8)	UTU/ML

Patient: MCCONICO, MARY C

Age/Sex: [REDACTED]

Acct# [REDACTED]

RUN DATE: 01/19/01  
RUN TIME: 0903

Jobny B. Thral Medical Center  
129 N. Washington Street  
Super, S.C. 29150  
TUM NPRI LAB \*\*LIVE\*\*  
Summary Location Report

PAGE 5  
0000 0001 0000

LOCATION  
Covid/Ens 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: C00042R ORD, Col1: 01/19/01-0608 Recd: - (R#01552252) PETER, CARL W  
Ordered: PANEL 7, LIPID PROFILE  
Pending: PANEL 7, LIPID PROFILE
- 0118: SC00072R RES, Col1: 01/18/01-1010 Recd: 01/18/01-1019 (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

Acct/Sec: [REDACTED]

Acct: [REDACTED]

Unit: [REDACTED]

RUN DATE: 01/19/01      TUN NFR LAB \*\*LIVE\*\*      PAGE 1  
 RUN TIME: 0647      LIS REQUISITION INQUIRY

PATIENT: MCGONIGLE, MARY      SPECIAL ORDER: 111      REG: 01/18/01  
 DOB: 01/15/1952      ADDRESS: 257      REG: 01/18/01  
 REGID: PETER, CARL      STATUS: ACTIVE      REG: 01/18/01

REQ #: 01552252      ENTERED: 01/19/01-0603      BY: NSCH4  
 \*CANCELLED\*      LAST EDIT: 01/19/01-0646      BY: LBBF

SUBM DR: PETER, CARL W      742 W. LIBERTY ST., SUMMER, SC 29150, 773-3391

CANCELLED: 01/19/01-0646      BY: LBBF  
 HEMOLYZED CALLED TO KERRI AT 0637

ORDERED  
 (NO REPORTABLE ORDERS)

DELETED ORDERS	DATE	TIME	USER	SOURCE	SPEC	DESC
PANEL 7	01/19/01	0646	LBBF			
HEMOLYZED CALLED TO KERRI AT 0637						
LIPID PROFILE	01/19/01	0646	LBBF			
HEMOLYZED CALLED TO KERRI AT 0637						

SPECIMEN NUMBER	STATUS	L/M/B COLL	PCV	DATE	TIME	SOURCE	SPEC	DESC
LAB 0119:00002R	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

COLLEGE OF MEDICINE  
1480  
COLUMBIA, MISSISSIPPI

RUN DATE: 01/21/01  
RUN TIME: 0741

RUI User: NSCR2 Lab Database: LAB.TUM

---

Specimen: 0121.CD0025R      Collected: 01/21/01-0650      Status: COMP      Req# 01553561  
Received: 01/21/01-0611      Soba Dr: PETER, CARL W

Ordered: PANEL 7  
Comments: Is Patient for surgery in AM: N

> SODIUM	136	135-145 MEQ/L
> POTASSIUM		3.5-5.1 MEQ/L
> CHLORIDE	102	98-107 MEQ/L
> CO2	28	21-32 MEQ/L
> CREATININE	1.0	0.6-1.3 MG/DL
> CALCIUM	8.6	8.5-10.1 MG/DL

\*\* 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 ossification 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. All together, ~~most significant~~ ~~changes~~ unchanged from prior exam.

XR 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. 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 05/22/06 show no soft tissue swelling medially and laterally. There is no evidence of fracture or other acute bony abnormalities.

TOOMEY 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

DOB SEX: F

ORDERING PHYSICIAN: SHANK, 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.

... 10. 2010 7:03PM Sunter Family Health Center No. 6471 P. 34

SUNTER FAMILY HEALTH CENTER  
277 N. LAFAYETTE DR.  
BETHESDA, MD 20814  
PHONE: (301) 774-4660

\*\*\*\*\*  
Reprinted from Electronic Medical Record - Created on 06/27/07  
PATIENT: MCCORMICK, MARY MR. No.: 501804 028  
\*\*\*\*\*  
PATIENT: Mary C McCormick MRNO: 601609  
IBIT DATE: 06/27/2007

PHYSICIAN: Lee Baker, PA

CHIEF COMPLAINTS: Follow-up of Diabetes Mellitus Type II following of Hypertensive Emergency of Hypertension

HISTORY OF PRESENT ILLNESS:

May be more regarding diabetes (2006-07), which started year(s) ago. Total glucose 200-300 and not take any med. today, no by check(s).

-She has also have regarding same (renal) received.

MEDICATIONS HISTORY:

Current medications prescribed to the patient are:

1. Calcium 0.2 Mg, 2 tabs po bid
2. Clozide 10 mg, 1 po qd pm
3. Glucophage 1000 Mg, 1 po bid
4. Glucophage 10 Mg, 2 PO BID for diabetes
5. Humulin 25 U-100 U/ml, 1 po qd
6. Lasix 100 U/ml, 25 units SQ q1d
7. Lidine 400 mg, 1 po bid pm for uterine pain
8. Lyrica 75 Mg, 1 po bid
9. Norvasc 10 Mg, 1 po qd
10. Ramipril Hydrochloride 10 Mg, 1 PO BID
11. Toprolol 25 Mg, 1 po qd for blood pressure
12. 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	12/05/06
PNEUMOVAC	01/06/06
CHOLESTEROL	06/27/07
HEMOCCULT	06/15/06
ODONOSCOPY	12/21/03
PAP SMEAR	05/16/06
MASTECTOMY	10/17/06
DILATED FUNDUS EXAM	7/11/06 Dr. Chedron
FUNDUS (sch)	
BREAST SELF EXAM	06/15/06

EXAMINATION:

VITAL SIGNS: BP- 162/94, Pulse- 84, Respiration- 20, Weight- 253.00 lbs

BM - Not Calculated

CONSTITUTIONAL - no apparent distress, none in appearance, A + Q X3

SKIN - good coloration, warm, dry, no rashes or lesions

HEAD - no trauma, Anisocoria

EYES - EOMV with normal ocular exam

THROAT - pharynx clear, No injection of tonsils, Uvula midline

\*\*\*\*\*



Jun. 16. 2010 7:05PM Senior Family Health Center

66.6471 9.32

**SUMMITER FAMILY HEALTH CENTER**  
 678 N. LANTANA DR.  
 SUMMITER, SC 29480  
 PHONE: 803-774-6303

Reprinted from Electronic Medical Record - Created on 07/15/07 1  
 Patient: MCCONICO, MARY MR No. 30186 DOB: A  
 PATIENT: Mary C McConico MRNO: 60160  
 MDT DATE: 07/15/2007

PHYSICIAN: Lee Baker, PA

CHIEF COMPLAINT: left arm pain today.

**HISTORY OF PRESENT ILLNESS:**

Mary is here reporting left arm pain, which started Sunday night. This began without 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 treatment has included ice, no help.

**MEDICATIONS HISTORY:**

Current medications prescribed to the patient are:

1. Cefepim 500 mg, two tabs po bid
2. Clozaril 10 mg, 1 po qd pm
3. Glucophage 1000 mg, 1 po bid
4. Glucotrol XL 10 mg, 2 PO BID for diabetes
5. HyZent 25 mg, 1 po qd
6. Lasix 100 mg, 1 po qd
7. Lasix 400 mg, 1 po bid with the pain
8. Lyrica 75 mg, 1 po bid
9. Norvasc 10 mg, 1 po qd
10. Naritidine Hydrochloride 100 mg, 1 PO BID
11. Teptrol 25 mg, 1 po qd for blood pressure
12. Zovor 40 mg, 1 PO QD

Paternal is also taking:

1. ASPIRIN 81 MG 1 PO QD

**ALLERGIES:**

1. ACEP Cough

**EXAMINATION:**

VITAL SIGNS: BP - 160/92, Pulse - 82, Temperature - 97.7, Weight - 251.00 lbs

BMI - Not Calculated

**CONSTITUTIONAL** - guarding left arm  
**EXTRINSIC** - tenderness of left lateral epicondyle, tenderness of forearm, wrist and shoulder necklaces, pain w/ resisted abduction of shoulder, no edema, no erythema warmth or evidence of infection, good radial pulse and cap refill, cervical compression test c

**DECISION MAKING:**

**ASSESSMENT:**

Lt. Pain in Joint Involving Upper Limb, New

**DRUG DO:**

1. Tramadol Hydrochloride 60 mg, 1-2 tabs po q4h pain pain, DNR: 30, R02ac 0

**INSTRUCTIONS:** Tramadol Injection - 80mg IM

Jan 18 2016 2:33 PM - Santa Family Health Center

No. 6471 P. 33

FOR INFORMATION OF THE BOARD OF DIRECTORS - Confidential

FOLLOW UP: Return visit to 4/1/16  
FOR INFORMATION OF THE BOARD

Electronically signed by Las Behan, PA

1. The Board of Directors of Santa Family Health Center is pleased to announce the appointment of Las Behan, PA as the new Medical Director. Las Behan, PA has been practicing medicine for over 20 years and has extensive experience in the management of a medical practice. He is currently the Medical Director of Santa Family Health Center in Santa, PA. He is a member of the American Medical Association and the Pennsylvania Medical Society. He is also a member of the Santa Family Health Center Board of Directors. Las Behan, PA will be responsible for the overall medical management of the center and will report to the Board of Directors. He will also be responsible for the supervision of the medical staff and the development of the center's medical policies and procedures. Las Behan, PA will be starting his new position on 4/1/16. The Board of Directors is confident that Las Behan, PA will bring his extensive experience and expertise to the center and will help to ensure the highest quality of care for our patients.

2. The Board of Directors is also pleased to announce the appointment of Las Behan, PA as the new Medical Director. Las Behan, PA has been practicing medicine for over 20 years and has extensive experience in the management of a medical practice. He is currently the Medical Director of Santa Family Health Center in Santa, PA. He is a member of the American Medical Association and the Pennsylvania Medical Society. He is also a member of the Santa Family Health Center Board of Directors. Las Behan, PA will be responsible for the overall medical management of the center and will report to the Board of Directors. He will also be responsible for the supervision of the medical staff and the development of the center's medical policies and procedures. Las Behan, PA will be starting his new position on 4/1/16. The Board of Directors is confident that Las Behan, PA will bring his extensive experience and expertise to the center and will help to ensure the highest quality of care for our patients.

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Jan 10 2008 7:03PM Sumter Family Health Center

vs. 6471 P. 36

**SUMTER FAMILY HEALTH CENTER**  
 1278 N. LAZARUS RD.  
 SUMTER, MO 65506  
 PHONE: 636-774-4500

Reprinted from Electronic Medical Record - Created on 07/28/07  
 Patient: MCCONICO, MARY MR No: 1 501506 DOB: \*\*\*\*\*  
 PATIENT: Mary C McConico MRNO: 501506  
 VISIT DATE: 07/28/2007

PHYSICIAN: Les Baban, 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 on 170-200.

**MEDICATIONS HISTORY:**

Current medications prescribed to the patient are:

1. Celebrex 8.2 Mg, two tabs po bid
2. Claritin 10 mg, 1 po qd po
3. Glucophage 1000 Mg, 1 po bid
4. Glucosol 30 mg, 1 PO BID for diabetes
5. Mylan 25 Mg 400 Mg, 1 po qd
6. Lidocaine 100 U/W/mg, 40 units SQ qHS
7. Lidocaine 400 mg, 1 po bid prn arthritis pain
8. Lyrica 75 Mg, 1 po bid
9. Norveto 10 Mg, 1 po qd
10. Rosulidone Hydrochloride 450 Mg, 1 PO BID
11. Tyonel 25 Mg, 1 po qd for blood pressure
12. Tramadol Hydrochloride 50 mg, 1-2 tabs po qhs prn pain
13. Zocor 40 Mg, 1 PO QD

Patient is also taking:

1. ASPIRIN 81 MG 1 PO QD

**ALLERGIES:**

1. ACEP Cough

**HEALTH MAINTENANCE HISTORY:**

FLU VACCINE:	12/05/06
PNEUMOVAX:	01/06/06
CHOLESTEROL:	03/27/07
HEMOCCULT:	06/15/06
COLD/COUGH/PT:	12/31/03
PAF EXAMS:	08/15/06
MASTOGRAPHY:	10/17/06
CLATED FUNGUS EXAM:	11/14/06
FUNGUS (skin):	Dr. Cleveland
BREAST SELF-EXAM:	09/15/06

**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 trauma, nontender  
 CHEST - clear to auscultation, no wheezing, no crackles and no rales  
 CARDIAC - RRR 81, S2, no M/R/S/T/H

Sumter Data: 2007-7-25

Jan 10 2007 7:03 PM Susa Family Health Center

No. 647: 2, 3'

Patient: MCCORMACK, MARY; MRNO: 301898; DOB: [redacted] Certified  
EXTREMES Room NT, All active ROM; Metal HV [redacted]

**DECISION MAKING:**

**ASSESSMENT:**

- 1. Diabetes Mellitus Type II, Uncontrolled
- 2. Hypertension, Stable
- 3. Obesity, Moderately Controlled
- 4. Hypertension, Controlled
- 5. Cervical artery disease, Stable
- 6. Gastrointestinal (GI) Disease, Controlled
- 7. Pain in hand involving Upper Arm/Forearm

**DRUGS:**

- 1. Lanoxin 125 Units, 24 units AM 20 units PM, Disc 3, Refill: 6

**HYPERLIPIDEMIA:**

**FOLLOWUP:** Return Visit in 2 Months

**PLAN/RECOMMENDATION:** Start two injections/day as above

Electronically signed by Lisa Babish, PA

[Faint, mostly illegible text, likely a signature or additional notes]

Jan. 13. 2010 7:32PM Senior Family Health Center

No. 647 7. 28

## SUMMIT FAMILY HEALTH CENTER

1375 W. LAFAYETTE DR.  
SUMMIT, CO 80903  
PHONE: 303-776-1000

Reprinted from Electronic Medical Record - Created on 11/09/07  
 Patient: MCCORMICK, MARY  
 MR No.: 501906 DOB:  
 Patient: Mary McCormick DOB: MRNO: 501906  
 BIRTH DATE: 11/06/2007

PHYSICIAN: Lee Behm, PA.

CHIEF COMPLAINTS: Followup of Diabetes Mellitus Type II.

## HISTORY OF PRESENT ILLNESS:

Mary is here regarding diabetes (follow-up). The insulin she was on 20 per unit glucose now 250 or so, walking up, following diet.

## MEDICATIONS HISTORY:

Current medications prescribed to the patient are:

1. Celebrex 100 mg, 1 po bid
2. Clozaril 100 mg, 1 po qd
3. Glucophage 1000 Mg, 1 po bid
4. Glucosyl 10 Mg, 1 po BID for diabetes
5. Hydar 25 Mg-100 Mg, 1 po qd
6. Lasix 100 mg bid, 35 units AM 25 units PM
7. Lidocaine 200 mg, 1 po bid prn arrhythmia pain
8. Lyrica 75 Mg, 1 po bid
9. Norvasc 10 Mg, 1 po qd
10. Naproxen Hydrochloride 450 Mg, 1 PO BID
11. Tylenol 325 Mg, 1 po qd for blood pressure
12. Tramadol Hydrochloride 50 Mg, 1-2 tabs po q4h prn pain
13. Zosyn 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, 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 - see back pain

## HEALTH MAINTENANCE HISTORY:

FLU/VACCINE:	12/05/08
PNEUMOVAC:	01/09/08
CHOLESTEROL:	09/25/07
HEARD/CULT:	08/15/08
COLONOSCOPY:	12/21/03
COLONSCOPY (pre):	Dr Lowder, Dives/Endo/le
PAP SMEAR:	09/15/08
MAMMOGRAM:	10/17/08
DRUGGED FUNGUS EXAM:	Dr Gordon
FUNGUS (pre):	
BREAST SELF-EXAM:	08/15/08

Jan. 16, 2010 7:03PM Senior Family Health Center

No. 0071 F. 29

PASTOR MORGAN, MARY BRNCH 6/19/58 DOB - - - - - Continued

**PAST HISTORY:**

Diabetes Mellitus Type 2, Uncontrolled  
Hypertension, Controlled  
Cerebral Vascular Disease, Controlled  
Gastritis, Controlled  
Chronic Kidney Disease, Stage 3  
COPD, Mild  
Asthma, Mild  
Hypothyroidism, Controlled  
Cervical Spondylosis  
Cataracts, Bilateral  
Glaucoma, Bilateral  
Macular Degeneration, Bilateral  
Osteoarthritis, Bilateral  
Chronic Pain Syndrome  
Chronic Fatigue Syndrome  
Chronic Insomnia  
Chronic Anxiety Disorder  
Chronic Depression  
Chronic Alcohol Abuse  
Chronic Substance Abuse  
Chronic Self-Harm  
Chronic Suicide Risk  
Chronic Suicidal Thoughts  
Chronic Suicidal Intent  
Chronic Suicidal Behavior  
Chronic Suicidal Ideation  
Chronic Suicidal Planning  
Chronic Suicidal Preparation  
Chronic Suicidal Execution  
Chronic Suicidal Completion  
Chronic Suicidal Aftermath  
Chronic Suicidal Recovery  
Chronic Suicidal Prevention  
Chronic Suicidal Treatment  
Chronic Suicidal Support  
Chronic Suicidal Care  
Chronic Suicidal Services  
Chronic Suicidal Resources  
Chronic Suicidal Referrals  
Chronic Suicidal Follow-up  
Chronic Suicidal Monitoring  
Chronic Suicidal Evaluation  
Chronic Suicidal Assessment  
Chronic Suicidal Intervention  
Chronic Suicidal Management  
Chronic Suicidal Coordination  
Chronic Suicidal Collaboration  
Chronic Suicidal Partnership  
Chronic Suicidal Alliance  
Chronic Suicidal Coalition  
Chronic Suicidal Consortium  
Chronic Suicidal Network  
Chronic Suicidal Community  
Chronic Suicidal Society  
Chronic Suicidal Organization  
Chronic Suicidal Institution  
Chronic Suicidal Agency  
Chronic Suicidal Department  
Chronic Suicidal Division  
Chronic Suicidal Office  
Chronic Suicidal Branch  
Chronic Suicidal Division  
Chronic Suicidal Department  
Chronic Suicidal Agency  
Chronic Suicidal Institution  
Chronic Suicidal Organization  
Chronic Suicidal Network  
Chronic Suicidal Community  
Chronic Suicidal Society  
Chronic Suicidal Organization  
Chronic Suicidal Institution  
Chronic Suicidal Agency  
Chronic Suicidal Department  
Chronic Suicidal Division  
Chronic Suicidal Office  
Chronic Suicidal Branch

**SOCIAL HISTORY:**

Alcohol Use: No tobacco  
Disability: Disabled

**EXAMINATION:**

**VITAL SIGNS:** BP - 110/72, Pulse - 64, Weight - 250.00 lb  
**HEENT:** Mucous membranes pink, moist, no oral lesions  
**HEAD:** No trauma, normal scalp  
**EYES:** DOM 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  
**ABDOMEN:** No masses, no tenderness  
**EXTREMITIES:** No edema, no foot lesions and pedal pulses present  
**NEUROLOGICAL:** Normal gait, normal balance, normal motor

**DIAGNOSIS:**

- 1. Diabetes Mellitus Type 2, Uncontrolled
- 2. Hypertension, Stage 1
- 3. Obesity without pathologic consequences
- 4. Hypothyroidism, Controlled
- 5. Cervical spondylosis
- 6. Chronic Kidney Disease, Stage 3
- 7. Pain in Limbs Involving Upper Arms, Invariable

**DIAGNOSTIC TESTS:**

- 1. Lipase 100 U/L (ref: 0-160) AM 25 units PM, Dinc 3, Ref: 0
- 2. HbA1c 6.4% (ref: 4.0-5.6) PM, Dinc 30, Ref: 0

**PLAN DISCUSSION:** ENG today shows a NBR, only transient, non-specific ST T wave changes but leads, no prior tracings. Discharge with Dr. Brand, refer back to clinic, if at all.

Electronically signed by Lea Babson, PA

Jan. 08, 2010 7:22PM Sutter Family Health Center

No. 647 2. 25

**SUTTER FAMILY HEALTH CENTER**  
 1278 N. LAFAYETTE DR.  
 SUITE 200, SACRAMENTO  
 PHONE: 916-774-4600

Exported from Electronic Medical Record - Created on 12/17/07  
 Patient: MCCONICO, MARY MR No.: 501906 DOB:  
 PATIENT: Mary Q Mcconico DOB: MRYQ01 001906  
 ISIT DATE: 12/17/2007

PHYSICIAN: Lee Beben, 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 was 160-200. Associated with this is no visual blurring or polyuria.  
 Past treatment has included she has stayed her HbA1c in the way up to 80 units, walking in mall regularly every day, no chest pain with walking, heart scan cardiolog.

- 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. Glimepiride 1 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. Lanitas 100 Lipiact, 40 units AM 25 units PM
7. Lorazepam 1 mg, 1 po bid pm bedtime pain
8. Lorcet 7.5 Mg, 1 po bid
9. Norethisterone 0.4 mg, 1 at qd bid pm
10. Norvasc 10 Mg, 1 po qd
11. Ramipril Hydrochloride 10 Mg, 1 PO BID
12. Tyrosol 25 Mg, 1 po qd for blood pressure
13. Tyrosol 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. ACE- cough

**HEALTH MAINTENANCE HISTORY:**

FLU VACCINE:		11/08/07
PNEUMOVAX:		01/08/08
CHOLESTEROLS:	04/25/07	
HEMOGLOBIN:		09/16/08
COLONOSCOPY:	12/21/03	
COLONOSCOPY (note):		Dr. Lowder, Overland Park
PAP SMEAR:		09/16/08
MAMMOGRAM:		10/17/08
DILATED FUNDUS EXAM:	12/28/07	
FUNDUS (note):		Dr. Goodson
BREAST SELF-EXAM:	09/16/08	

**PAST HISTORY:**

History: Diabetes, Hypertension, Hypolipidemia, GERD and Heart Disease  
 Surgeries: cholecystomy for SAH 7/04, C-section, D  
 Other:

Jan. 10, 2010 7:02 PM S. r. Family Health Center No. 5471 P. 26

PATIENT: MCCORMICK, MARY MRNC: 501808 DOB: [redacted] Gender: [redacted]

EXAMINATION:

VITAL SIGNS: BP: 114/88, Pulse: 72, Weight: 247.00 lbs

HEALTH HISTORY:

- CONSTITUTIONAL - no apparent distress, normal in appearance, A + O X3
- SKIN - good coloration, warm, dry, no rashes or lesions
- HEAD - no frontal, parietal or occipital tenderness
- EYES - equal with normal external exam
- THROAT - pharynx clear, No injection or exudates, Uvula midline
- NECK - supple, no lymph nodes, No thyroid bruit, 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, normal left calf tenderness and no claudication
- NEUROLOGICAL - normal gait, normal balance, normal motor

DECISION MAKING:

ASSESSMENT:   
Ct. coronary artery disease, Uncertain

DIAGNOSTIC TESTS:

- 1. Urinalysis and UA
- 2. Drug POC
  1. Glucosyl 20 Mg (1 P.O. BID) for diabetes, Day 1-20 (One Hundred Twenty), Retic: 0
  2. Lasix 100 (bival) 80 units AM, 80 units PM, Day 1, Retic: 0
  3. Nardone 10 Mg, 3 po qd, Day 1-30 (Thirty), Retic: 0
  4. Ranitidine Heparin 150 Mg, 1 po bid, Day 1-30 (Thirty), Retic: 0
  5. Zantac 75 Mg, 1 po qd, Day 31 (Thirty), Retic: 0

REFERRALS: Refer to Cardiology if symptoms seen before

FOLLOWUP: Return Visit in 1 Month

PLAN DISCUSSION: Increase AM insulin 10 units

Electronically signed by Lisa Geben, PA

11/09/2017 09:55:43 BART MCCORMICK 50906 YOUNG FAMILY HEALTH  
 42 years Female Block  
 12/11/73 Room: 1  
 Oper: TCM

---

Dx:

Rate 66 - Normal of rate rhythm, rate 61  
 PR 160 - Slightly transmitted  
 QRS 62 - Diffuse Monophasic T wave abnormalities  
 QT 408  
 QTc 418

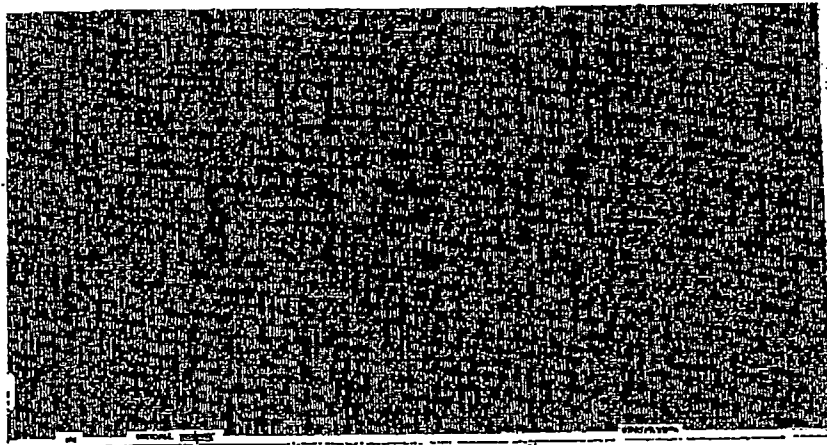
--AXIS--  
 P 32  
 QRS 76

- ABNORMAL ECG -

Received by  
 LRS BERTON

TRANSMITANT-NO INST REVIEW

NO PRIOR TRAUMAS  
 LAB



Digitized from Electronic Medical Record - Created on 12/17/17 5:24:00 AM  
 Patient: MCCORMICK, BART  
 ID: 50906

YOUNG FAMILY HEALTH CENTER  
 1100 W. 11th St.  
 Sioux Falls, SD 57105

Jan 10, 2019 7:02PM & 11:11 AM: Center Pa. 647 2 27

ACCT NO: 12997859 UNIT NO: 269534  
 PATIENT NAME: MCCONICO, MARY  
 DOB: SEX: F  
 ORDERING PHYSICIAN: SRANI, RUSSSELL V

EXAM: MAMM BIL CAD AND SCREENING  
 EXAM DATE: 10/08/2009 00:09:00  
 PHYS: PARNELL, TIMOTHY L

TECHNICIAN: GSN  
 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 10/2008.

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 PARNELL TIMOTHY L  
 TRANSCRIBED DATE/TIME 2009/10/08 12:39:00  
 Location: 02

ACCT NO: 12875278 UNIT NO: 269534  
PATIENT NAME: MCCONEGO, MARY  
DOB: SEX: F  
ORDERING PHYSICIAN: BEBEN, LESLIE A

EXAM: XR HEEL - RIGHT 1838  
EXAM DATE: 01/22/2008 00:00:00  
REFS: 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

Sun. 10. 2010 7:02PM Senior Family Health Center

No. 0071 P. 23

**SUMNER FAMILY HEALTH CENTER**  
 1279 W. CLAY AVENUE DR.  
 SUMNER, SD 57250  
 PHONE: 605/774-4800

Reprinted from Electronic Medical Record - Created on 03/18/09 1  
 Patient's HISTORY - MAY  
 PATIENT: Mary C Homan  
 DOB: 06/18/50  
 MRN: 501800

PHYSICIAN: Len Babes, PA

CHIEF COMPLAINTS: Followup of Diabetes Mellitus Type II; Refills

**HISTORY OF PRESENT ILLNESS:**

Mary is here regarding diabetes (follow-up). This glucose record is 200 mg/dl.  
 -She has had some tingling in her feet. This began without an injury or obvious cause.

**MEDICATIONS HISTORY:**

Current medications prescribed to the patient are:  
 1. Calcium 0.2 Mg, two tabs per bid  
 2. Clostrid 10 mg, 1 po qd  
 3. Glucophage 1000 Mg, 1 po bid  
 4. Glucosol XL 10 Mg, 1 PO BID for diabetes  
 5. Hycor 20 Mg-100 Mg, 1 po qd  
 6. Lanus 100 Units/ml, 30 units AM, 80 units PM  
 7. Lasix 400 mg, 1 po bid per schedule pain  
 8. Lyrica 75 Mg, 1 po bid  
 9. Nurolysin D.I. mg, 1 at qd bid pm  
 10. Neurzac 10 Mg, 1 po qd  
 11. Pantidine Hydrochloride 150 Mg, 1 PO BID  
 12. Tylenol 325 Mg, 1 po qd for blood glucose  
 13. Tramadol Hydrochloride 50 Mg, 1-2 tabs po qd per pain  
 14. Zovir 400 Mg, 1 PO QD

Patient is also taking:  
 1. ASPIRIN 81 MG 1 PO QD

**ALLERGIES:**  
 1. ACEP Cough

**HEALTH MAINTENANCE HISTORY:**

FLU VACCINE:	11/03/07
PNEUMOVAX:	01/02/08
CHOLESTEROL:	09/28/07
HEMOCCULT:	09/15/08
COLONOSCOPY:	12/11/03
PAP SMEAR:	Dr Lavinia, Divorced/Div
MASTECTOMY:	08/15/08
DILATED PUPILS EXAM:	12/28/07
FUNDUS (retin):	Dr Goodness
BREAST SELF-EXAM:	09/15/08

**EXAMINATION:**

VITAL SIGNS: BP - 140/90, Pulse - 78, Temperature - 98.1, Weight - 232.50 lbs

BMI - Not Calculated

CONSTITUTIONAL - no apparent distress, normal in appearance, A + O X  
 EYES - good vision, normal, dry, no redness or tearing  
 HEAD - no trauma, normal

Jan. 10. 2010 7:02 PM Sinter Family Health Center

No. 8471 P. 24

Patricia MUCONICO, MARY MRNO: 801800 DOD - Continued  
 EYES - Equal with normal adnexa  
 THROAT - pharynx clear, no infection or exudates, Uvula midline  
 NECK - supple, no lymph nodes; No cervical bruits. No thyromegaly  
 CHEST - clear to auscultation, no wheezing, no crackles and no rales  
 CARDIAC - RR 84, 82, no MURMURS  
 ABDOMEN - no masses, no tenderness  
 EXTREMITIES - mild tenderness of ant calcaneal area  
 NEUROLOGICAL - normal gait, normal reflexes, normal motor

TODAY'S LAB RESULTS:  
 1. Hemoglobin A1c: 12.0

DECISION MAKING:

ASSESSMENT:

1. Painful Feet, New
2. Diabetes Mellitus, Type II, Uncontrolled
3. Hyperlipidemia, Stable
4. Gouty arthropathy, Controlled
5. Hypertension, Stable
6. Coronary artery disease, Stable
7. Osteoarthritis of Right Ankle, Stable

DIAGNOSTIC TESTS:

1. Hb A1c, Right Ankle
2. X-Ray Right Calcaneus

DRUG RX:

1. Colaspra 0.2 Mg, two tabs po bid, Disp: 120, Refills: 5
2. Glucophage XR 10 Mg, 1 PO BID for diabetes, Disp: 90 (30d), Refills: 5
3. Nyzor 25 mg-100 Mg, 1 po qd, Disp: 90, Refills: 6
4. Lasix 40 mg, 40 mg po bid, Disp: 90, Refills: 6
5. Norvasc 10 Mg, 1 po qd, Disp: 90 (30d), Refills: 6
6. Ranitidine Hydrochloride 150 Mg, 1 PO BID, Disp: 90 (30d), Refills: 5
7. Reltan 500 Mg, 1 po bid pm ankle pain, Disp: 60, Refills: 3

The following drugs were stopped:  
 1. Lasix 400 mg

FOLLOWUP: Return within 3 Weeks

PLAN DISCUSSION: Increase Lasix by ten units, discussed stretching her PP

Electronically signed by Lex Beban, PA

ACCT NO: UNIT NO: 269534  
 PATIENT NAME: MCCONICO, MARY  
 DOB: SEX:  
 ORDERING PHYS: BRANT, RUSSELL W  
 EXAM: OP/US ABDOMEN COMPLETE (500  
 EXAM DATE: 03/21/2008 00:00:00  
 PHYS: PANNELL, TIMOTHY L

TECHNICIAN: L  
 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, 2016 7:01PM Sutter Family Health Center

No. 6471 P. 21

**SUTTER FAMILY HEALTH CENTER**  
 1375 N. LAKEVIEW DR.  
 SUTTER, CA 95950  
 PHONE: 916-774-4900

Reprinted from Electronic Medical Record - Created on 02/08/08 @  
 Patient: MCCONICO, MARY MR No. 1 501826 DCS

PATIENT: Mary C McConico DOB: MRNO: 501808  
 BIRTH DATE: 02/08/2008

PHYSICIAN: Len Babco, PA

CHIEF COMPLAINT: Followup of Diabetes Mellitus Type II, Asym.

**HISTORY OF PRESENT ILLNESS:**

Mary is here regarding diabetes (follow-up). This glucose 180-200. Associated with this is feeling weak, no cold symptoms or cough, no abd pain, no dysuria.

**MEDICATIONS HISTORY:**

Current medications prescribed to the patient are:

1. Calcium 0.1 Mg, one tab po bid
2. Clarin 10 mg, 1 po qd pm
3. Glucophage 1000 Mg, 1 po bid
4. Glucotrol XL 10 Mg, 1 PO QD for diabetes
5. Myxart 20 Mg-500 Mg, 1 po qd
6. Lanus 100 Units/ml, 40 units AM, 80 units PM
7. Lyrica 75 Mg, 1 po bid
8. Allegra 120 mg, 1 po qd pm
9. Norvasc 10 Mg, 1 po qd
10. Pantolone Hydrochloride 150 Mg, 1 PO BID
11. Relafen 800 Mg, 1 po bid prn muscle pain
12. Toprol-XL 25 Mg, 1 po qd for blood pressure
13. Tramadol Hydrochloride 50 Mg, 1-2 tabs po qth prn pain
14. Zovor 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:	01/06/08
CHOLESTEROL:	08/24/07
HEMOGLOBIN:	08/15/08
COLD/COUGH:	12/31/03
COLONOSCOPY (note):	Dr. Lawler, Diverticulosis
PAP SMEAR:	05/15/08
HEMOGRAM:	10/17/08
GLATED FUNDUS EXAM:	01/22/08
FUNDUS (note):	no retinopathy
BREAST SELF EXAM:	09/15/08

**EXAMINATION:**

VITAL SIGNS: BP-122/86, Pulse-72, Respiration- 18, Weight-252.00 lbs

BM - Not Calculated

CONSTITUTIONAL - no apparent distress, normal in appearance, A + O X  
 SKIN - good coloration, warm, dry, no rashes or lesions  
 HEAD - no trauma, normocephalic  
 EYES - EOMV with normal external exam

Jan. 10, 2018 7:02PM Sutter Family Health Center

No. 6471 K. 22

Patient: **LECONICO, MARY** MRN: 801908 DOB: [redacted] Confirmed  
 THROAT - pharynx clear. No injection or swelling. Uvula midline  
 NECK - supple, no brachy nodes. No carotid bruits. No thyromegaly  
 CHEST - clear to auscultation, no wheezing, no crackles and no rales  
 CARDIAC - RR: 18, S2, no MURMUR  
 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) Obesity, moderately controlled
- 4) Hyperlipidemia, stable
- 5) Coronary artery disease, stable
- 6) Gastroesophageal Reflux Disease, stable
- 7) Asthma, mild, resolved

**DRUG RX:**

1. Glimepiride 10 Mg, 1 PO BID for diabetes, Dose: 60 (Stdy), Refill: 5
2. Nifedipine 100 Mg, 1 po qd, Dose: 200, Refill: 5
3. Lantus 100 U/ml, 60 units BID, 80 units PM, Dose: 0, Refill: 0
4. Niaspan 10 Mg, 1 po qd, Dose: 20 (Thiry), Refill: 5
5. Zosyn 40 Mg, 1 PO QD, Dose: 30 (Thiry), Refill: 5

**FOLLOWUP:** Return in 1 Month

**PLAN DISCUSSION:** Discussed patient's condition with Dr. Brown, can raise Lantus to 200 units/day or more, also discussed addition of proton pump inhibitor to the Rx, also followup.

Electronically signed by Lee Patten, PA

[Faded text containing medical notes, signatures, and dates, including a date of 01/10/2018 and a time of 7:02 PM.]

**SUMTER FAMILY HEALTH CENTER**  
1278 N. LAFAYETTE DR.  
SUMTER, SC 29150  
PHONE: 803-774-4514

Reprinted from Electronic Medical Record - Created on 7/10/10  
Patient: MCCOMBS, EMRY MR. No. 501906 DOB: 11/11/50  
PATIENT: Mary C McCombs DOB: 11/11/50 MRN: 501906  
RT DATE: 07/10/10

PHYSICIAN: Lee Waben, 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 joint pain in right ankle this AM, relation helps.

**MEDICATIONS HISTORY:**

Current medications prescribed to the patient are:

1. Celestrol 0.2 Mg, two tabs po bid
2. Claritin 10 mg, 1 po qd pm
3. Glucophage 1000 Mg, 1 po bid
4. Glucoral X 10 Mg, 1 PO BID for diabetes
5. Hyzaal 25 Mg-100 Mg, 1 po qd
6. Lasix 100 U/ml/ml, 80 units AM, 80 units PM
7. Lyrica 75 Mg, 1 po bid
8. Niaspyn 0.4 Mg, 1 qd qd in pm
9. Narvaso 10 Mg, 1 po qd
10. Ranitidine Hydrochloride 150 Mg, 1 PO BID
11. Ranitidine 600 Mg, 1 po bid per ankle pain
12. Toprolol 25 Mg, 1 po qd for blood pressure
13. Tramadol Hydrochloride 50 Mg, 1-2 tabs po qd prn pain
14. Zocor 40 Mg, 1 PO QD

Patient is also taking:

1. ASPIRIN 81 MG 1 PO QD

**ALLERGIES:**

1. ACEI: Cough

**PAST HISTORY:**

Illnesses: Diabetes, Hypertension, Hyperlipidemia, GERD and Heart Disease;  
Surgeries: craniotomy for SAH 7/98, C-section, D;  
Other: - Nucleur stress test negative 1/10/04 EF 55%;

**EXAMINATION:**

VITAL SIGNS: BP - 128/86, Pulse - 80, Respiration - 20, Weight - 254.00 lbs, OHC - 0.00 inches

BM - Not Calculated

CONSTITUTIONAL - no apparent distress, nontoxic in appearance, A + O X3

SKIN - good color, warm dry, no rashes or lesions

HEAD - no trauma, nonoccluding

EYES - good with normal external exam

CHEST - clear to auscultation, no wheezing, no crackles and no rales

CARDIAC - RRN S1, S2, no murmurs

EXTREMITIES - no edema, no deformities and pedal pulses present

**TODAY'S LAB RESULTS:**

1. Glucose: 240

June 10, 2010 7:01 PM S. Vasa Family Health Center

No. 647 2. 20

Patient: MONTANO, MARY ARNO: 60186 DOB: [redacted] - Continued

**DECISION MAKING:**

**ABSTRACT:**

- 1. Diabetes Mellitus Type II, Improving
- 2. Hypertension, Stable
- 3. Gouty Arthropathy, Controlled
- 4. Hypertension, Stable
- 5. Coronary Artery Disease, Stable
- 6. Traumatic Brain Injury, Stable

**DIAGNOSTIC TESTS:**

- 1. Glucose Fasting 80mg/dl
- 2. Creatinine Serum 0.8 mg/dl
- 3. Lipid Panel
- 4. Uric Acid 6.0 mg/dl

**DRUGS:**

- 1. Lisinopril 100 mg bid, 80 mg qd AM, 80 mg qd PM, Once qd, 4, 4, 4, 4
- 2. Zosyn 900 mg, 3 po qd for cholelithiasis, Once qd, 30 (Thru), 30 (Thru)

**The following drugs were stopped:**

- 1. Lyrica 75 mg
- 2. Tenormin Hydrochloride 50 mg

**Follow up in 8 Weeks**

**PLAN DISCUSSION: Update All Vitals**

Electronically signed by Lee E. Baker, PA

I, the undersigned, being a duly licensed and qualified health care provider, certify that I am the author of, or I am responsible for, the contents of this document. I declare that I am a duly licensed and qualified health care provider in the State of Pennsylvania. I declare that the information contained herein is true and correct to the best of my knowledge and belief. I declare that I am not providing this information for the purpose of obtaining or attempting to obtain any financial benefit for myself or any other person. I declare that I am not providing this information for the purpose of evading any applicable laws or regulations. I declare that I am not providing this information for the purpose of circumventing any applicable laws or regulations. I declare that I am not providing this information for the purpose of circumventing any applicable laws or regulations.

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Oct 10, 2010 7:41PM Senior Family Health Center

No. 647: A 17

**SUMMITER FAMILY HEALTH CENTER**  
 2170 N. LAWAYETTE DR.  
 SUDBURY, NC 28149  
 PHONE: 704-774-4388

Reprinted from Electronic Medical Record - Created on 03/16/08 14:07:00  
 Patient: MCCORMICK, MARY  
 PATIENT: Mary O McCormick DOB: MARY: 801396  
 VISIT DATE: 03/18/2008

PHYSICIAN: Lee Barber, PA

CHIEF COMPLAINTS: FBS @ home this AM (86); not getting better, no other sx; at least colon cleanse so last PA, had day started with RI and 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, BMA correct, no fever, able to eat, no dysuria and no hematuria. It is located in the starts in the qd and radiates down.

**MEDICATIONS HISTORY:**

Current medications prescribed to the patient are:

1. Celebrex 0.2 mg, two tabs po bid
2. Claritin 10 mg, 1 po qd pm
3. Glimepiride 1000 Mg, 1 po bid
4. Cholesterol 20 mg, 1 PO BID for diabetes
5. Hyzaar 28 mg-100 mg, 1 po qd
6. Lasix 100 Urinamf, 60 tabs ABX, 80 tabs PM
7. Nitroglycerin 0.4 mg, 1 sl qd pm
8. Atenolol 50 mg, 1 po qd
9. Ranitidine Hydrochloride 150 mg, 1 PO BID
10. Robitussin 600 Mg, 1 po bid pm until pain
11. Toprol 25 Mg, 1 po qd for blood pressure
12. Zocor 40 Mg, 1 po qd for cholesterol

Patient is also taking:

1. ASP/IRIN 81 MG 1 PO QD

**ALLERGIES:**

1. ACEI Cough

**PAST HISTORY:**

Diabetes, Dyslipidemia, Hypertension, GERD and Heart Disease  
 Surgical resection for CAH-7/99, C-section 07-  
 Other: Nuclear stress test negative 1/19/00 EF 60%

**EXAMINATION:**

VITAL SIGNS: BP-172/80, Pulse-84, Respiration- 20, Temperature- 98.3, Weight- 245.00 lbs

BUN - Not Calculated

CONSTITUTIONAL - no apparent distress, no toxic in appearance, A + D XX

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

CARDIAC - RRR S1, S2, no murmurs

ABDOMEN - normal bowel sounds, RUQ tenderness and no rebound

EXTREMITIES - no edema and no deformities

**DECISION MAKING:**

Page 1 of 2

Create Date: 2008-3-16

Jun 10, 2010 7:01PM Santa Family Health Center

MRN: 501808

Patient: MCCORMICK, MARY MRNO: 501808 DOB: [redacted] Continued

**ASSESSMENT:**

- 1. Abdominal Pain, Unrelieved, New
- 2. Diarrhea, Watery Type (L, Enable)
- 3. Nausea, Mild

**DIAGNOSTIC TESTS:**

- 1. Lipase and Amylase
- 2. UA, AKA w/ Micro
- 3. CBC w/ Diff. PL
- 4. Comprehensive Metabolic Panel

**DRUGS:**

- 1. Naloxone 40 mg, 1 po qd, Disp: complete, Refill: 0

**FOLLOW UP:** Return via the Walk

Electronically signed by Lee Beben, PA

[Faint, mostly illegible text, likely a detailed medical history or notes section]

Jun 10, 2010 7:01PM Sunler Family Health Center

No. 8471- 2, 15

**SUNLER FAMILY HEALTH CENTER**  
**207 N. LAWAYETTE DR.**  
**SUNLER, NC 28150**  
**PHONE: 919-774-4538**

Reprinted from Electronic Medical Record - Created on 03/25/08 08:48:13  
 Patient: MCCORMICK, MARY  
 MR No.: 801506 DOB:

PATIENT: Mary C McCormick DOB: MRNO: 801506  
 BIRTH DATE: 03/28/2008

PHYSICIAN: Lee Baber, PA

CHIEF COMPLAINT: Followup of Diabetes Mellitus Type II; Followup of Hypertension; Followup of Hypertension.

**HISTORY OF PRESENT ILLNESS:**

Mary is here regarding D0 and 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 breast 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. Calcium 0.2 Mg, two tabs po bid.
2. Glucophage 1600 Mg, 1 po bid
3. Glucophage 1600 Mg, 1 po bid
4. Glimepiride 125 Mg, 1 PO BID for diabetes
5. Hytrin 25 Mg-100 Mg, 1 po qd
6. Lasix 100 Units/ml, 50 units AM, 50 units PM
7. Nodurin 40 mg, 1 po qd
8. Ibuprofen 800 mg, 1 qd as needed
9. Norvasc 10 mg, 1 po qd
10. Ranitidine Hydrochloride 150 Mg, 1 PO BID
11. Percocet 500 Mg, 1 po bid per acute pain
12. Toprolol 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	
PHLEMOVAC:	01/06/06	
CHOLESTEROL:	03/11/08	04/15/08
HEMOGLOBIN:	12/23/03	
COLONOSCOPY:		Dr Lowndes, Diverticulosis
COLONOSCOPY (flex):		08/18/08
PAP SMEAR:		10/17/03
MAMMOGRAM:		
DILATED PUPILS EXAM:	01/22/04	
FUNDS (flex):		no retinal pathology
BREAST SELF-EXAM:	08/16/04	

**PAST HISTORY:**

Recurrent: Diabetes, Hypertension, Hypertension, GERD and Heart Disease;  
 Surgeries: cholecystectomy for BAH 7/89, C-section, C;  
 Other: Nuclear stress test negative 1/18/04 EF 65%

**SOCIAL HISTORY:**

Alcohol Use: No ETCH  
 Smoking: No tobacco Disabled  
 Occupation:

Page 1 of 2

Create Date: 2008-3-25

Jan. 15, 2010 7:51 PM Senior Family Health Center

No. 1471 P. 15

Patient: MCCOY, MARY MRN#: 601866 DOB: [redacted] - Continued

EXAMINATION: [redacted]  
VITAL SIGNS: BP - 140/90, Pulse - 68, Respiration - 20, Temperature - 98.6, Weight - 245.00 lb, Blood Sugar - 285 mg/dl

PHYSICAL EXAMINATION:  
CONSTITUTIONAL: no apparent distress, no acute in appearance, A + O X3  
EYES: no redness, no tearing, no discharge, no ptosis  
EARS: no redness, no discharge, no pain  
NOSE: no redness, no discharge, no pain  
THROAT: no redness, no swelling, no stridor, no wheezing, no crackles and no rales  
CHEST: clear to auscultation, no wheezing, no crackles and no rales  
CARDIAC: RR 68, S2, no MURMUR  
ABDOMEN: no tenderness, no masses, no organomegaly and no CVAT  
EXTREMITIES: no edema and no deformities

TODAY'S LAB RESULTS:

- 1. Hemoglobin A1c 10.0

DECISION MAKING:

ASSESSMENT:

- 1. Diabetes Mellitus Type II, Uncontrolled
- 2. Gynecomastia, Worsening
- 3. Hypertension, Stable
- 4. Abdominal pain, acute, ongoing

DIAGNOSTIC TESTS:

- 1. Glucose Fasting, 10.0 mg/dl
- 2. Hb A1c, 10.0%

DRUGS:

- 1. Lisinopril 10 mg BID, 70 mg AM, 80 mg PM, Day 4, Refills: 6
- 2. Metformin 40 mg TID, 100 mg BID, 100 mg TID, Refills: 2
- 3. Trandolapril 1 mg BID, 1-2 tabs po qd am pain, Day 30, Refills: 1

The following drugs were approved:

- 1. Rosuvastatin Hydrochloride 10 mg

FOLLOWUP: Return Well in 2 Weeks

PLAN DISCUSSION: Review AM results

Electronically signed by Lee Baker, PA

09/08/2010 7:00PM Sutter Family Health Center

85, 5471 7, 13

**SUTTER FAMILY HEALTH CENTER**  
1278 N. LAFAYETTE DR.  
SUTTER, CA 95690  
PHONE: 833-774-4500

Reprinted from Electronic Medical Record - Created on 04/22/88 8  
PATIENT: MARY C MOONIE MR. No. 1 501305 DOB: \*\*\*\*\*  
MRNO: 58190  
PAT DATE: 04/22/08

PHYSICIAN: Les Beben, PA

CHIEF COMPLAINTS: Followup of Diabetes Mellitus Type II; Followup of Ocular symptoms.

**HISTORY OF PRESENT ILLNESS:**

Mary is here regarding diabetes (follow-up). This usually 160-180 in AM. Associated with this is otherwise feeling well.

**MEDICATIONS HISTORY:**

Current medications prescribed to the patient are:

1. Celestrol 0.2 Mg, two tabs po bid
2. Claritin 10 mg, 1 po qd pm
3. Glucophage 1000 mg, 1 po bid
4. Glucophage XL 10 mg, 1 PO BID for diabetes
5. Hyzaar 20 Mg-100 Mg, 1 po qd
6. Lanug 180 Units/ml, 70 units AM, 80 units PM
7. Nasonex 40 Mg, 1 po qd
8. Naproxen 0.4 mg, 1 at ed/ml pm
9. Novesta 10 mg, 1 po qd
10. Tylenol 800 Mg, 1 po bid pm and/or pain
11. Toprol-XL 25 Mg, 1 po qd for blood pressure
12. Tramadol Hydrochloride 50 mg, 1-2 tabs po qbt pm pain
13. Xoco/ 40 Mg, 1 po qd for cholesterol

Patient is also taking:

1. ASPIRIN 81 MG 1 PO QD

**ALLERGIES:**  
1. ACEI: Cough

**PAST HISTORY:**

Illnesses: Diabetes, Hypertension, Hyperlipidemia, GERD and CAD;  
Surgery: cholecystomy for GAD 7/08, C-section, D;  
Others: Nuclear stress test negative 1/18/06 EF 88%;

**EXAMINATION:**

VITAL SIGNS: BP - 140/85, Pulse - 74, Respiration - 20, Temperature - 98.6, Weight - 232.00 lb

BMI - Not Calculated

CONSTITUTIONAL - no apparent diabetes, nondiabetic in appearance, A + O X3  
SKIN - good coloration, warm, dry, no rashes or lesions  
HEAD - no trauma, normocephalic  
EYES - EOM with normal pupillary exam  
THROAT - pharynx clear. No lymphadenopathy or exudates. Uvula midline  
NECK - no masses and no tracheal deviation  
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:**

Jan. 16, 2019 7:31PM Surter Family Health Center

Form: 6671 70-16

Patient: MCCORMICK, MARY MRNO: 601808 DOB: - Confirmed

ASSESSMENT:

- 1. Physical Exam: Type 0, Improving
- 2. Hypertension: Controlled
- 3. Obesity: Improving, Stable

DRUGS:

- 1. Lisin 100 mg bid, TD, tabs: AM, 89 tabs: PM, Dose: 4, Route: O

FOLLOWUP: Return Visit in 3 Months

PLAN/DISCUSSION: Increase PM Insulin

Electronically signed by Lex Baban, PA 47222004 6/1/18

Signature and date information.

Signature and date information.

Signature and date information.

Signature and date information.

Signature and date information.

Signature and date information.

Signature and date information.

Oct '08 7:00PM Scripps Family Health Center

No. 6471 P. 11

**SUMMITER FAMILY HEALTH CENTER**  
 1275 N. LAFAVETTE BLVD.  
 SUMMITER, CO 81650  
 PHONE: 970-774-4360

Reprinted from Electronic Medical Record - Created on 08/26/08 1  
 Patient: MCCORMICK, MARY M. No: 501908 DOB:  
 PATIENT: Mary C McCormick DOB: MAND: 501908  
 MFT DATE: 08/26/08

PHYSICIAN: Ramesh Bhan, MD

CHIEF COMPLAINT: Follow-up of Diabetes Mellitus Type II.

**HISTORY OF PRESENT ILLNESS:**

- Hypertension. Patient took medication as instructed. Since taking this 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 \$40 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 this patient are:
1. Amlodipine 10 mgm, 1 PO QD for blood pressure
  2. Calcium D3 280, 1 po bid
  3. Clostil 10 mg, 1 po qd
  4. Cholesterol 1000 mg, 1 po bid
  5. Glucoside 20 mg, 1 PO BID for diabetes
  6. Hyzaar 25 mg-100 mg, 1 PO QAM for blood pressure
  7. Lasix 100 U/ml, 70 units AM, 60 units PM
  8. Niaspan 40 mg, 3 po qd
  9. Nitroglycerin 0.4 mg, 1 qd bid
  10. Nystatin 500 mg, 4 po bid per orle path
  11. Tyrosol 125 mg, 1 po bid for blood pressure
  12. Triavel 1 Hydrocortisone 50 mg, 1-2 tabs po qd per 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	
PNEUMONIA	01/06/08	
CHOLESTEROL	03/11/08	09/18/08
HEMOGLOBIN	12/31/08	
COLONOSCOPY		Dr. Lowder, Chiropractic
COLONOSCOPY (date)		08/18/08
PAP SMEAR		10/17/08
MAMMOGRAM		
DILATED FUNDUS EXAM:	01/22/08	
#LEADS (ms):		no retrophary
BREAST SELF-EXAM:	08/18/08	

**PAST HISTORY:**

Illnesses: Diabetes, Hypertension, Hypothyroidism, GERD and CAD;  
 Surgeries: cholecystectomy for GALL STONES, C-section, D;  
 Other: Nuclear stress test negative 11/20/08 EF 66%;

**SOCIAL HISTORY**

Jan. 10. 2010 7:00PM Sunter Fam'ly Health Ctr

No: 6471 - 4 - 12

Patient: MCCONICO, MARY, MRNO: 001908 - DOB: - Gender:
Alcohol Use: No ETOH
Smoking: No tobacco
Occupation: Disabled

EXAMINATION:

VITALS: BP=120/70, Pulse=78, Weight=252.00 lbs

Sex: 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

HEENT - clear, no rhinorrhea, no wheezing, no crackles and no rales

CHEST - normal heart sounds and physiologic murmur and regular rhythm

CARDIAC - normal heart sounds and physiologic murmur and regular rhythm

EXTREMITIES - no edema and no deformities

TODAY'S LAB RESULTS:

A. Hemoglobin A1C 10.8

DECISION MAKING:

ASSESSMENT:

1. Diabetes Mellitus Type II, Uncontrolled

2. Hypertension, Controlled

3. Obesity, Moderate, Stable

4. Hypertension, Controlled

5. Coronary artery disease, Stable

6. Osteoarthritis (Right Knee), Stable

DIAGNOSTIC TESTS:

1. Hgb A1c: 10.8

2. Urinalysis: Normal

3. Lipid Panel: Normal

4. Urinalysis: 93 units PM, Day: 81 (On) Visk. Refills: 12

REFERRALS:

1. Return Visk in 3 Months

2. Return Visk in 3 Months

PLAN DISCUSSION: Review of blood sugar shows that current treatment with increases in insulin but the cost of these

meds is a burden for her now. Weight has also not evolved in the face of significant type 2 diabetes. Plan to ask

her to continue current and decrease insulin to evening dose only

Return to clinic for follow up in 3 months

Electronically signed by Rexzell Evers, MD 8/20/2008 10:16:10

Printed by Rexzell Evers, MD 8/20/2008 10:16:10

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Printed by Rexzell Evers, MD 8/20/2008 10:16:10

Jan. 15. 2010. 7:00PM Sister Family Health Center

Ex. 5471 : 2. '0

SUMMITER FAMILY HEALTH CENTER

1217 N. LAURETTA DR.  
RUDLER, NC 28650  
PHONE: 817-714-4278

Reprinted from Electronic Medical Record - Created on 10/10/08  
Patient: MCCONICO, MARY

Print Reviewed

Wed 10 Dec 2009 11:44:13 AM UTC

Page 1 of 1

**TUOMEY**  
HEALTH CARE SYSTEM  
This logo must be left.

PATIENT NAME: <sup>35194</sup> MCCONICO, MARY C  
MRN:  
ACCOUNT # (CP):  
DATE OF BIRTH:  
REQUESTING DR: BRANE, JOSELL VMD  
ATTENDING DR:  
CC DR:  
ORDER LOCATION: OP  
ROOM NUMBER: W100  
SERVICE DATE: 10-08-2008 08:12  
DICTATED DATE: 10-08-2008 12:32  
REPORT DATE: 10-08-2008 14:05

PROCEDURE PERFORMED ACCORDING TO DEPARTMENTAL PROTOCOLS

STUDY: MAMMO. CAD SCIZ. MAMMIL CAD AND SCREENING  
REASON: SCREENING

**INDICATION:**  
Screening mammograms were obtained using digital mammography with CAD review. Evaluation shows dense, asymmetric density without palpable mass. Several scattered benign groups of calcifications are present and appear to be unchanged from the previous study of 10/2008.  
**TECHNIQUE:** scattered benign appearing calcifications which are stable from previous exam. No specific mammographic evidence of malignancy and routine mammographic follow-up in one year is recommended.

ACR CODE - 2 - BENIGN

TRANSCRIPTIONIST: WHEELER, SUE  
READING RADIOLOGIST: PANNELL, TIMOTHY MD  
This report has been reviewed and signed by:

*Timothy Pannell*

PANNELL, TIMOTHY MD

*James J. [Signature]*

Jan. 13, 2010 7:50PM Sister Family Health Center

No. 0077 2. 0

SISTER FAMILY HEALTH CENTER  
209 N. LARAMIE DR.  
RICHMOND, SC 29220  
PHONE: 803-774-4100

Reprinted from Electronic Medical Record - Created on 11/24/08  
Patient: MCCORMICK, MARY MD No. 1 001985 COB1

PATIENT: Mary C. McCormick DOB: MRNO: 501906  
VISIT DATE: 11/24/2008

PHYSICIAN: Russel Kemp, MD

CHIEF COMPLAINTS: Followup of Diabetes Mellitus Type II; Followup of Hypertension; Followup of Hypertension

HISTORY OF PRESENT ILLNESS:

- Hypertension: Patient took medication as instructed. Some taking the medication, the severity has been well controlled.
- Diabetes Type II: Patient has trouble adhering to medication. She is taking the prescribed medication, the severity has been worsening.
- Hypertension: Severity was described as hypertension. An elevated systolic and diastolic is elevated intracranial.

MEDICATIONS HISTORY

- Current medications prescribed to the patient are:
1. Aspirin 81 mg, 1 PO QD for blood pressure
  2. Cholesterol 40 mg, two tabs po bid
  3. Calcium 10 mg, 1 po bid
  4. Clozapine 100 mg, 1 po bid
  5. Glimepiride 120 mg, 1 PO bid for diabetes
  6. Hydralazine 25 mg (100 mg) 2 PO qd for blood pressure
  7. Lasix 100 (100 mg), 1 po bid
  8. Nexium 40 mg, 1 po bid
  9. Nifedipine 30 mg, 1 po bid
  10. Tylenol 325 mg, 1 po qd for blood pain
  11. Tylenol 325 mg, 1 po qd for blood pressure
  12. Tylenol Hydrocodone 50 mg, 1-2 tabs po qd for pain
  13. Zocor 40 mg, 1 po qd for cholesterol

Patient's side taking:

1. ASPIRIN 81 MG 1 PO QD

ALLERGIES:

1. ACE- Coxsack

HEALTH MAINTENANCE HISTORY:

FLU VACCINE	11/08/07	
PNEUMOVAX	01/08/08	
CHOLESTEROL	03/11/08	08/15/08
HEMOGLOBIN	12/21/03	
COLONOSCOPY		Dr. Lowder, Diverticulitis
COLORECTOSCOPY (with)		08/30/08
PAP SMEAR		10/08/08
PHYSICAL EXAM		08/30/08
PELVIC EXAM		08/30/08
DILATED FUNDUS EXAM		08/30/08
BREAST EXAM		08/30/08

PAST HISTORY:

Hypertension, Diabetes Mellitus Type II, Hypertension, GERD and CAD

Surgical: hysterectomy for BAH 7/08, C-section, G

Jan 10, 2010 7:05PM Sunlar Family Health Center

No. 8471 F. 5

Patient: MCCOMBS, MARY MRNO: 801100 DOB: [redacted]  
Dx: Nuclear stress test negative 1/16/08 EF 68

Continued

**SOCIAL HISTORY:**

Alcohol Use: No ETOH  
Smoking: No tobacco  
High 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 - 248.00 lbs

BMI - Not Calculated

**CONSTITUTIONAL:** Pleasant obese female

**SKIN:** moist 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

**DIAGNOSIS MAKING:** She seems to be adherent to medical therapy but has not responded. Consideration to increase Insulin as 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. Hypertension, stable
- 6. Osteoarthritis, stable
- 7. Obesity, stable

**DRUGS:**

- 1. Humalog N human recombinant 100 units/ml, 60 units BID, CHG: 25 (Three) vials; Refill: pm

**INJECTIONS:** Influenza Vaccine-SpZ Virus (Adult)

**FOLLOWUP:** Return Visit in 1 Month

Electronically signed by Hudson Brent, MD (1/24/2010 8:50:47)

Jan 18, 2010 7:00PM Sumter Family Health Center

MS: 6271 P. E

SUMTER FAMILY HEALTH CENTER  
1775 N. LAFAYETTE DR.  
SUMTER, SC 29150  
PHONE: 803-774-4390

Reprinted from Electronic Medical Record - Created on 12/24/08  
Patient: MCCONICO, MARY MR. NO.: 308306 DOB:

PATIENT: Mary, O Mccanico DOB: MRNO: 308306  
IBIT DATE: 12/24/2008

PHYSICIAN: Rosal Ewart, MD

CHIEF COMPLAINT: Possibility of Diabetes Mellitus Type II

HISTORY OF PRESENT ILLNESS:

- Hypertension. Patient took medication as instructed. Since taking the medication, her 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 which is noted below.
- Hypertension. Severity has improved. An associated sign and symptom is elevated microalbumin.

MEDICATIONS HISTORY:

- 1. Current medications prescribed by other doctors used
  - 2. Aspirin 81 mg, 1 PO QD for blood pressure
  - 3. Calcium 600 mg, one tab po bid
  - 4. Clonidine 1.2 mg, 1 po bid
  - 5. Glipizide 5 mg, 1 po bid
  - 6. Glipizide 5 mg, 1 po bid
  - 7. Hydrochlorothiazide 25 mg, 1 po QAM for blood pressure
  - 8. Metformin 500 mg, 1 po bid
  - 9. Metformin 500 mg, 1 po bid
  - 10. Perphenazine 4 mg, 1 po bid for blood pressure
  - 11. Perphenazine 4 mg, 1 po bid for blood pressure
  - 12. Perphenazine 4 mg, 1 po bid for blood pressure
  - 13. Zolpidem 12.5 mg, 1 po qd for sleep
- Patient is also taking:  
1. ASPIRIN 81 mg, 1 PO QD

ALLERGIES:

- 1. ACE - Cough

HEALTH MAINTENANCE HISTORY:

FLU VACCINE	11/24/08
PHLEBOCLAST	01/08/08
CHOLESTEROL	03/11/08
HEMOGLOBIN	03/11/08
COLONOSCOPY	12/11/03
COLONOSCOPY (note)	Dr Lower, Overweight
PAP SMEAR	08/20/08
DIAPHRAGM	08/20/08
PHYSICAL EXAM	08/20/08
PELVIC EXAM	08/22/08
DILATED FUNDUS EXAM	no retinopathy
FUNDUS PHOTO	08/20/08
BREAST SELF EXAM	08/20/08

PAST HISTORY:

- Knee: Diabetes, Hypertension, Hyperlipidemia, GERD and CAD
- Suggest: amputation for SAH 7/99, C-section, O

Jan. 10, 2010 7:08PM Enter Family Practice Center

No. 6471 P. 7

Patient: MCCONCO, MARY MRNO: 601808 DOB: [redacted] - Continued  
OBW: Nuclear stress test negative 1/10/08 EF 62...

**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 - 120/80, Pulse - 74, Weight - 247.00 lbs, Blood Sugar - 233 d/mg

BMI - Not Calculated

**CONSTITUTIONAL:** - Pleasant obese female

SKIN - warm to touch

HEENT - no nasal obstruction

CHEST - Normal respiratory rate and rhythm. Breath sounds clear to auscultation, no wheezing, rales or crackles.

CARDIAC - normal heart sounds and physiologic rhythm

EXTREMITIES - no edema, no deformities, no foot ulcers, pedal pulses diminished, brachial need taping and vibration sense 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. Family dyslipidemia, Stable
- 4. Obesity, Mild, Stable
- 5. Hypertension, Improving
- 6. Coronary artery disease, Stable
- 7. Gastroesophageal Reflux Disease, Stable

**DRUG LOG:**

- 1. Amlodipine 10 mg, 1 PO QD for blood pressure, Days 833 (Thurs), Refills: 12
- 2. Captopril 25 mg, 2 PO BID for blood pressure, Days 120, Refills: 12
- 3. Glimepiride XL 16 Mg, 1 PO QD for diabetes, Days 830 (Sat), Refills: 12
- 4. Nizatidine 300 mg, 1 PO Q AM for blood pressure, Days 830, Refills: 12
- 5. Ranitidine Hydrochloride 150 mg, 1 PO BID for stomach, Days 830 (Sat), Refills: 12
- 6. Toprol-XL 25 Mg, 1 PO QD for blood pressure, Days 830 (Thurs), Refills: 12

**FOLLOWUP:** Return Visit in 3 Months

Electronically signed by Russell Brant, MD 12247008 B:449

Jan. 12, 2010 6:59PM Server: Family Health Center

(10547) (101) 4

SUMMIT FAMILY HEALTH CENTER  
1370 W. LAFAYETTE DR.  
SUMMIT, SC 29150  
PHYSICIAN: 774-4508

Reprinted from Electronic Medical Record - Created on 01/26/09 0  
Patient: MCCORMICK, MARY  
MR No.: 501806 DGM1

PATIENT: Mary C McCormick UOI: MRN#: 501806  
BIRTH DATE: 03/26/2009

PHYSICIAN: Sumit Datta, MD

CHIEF COMPLAINT: Followup of Coronary artery disease; Followup of Diabetes Mellitus Type II; Followup of Hypertension;  
Followup of Hyperlipidemia; Followup of Glaucoma.

HISTORY OF PRESENT ILLNESS:

- Hypertension. Patient took medication as instructed. When taking the medication, the severity has been well controlled.
- Diabetes Type 2. Patient takes insulin as prescribed. Since taking the prescribed medication, the severity has been relatively better than before. HbA1c has decreased from 10 to 8.5.
- Hyperlipidemia. Severity was described as improving. An associated sign and symptom is stated her insurance company is interested but that insurance is soon to be gone.

Medications History:

- 1. Atenolol 50 mg qd 1 PO QD for blood pressure
- 2. Calcium D3 20 mg, 2 PO BID for blood pressure
- 3. Clopidogrel 75 mg qd 1 PO QD for blood pressure
- 4. Glimepiride 1000 Mg, 1 PO BID for diabetes
- 5. Glimepiride 10 Mg, 1 PO BID for diabetes
- 6. Hydrochlorothiazide 25 mg, 1 PO Q AM for blood pressure
- 7. Metoprolol 50 mg, 1 PO BID for blood pressure
- 8. Metoprolol 50 mg, 1 PO BID for blood pressure
- 9. Nitroglycerin 0.4 mg, 1 PO BID for chest pain
- 10. Nitroglycerin 0.4 mg, 1 PO BID for chest pain
- 11. Zosyn 400 mg, 1 PO BID for infection
- 12. Aspirin 81 mg, 1 PO QD

ALLERGIES:

- 1. ACEP - Cough

HEALTH MAINTENANCE HISTORY:

FLU VACCINE		11/24/08
PNEUMOVAX		01/09/09
CHOLESTEROL	09/11/08	06/15/08
HEMOGLOBIN	12/11/08	
COLONOSCOPY (H&A)		Dr Linder, Diverticulosis
PAP SMEAR		08/08/08
PAP SMEAR (Pap)		Negative, no leukocytes for cancer
MAMMOGRAM		10/08/08
MAMMOGRAM (M&A)	normal	
PHYSICALEXAM	08/30/08	08/30/08
PHYSIC EXAM		08/30/08
DILATED PUPILS EXAM	01/22/09	no retinopathy
PUPILS (Pup)		
BREAST SELF-EXAM	09/08/08	

PAST HISTORY:

07/08/2010 6:59PM Sunter Family Health Center

No. 647 3.5

Pat: MCCONICO, MARY MRNO: 501808 | Demanded  
History: GERD, CAD, Diabetes, Hypertension and asymptomatic  
Surg: arachnoid for BAK 7/98, C-section, O  
Other: Nuclear stress test negative 1/10/00 EF 68%

SOCIAL HISTORY:

Alcohol Use: No tobacco  
Smoking: No  
Risk Drug Use: No street drugs  
Diet: diabetic  
Lifestyle: married  
Exercise: walks daily  
Occupation: Disabled  
Sexual Activity: married

EXAMINATION:

VITAL SIGNS: BP - 128/82; Pulse - 82; Respiration - 18; Weight - 244.00 lbs; Blood Sugar - 240 mg/dl  
BMI - Not Calculated

CONSTITUTIONAL - looks like stated age, in no distress and alert  
SKIN - warm to touch  
HEENT - no turgor, normocephalic  
CHEST - Normal respiratory rate and rhythm, breath sounds clear to auscultation, no wheezing, rales or crackles  
CARDIAC - Normal heart sounds and peripheral pulses  
EXTREMITIES - no peripheral edema

TODAY'S LAB RESULTS:

- 1. Cholesterol: 240

DECISION MAKING: add TZD as insulin sensitizer

ASSESSMENT:

- 1. Diabetes Mellitus Type 2, Uncontrolled
- 2. Hypertension, Stable
- 3. Gouty arthropathy, Stable
- 4. Obesity, Stable
- 5. Hypertension, Hypertensive
- 6. Coronary artery disease, Stable
- 7. Gastroesophageal Reflux Disease, Stable

DIAGNOSTIC TESTS:

- 1. CAD w/ DEX W/P
- 2. CMP
- 3. Lipid Panel
- 4. Microalbumin/Creatinine Ratio

DRUGS RX:

- 1. Amlod 15 mg; 1 PO QD for hypertension, Dose: 630 (Thin), Refills: 12
- 2. Xosair 40 mg; 1 PO QHS for cholesterol, Dose: 30 (Thin), Refills: 12
- 3. The following drug have stopped: No longer needed
- 1. Chlorthal 10 mg

FOR LOWUP: Return Visit in 3 Months

Electronically signed by Russell Brunt, MD 3762008 k5123

age 64  
Palmetto Adult Medicine - Jordan

HISTORY AND PHYSICAL

Name: Mary McClellan Date: 1-6-90  
Chief Complaint: HTN, IAD, hypolep 7 medications  
if all are initiated & li. conversion

BS-253 breakfast @ 7:00 am  
6-4-1999

- had cerebral aneurysm = 5.0 x 3.0 mm in 1977 - not op'd  
seizures - seen on EKG  
no memory of seizure on 4/4  
HTN - on 7 medications  
smoke 10 cigarettes daily

Past Medical Hx:  
hypertension

Past Surgical Hx:  
pac. surg. & ph. l.  
resect.

Family History: none Social: none Tbx: 0-50  
RUD: 1-1988

Review of Systems	Abnormalities will be noted
Constitutional <u>/</u>	Skin <u>/</u>
Eye <u>/</u>	Head/Neck <u>/</u>
ENT/Oropharynx <u>/</u>	Allergy/Immun <u>/</u>
Cardiovascular <u>/</u>	Neurological <u>/</u>
Respiratory <u>/</u>	Gastrointestinal <u>/</u>
Gastrointestinal <u>/</u>	Endocrine <u>/</u>
Musculoskeletal <u>/</u>	Psychiatric <u>/</u>

PHYSICAL EXAM: ( / if normal or absent; \* if abnormal)  
VITALS: Wt. 259 Ht. 160 BP 160/90 Pulse 84 Resp 18 Temp

HEAD: ATNC  
EYES: PERLA conjunctivae pink EOMI fixed (non-dil)  
ENT: external nose/throat otoscopy normal nasopharynx normal lips/tongue/gums normal oropharynx normal  
NECK: EROM thyroid normal  
RESPI: effort pericardial pap sup  
CV: rate rhythm pap apex normal carotid a. aorta trunc pedal edema/varicosities  
CHEST: breast insp pap chest wall pap  
GI: abd. insp bowel sounds abd. palp liver spleen hepat anus stool  
GU: scrotum testes  
Female: pelvic exam ret urethra bladder ovary uterus vagina  
LYMPH: neck axilla groin other  
NEURO: CN DR'S brain sensation  
MS: gait/steps finger/toes  
Joints/bones/muscles: head/neck spine/hips/ankles RIB RIP TOE LLB  
INTEGUMENT: inspection pap stab  
PSYCHIATRIC: judgment/insight mental status short-term/memory/mood/affect

Site: Palmetto Adult Medicine - Jordan Date: 1-6-90  
NO. 166 P. 19 PALMETTO ADULT MED. NOV. 10. 2010 5:47PM

MEDICAL DECISION MAKING

- 1. IOPM - uncal
- 2. NCV - uncal
- 3. Hypertension - uncal

State like this  
 CMT  
 CBL  
 Lopt

Private like notes

NOV 16 1966

NOV 16 2010 5:47 PM PALMER - ADULT ME

ACCT NO: UNIT NO: 269534  
 PATIENT: BONIGO, 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 20:56:00  
 Location: 02

Palmetto Adult Medicine - Jordan

ESTABLISHED OFFICE VISIT

Name: Mary McConico

Date: 1-22-10

Chief Complaint: Dr. IODM, HTN, Labs

HPI

64yo w IODM  
Diagn - 1997  
Sever - Inside Right  
Locate - Spine  
Cont'd - @ neurology  
@ physio  
@ phys

Severity  
Duration  
Location  
Timing  
Context  
M. Factor  
Assoc. Sx

- Past Medical Hx reviewed on Front Sheet of Chart or First H&P *1/26*
- Medication list reviewed and updated
- Family Hx reviewed on (initial Med) Front Sheet of Chart
- Tobacco Yes  No
- Alcohol Yes  No

Review of Systems

Indicates reviewed system

Abnormalities will be noted

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Constitutional   | <input type="checkbox"/> Skin           |
| <input type="checkbox"/> Eye                         | <input type="checkbox"/> Hem/Lymph      |
| <input checked="" type="checkbox"/> ENT/Mouth        | <input type="checkbox"/> Allergy/Immune |
| <input checked="" type="checkbox"/> Cardiovascular   | <input type="checkbox"/> Neurological   |
| <input type="checkbox"/> Respiratory                 | <input type="checkbox"/> Genitourinary  |
| <input checked="" type="checkbox"/> Gastrointestinal | <input type="checkbox"/> Endocrine      |
| <input type="checkbox"/> Musculoskeletal             | <input type="checkbox"/> Psychiatric    |

NOV 18 9 10 AM '10

NOV 10 2010 5:46PM PALMETTO ADULT ME

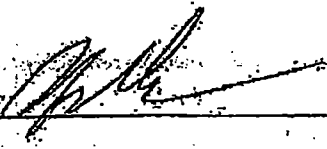
PHYSICAL EXAM: (✓ if normal or absent; X if abnormal)

VITALS: Wt 259 lb 160 ht 130 / 160 pulse 88 Resp 16 Temp 98.4

HEAD: ATNC  
 EYES: PERRLA conjunctivae clear ROM full (non-DU)  
 EARS: external ears/nose: otoscopic hearing normal mucosa, septum, turbinates normal  
 NECK: FROM supple sym thyroid normal  
 RESP: clear no wheezes no crackles  
 CV: normal rhythm normal no murmurs carotids normal no pedal extremities  
 CHEST: clear no wheezes no crackles no rales no rhales no stridor  
 GI: abd. soft no tenderness no masses no splenomegaly no hepatomegaly  
 GU: Male: normal no tenderness no masses no hematuria no proteinuria  
 Female: pelvic exam normal no tenderness no masses no hematuria no proteinuria  
 LYMPH: normal no adenopathy  
 NEURO: normal no focal signs no meningeal signs  
 MS: normal no rigidity no hyperreflexia no clonus no Babinski  
 Joints/muscles: normal no tenderness no swelling no deformity no ROM normal normal  
 INTEGUMENT: normal no rashes no lesions no ulcers  
 PSYCHIATRIC: normal no delirium no dementia no personality change

ASSESSMENT & PLAN:

H/O Anemia - work up H&C 8/5  
no vit no - suggest diet  
Iron supplement  
no vit - will be done  
no Hgb - to equal with SpO2

PHYSICIAN SIGNATURE: 

Palmetto Adult Medicine - Jordan

ESTABLISHED OFFICE VISIT

Name: Mary McConner Date: 6-25-10  
Chief Complaint: the IEM, HTA, hyperlip

HPI:

Left IEM  
Diagnosed 1999.  
Seiz - nocturnal Hz 1/10 - 8:5  
@ Front lobe  
It was excog. -> back problems w/ Dr. McConner  
temporarily was unable to exercise  
back 80% better ->

Severity  
Duration  
Location  
Timing  
Context  
M. Sx  
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

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Constitutional   | <input type="checkbox"/> Skin                     |
| <input type="checkbox"/> Eye                         | <input type="checkbox"/> Hx/Lymph                 |
| <input checked="" type="checkbox"/> ENT/Mouth        | <input type="checkbox"/> Allergy/Immu.            |
| <input type="checkbox"/> Cardiovascular              | <input type="checkbox"/> Neurological             |
| <input checked="" type="checkbox"/> Respiratory      | <input checked="" type="checkbox"/> Genitourinary |
| <input checked="" type="checkbox"/> Gastrointestinal | <input type="checkbox"/> Endocrine                |
| <input checked="" type="checkbox"/> Musculoskeletal  | <input type="checkbox"/> Psychiatric              |

NO. 168 7 8

FORM 42

PALMETTO ADULT M.

NOV 10 2010 5:46PM

PHYSICAL EXAM:  V  F (if abnormal or absent)  K (if abnormal)

VITALS: Wt 210.3 H 160 BP 130/78 Pulse 80 Resp 18 Temp 98.2

HEAD: ATNC  
 EYES: PERRLA sclera ECOM fund (non-III)  
 ENMT: external microscope hearing muscle reflex otolarynx sinuses  
 NECK: ROM supple thyroid  
 RESP: clear percussion palp ausc  
 CV: rate rhythm palp apex murmurs cardiac axilla costa pedal edema/vascularities  
 CHEST: Exam inspct palp chest wall palp  
 GI: abd insp bowel sounds abd palp liver spleen hernia? anus stool  
 GU: Male penis scrotum prostate  
 Female: penis scrotum test urethra bladder ovary uterus vagina  
 LYMPH: neck axilla groin other  
 NEURO: 2/15 cran function  
 MS: ambulation gait balance  
 Joints/bones/muscles: head/neck arm/abspalpe RUH RLH LUE LLH  
 INTEGUMENT: inspection palp skin subcut  
 PSYCHIATRIC: appearance mental status alert orientation mood/affect

ASSESSMENT & PLAN:

1. NO ROM - not to goal  
new com + exercise  
135

2. HT - to goal  
out 11.7

3. gait - to goal  
5m walk

PHYSICIAN SIGNATURE

0/24

**LabCorp**

LabCorp Building  
1447 York Court, Durham, NC 27715-3361

Phone: 919-286-3344

SPECIMEN 145-377-013-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page No. 1
ADDITIONAL INFORMATION				
DA PHONE		AGE (Y/M/D)		
PATIENT NAME MCCONICO, MARY C		SEX		
PT. ADDR. ST		SC 29150-0000		
DATE OF COLLECTION 5/23/2010	DATE RECEIVED 7/22/2010	DATE REPORTED 5/23/2010	TIME 542	1840
CLINICAL INFORMATION CD-20326002351				
PHYSICIAN IN. JORDAN, H.		NET 112406473	PATIENT ID	
ACCOUNT Patient/Adult Medicine				
116 North South St Ste 400 Durham NC 29150-0000				
ACCOUNT NUMBER				

TEST	RESULT	LIMITS	LAB
<b>Comp. Metabolic Panel 144</b>			
Glucose, Serum	99 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	59 L ml/min/1.73	>60	01
eGFR African American	59 L ml/min/1.73	>60	01
Note: Persistent reduction for 3 months or more in an eGFR <60 mL/min/1.73 m <sup>2</sup> defines CKD. Patients with eGFR values >=60 mL/min/1.73 m <sup>2</sup> may also have CKD if evidence of persistent proteinuria is present. Additional information may be found at <a href="http://www.kidney.org">www.kidney.org</a> .			
BUN/Creatinine Ratio	15	8 - 27	01
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	3.4 - 4.8	01
Globulin, Total	3.9 g/dl	1.8 - 4.5	01
A/G Ratio	1.04	1.1 - 2.5	01
Bilirubin, Total	0.3 mg/dl	0.0 - 1.2	01
Alkaline Phosphatase, Serum	93 IU/L	25 - 125	01
AST (SGOT)	19 IU/L	9 - 40	01
ALT (SGPT)	17 IU/L	9 - 40	01
<b>Lipid Panel</b>			
Cholesterol, Total	167 mg/dl	100 - 200	01
Triglycerides	79 mg/dl	0 - 150	01
HDL Cholesterol	40 mg/dl	>39	01
Comment: According to ATP-III Guidelines, HDL-C <50 mg/dL is considered a negative risk factor for CHD.			
VLDL Cholesterol Cal	15 mg/dl	5 - 40	01
Total Cholesterol Ratio	102 H mg/dl	0 - 60	01
Hemoglobin, Htc	9.8 H g	12.0 - 16.0	01
Hemoglobin A1c	9.8 H %	5.7 - 6.4	01
Increased risk for diabetes. Diabetes: 26.1 Glycemic control for adults with diabetes: 7.0			

Patient Name: MCCONICO, MARY C      PID: 1836      Specimen: 145-377-013-0      Seq#: 1540

Results are Flagged in Accordance with Age Dependent Reference Ranges

Consent: [Signature]      LCM Version: 03/23/00

NO 166 P 14

PALM BEACH ADULT M      04/02/10 4:47 PM

**LabCorp**

LabCorp, Burlington  
1447 York Court, Burlington, NC 27215-2351

Phone: 703-762-3444

SPECIMEN 007-27-2074-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page: 1 of 1
ADDITIONAL INFORMATION				
PHONE				
PATIENT NAME MCCONNOMARY C				
PATIENT ID JORDAN H				
ACCOUNT: Palmetto Health				
DATE OF COLLECTION TIME 10/7/2010 8:31				
DATE RECEIVED 10/7/2010				
DATE REPORTED TIME 10/27/2010 5:40 30				
ACCOUNT NUMBER				
TEST				
RESULTS				
LIMITS				
LAB				

TEST	RESULT	LIMITS	LAB
<b>Comp. Metabolic Panel (14)</b>			
Glucose, Serum	99 mg/dL	65 - 99	01
BUN	12 mg/dL	7 - 26	01
Creatinine, Serum	0.95 mg/dL	0.57 - 1.00	01
eGFR	68 mL/min/1.73 m <sup>2</sup>	> 30	01
eGFR African American	65 mL/min/1.73 m <sup>2</sup>	> 30	01
<p>Note: Persistent reduction for 3 months or more in an eGFR &lt; 60 mL/min/1.73 m<sup>2</sup> defines CKD. Patients with eGFR values &gt; / = 60 mL/min/1.73 m<sup>2</sup> may also have CKD if evidence of persistent proteinuria is present. Additional information may be found at <a href="http://www.kidocf.org">www.kidocf.org</a>.</p>			
BUN/Creatinine Ratio	14	8 - 23	01
Sodium, Serum	141 mmol/L	135 - 145	01
Potassium, Serum	4.0 mmol/L	3.5 - 5.2	01
Chloride, Serum	107 mmol/L	97 - 108	01
Carbon Dioxide, Total	26 mmol/L	20 - 32	01
Calcium, Serum	9.5 mg/dL	8.8 - 10.2	01
*Please note reference interval change*			
Protein, Total, Serum	8.1 g/dL	6.0 - 8.5	01
Albumin, Serum	4.3 g/dL	3.4 - 4.8	01
Globulin, Total	3.8 g/dL	2.5 - 3.5	01
A/G Ratio	1.1	1.1 - 2.5	01
Bilirubin, Total	0.9 mg/dL	0.1 - 1.2	01
Alkaline Phosphatase, S	96 IU/L	25 - 165	01
AST (SGOT)	15 IU/L	0 - 40	01
ALT (SGPT)	18 IU/L	0 - 40	01
<b>CBC, Platelet, No Differential</b>			
WBC	4.7 x10 <sup>3</sup> /uL	4.0 - 10.5	01
RBC	4.13 x10 <sup>6</sup> /uL	4.00 - 5.40	01
Hemoglobin	11.7 g/dL	11.5 - 15.0	01
Hematocrit	35.4 %	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	15.4 %	11.9 - 15.0	01
Platelets	291 x10 <sup>3</sup> /uL	150 - 415	01
<b>Lipid Panel</b>			
Cholesterol, Total	189 mg/dL	100 - 199	01
Triglycerides	64 mg/dL	0 - 149	01
HDL Cholesterol	58 mg/dL	> 39	01

Patient Name: MCCONNOMARY C	DOB: 10/20	Spec: 007-27-2074-0	Spec: 10
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Results are flagged if Accidents with Age-Dependent Reference Ranges

Continued on Next Page

LCH Version: 03.23.00

51 0 001 ON

NOV 10 2010 5:47PM PALMETTO HEALTH



LabCorp Burlington  
1647 York Court, Burlington, NC 27215-3361

Phone: 800-762-3344

SPECIMEN 007-273-3074-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page: 2
ADDITIONAL INFORMATION				
PIONEER			CLINICAL INFORMATION C3-2022901027	
PATIENT NAME MCCONICO, MARY C		SEX F	AGE (YR/MOS) 29/50-0000	PHYSICIAN ID. JORDAN H
PT. AOB#		DATE OF COLLECTION TIME 10/27/09 1:53	DATE RECEIVED 10/27/09	PATIENT ID. 6
DATE OF COLLECTION TIME		DATE RECEIVED	DATE REPORTED 10/28/09	ACCOUNT# 115 North Street, Suite 400 Salem, NC 28156-0000
TEST		RESULT	LIMITS	LAB

Comment  
According to AHA/ACC guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.

WDL Cholesterol Cal	17	mg/dL	5 - 20
HDL Cholesterol Cal	110	mg/dL	n - 99
Hemoglobin A1c	8.5%		5.7 - 6.4
Hemoglobin A1c			4.4 - 5.9

(DCCT/NGSP)

American Diabetes Association's Summary of Glycemic Recommendations for Adults with Diabetes:  
Hemoglobin A1c < 7.0%. More stringent glycemic goals (A1c < 6.5%) may further reduce complications at the cost of increased risk of hypoglycemia.

LAB: 01:BN LabCorp Burlington DIRECTOR: William F. Hancock MD  
1647 York Court, Burlington, NC 27215-3361

Pat Name: MCCONICO, MARY C	Fac ID: 16595	Spec ID: 007-273-3074-0	Sec ID: 50
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Results are flagged in accordance with Age-Dependent Reference Ranges:  
Line 1 Report LCM Version: 03.23.00  
NOV 10 2010 5:47PM PALMETTO, ADULT MC



The following report contains confidential information. It is to be used only for the individual or entity named in the document. The authorized use of this document is prohibited and disclosure of information to any other party without consent from the sender is illegal. Any use of this document for any other purpose is strictly prohibited.

TUOMLY HEALTHCARE SYSTEM  
129 NORTH WASHINGTON STREET  
SUMMIT, NJ 07980  
Phone:

Name: MARY MCCONICO Exam Date: 6/9/2010  
Patient ID: QUOR10269534 Exam: CT HEAD W/O CONTRAST 73371  
DOB: Reason: CT HEAD  
Phone: Referrer: PJORDAN, MD  
Acct#: Referral #:

**Results**  
CT OF THE BRAIN WITHOUT CONTRAST - 06/09/10  
COMPARISON: 09/23/09

**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 parenchymal 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: QUOR10269534 Acct: 73371 CT HEAD W/O  
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

Palmetto Adult Medicine - Jordan

ESTABLISHED OFFICE VISIT

Name: Mary McConna Date: 10-15-10  
 Chief Complaint: Her dryness, CT Near band,  
? fewer blisters

HPI: Oral  
Severely - multiple  
base, retracted wet dry  
BS RST  
Good that it's not  
Colitis  
Rectos  
metals & lines

Severity  
 Duration  
 Location  
 Timing  
 Context  
 M. Factor  
 Assoc. Sx

- Past Medical Hx reviewed on Front Sheet of Chart at this 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

J Indicates reviewed system

Abnormalities will be noted

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Constitutional <u>Early onset</u> | <input type="checkbox"/> Skin           |
| <input type="checkbox"/> Eye  | <input type="checkbox"/> Hx/Lymph       |
| <input type="checkbox"/> ENT/Mouth                                    | <input type="checkbox"/> Allergy/Immu.  |
| <input type="checkbox"/> Cardiovascular                               | <input type="checkbox"/> Neurological   |
| <input checked="" type="checkbox"/> Respiratory                       | <input type="checkbox"/> Otolaryngology |
| <input checked="" type="checkbox"/> Gastrointestinal                  | <input type="checkbox"/> Endocrine      |
| <input checked="" type="checkbox"/> Musculoskeletal                   | <input type="checkbox"/> Psychiatric    |

Established on 10/15/10, at 06:00 AM

Page # 001

NOV 10 2010 9:46 AM

PALMETTO ADULT M

PHYSICAL EXAMINATION (Vital signs absent; X if abnormal)

VITALS: Wt 263 lb, Ht 6'0", Age 46/82 y, HR 80, Resp 16, Temp 98.2

HEAD: ATND  
 EYES: PERLA conjunctiva sclera ECM fund (non-dil)  
 ENMT: external ear/nose otoscopic hearing mucosa or throat lips/tongue/tonsil oropharynx salivary  
 NECK: FROM jugular vein thyroid  
 RESP: chest percussion palp wheeze  
 CV: rate rhythm palp rate normal carotid aorta femoral pedal edema/radiating  
 CHEST: Heart inspect palp chest wall palp  
 GI: abd insp bowel sounds abd palp liver spleen hepat? anus rectal  
 GU: Male: penis scrotum prostate Female: Pelvic exam est urethra bladder cervix uterus  
 LYMPH: axilla groin other  
 NEURO: CR DIRS cranial sensation  
 MS: ambulation gait  
 Joints/hand/feet: head/neck spine/ab/pelvis: RUE RLE LEE LEF  
 INTEGUMENT: inspect skin palp skin/subcut  
 PSYCHIATRIC: judgement/insight Mental status: altered (mood/affect)

ASSESSMENT & PLAN:

NO @ Admin - Abt. sent to gen. l.  
to Sr. → 7:0.  
+ Hx of R. & L. # 30y.  
contn. oth. med.

① Dizzo - CT Head ①, Vertigo  
 ② Hx - to hist. factors  
metab. & Hx. renal. Hx.

PHYSICIAN SIGNATURE: 

Palmetto Adult Medicine - Jordan

ESTABLISHED OFFICE VISIT

Name: Mary McConico Date: 8-24-10

Chief Complaint: FHA - Diabetes - Cholesterol

HPI: Asym

BS & MC for 70.0. HbA1c  
pt self stop - Diabetes - 1000  
Control - Glipizide, Metformin  
MD + N. BS.  
Exercising more & eat well  
on 2. HbA1c  
BP up - pt is hypertensive

Severity  
Duration  
Location  
Timing  
Context  
M. Factor  
Assoc. Ex.

- Past Medical Hx reviewed on Front Sheet of Chart or Chart H & P
- Medication Hx 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

- |  |  |
|--|--|
| <input type="checkbox"/> Constitutional                              | <input type="checkbox"/> Skin          |
| <input type="checkbox"/> Eye   | <input type="checkbox"/> Hem/Lymph     |
| <input checked="" type="checkbox"/> ENT/mouth <u>Vertigo Nasals</u>  | <input type="checkbox"/> Allergy/Immun |
| <input type="checkbox"/> Cardiovascular                              | <input type="checkbox"/> Neurological  |
| <input type="checkbox"/> Respiratory                                 | <input type="checkbox"/> Genitourinary |
| <input type="checkbox"/> Gastrointestinal                            | <input type="checkbox"/> Endocrine     |
| <input checked="" type="checkbox"/> Musculoskeletal <u>Back pain</u> | <input type="checkbox"/> Psychiatric   |

Form 156

NOV 10 2010 5:48PM PALMETTO ADULT M

PHYSICAL EXAM: ( / if normal or absent; X if abnormal)

VITALS: Wt 210.0 Ht 5'6" BP 184/80 Pulse 92 Resp 24 Temp 98.0

HEAD: ~~ATNC~~ ~~PERLA~~ conj/lids ~~salera~~ ~~POMI~~ fund (non-di)

EYES: ~~external~~ ~~conjunctiva~~ ~~diastole~~ ~~hearing~~ ~~conjunct~~ ~~sep~~ ~~bulbi~~ ~~lips~~ ~~teeth~~ ~~gums~~ ~~oropharynx~~ ~~sinuses~~

NECK: ~~FROM~~ ~~supple~~ ~~sym~~ ~~thyroid~~

RESP: ~~short~~ ~~percussion~~ ~~frail~~ ~~clear~~

CV: ~~rate~~ ~~rhythm~~ ~~abnl~~ ~~rose~~ ~~subcost~~ ~~ascotid~~ ~~apex~~ ~~heya~~ ~~pebot~~ ~~edema~~ ~~varicosities~~

CHEST: ~~Breast~~ ~~Diaphragm~~ ~~palp~~ ~~Chest Wall~~ ~~palp~~

GI: ~~abd~~ ~~lump~~ ~~bowel~~ ~~sounds~~ ~~abd~~ ~~palp~~ ~~liver~~ ~~spleen~~ ~~hernia?~~ ~~anus~~ ~~stool~~

GU: Male: ~~penis~~ ~~scrotum~~ ~~prostate~~ Female: ~~Penis~~ ~~clitoris~~ ~~vag~~ ~~urethra~~ ~~bladder~~ ~~ovary~~ ~~uterus~~ ~~adnexa~~

LYMPH: ~~neck~~ ~~axilla~~ ~~groin~~ ~~other~~

NEURO: ~~mental~~ ~~DIR'S~~ ~~motor~~ ~~strength~~

MS: ~~coordination~~ ~~finger~~ ~~balls~~

Joints/bones/muscles: ~~head~~ ~~neck~~ ~~spine~~ ~~hips~~ ~~elbows~~ ~~wrists~~ ~~ankles~~ ~~feet~~ ~~toes~~ ~~RUE~~ ~~RLS~~ ~~RLU~~ ~~LLU~~

INTEGUMENT: ~~skin~~ ~~palp~~ ~~skin~~ ~~subcut~~

PSYCHIATRIC: ~~judgment~~ ~~insight~~ ~~mental~~ ~~status~~ ~~alterations~~ ~~memory~~ ~~mood~~ ~~affect~~

ASSESSMENT & PLAN:

ADD. LTD - Uncontrolled  
 Clonidine 0.7mg 7500  
 Metoprolol 2.2.750 } on Haldol can't help  
 Hy 2000 water  
 Klonopin

② Miltin - can't help  
 with part

③ Plaster - Ruzinai - Pac Vessin  
 in pads

PHYSICIAN SIGNATURE

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

Injured employee MARY G. TUNE for No. 1944  
 Injury Date 10-13-77 Time 1:30 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 GLINDA TAMBIA  
 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 TUBNEY HOSPITAL SUMNER

Description of acc. EMPLOYEE SITTING ON TABLE WITH HEAD HUNG DOWN AND WHEN APPROACHED BY GLINDA TAMBIA FELL OVER ON THE TABLE AFTER WHICH GLINDA PLACED HER ON THE FLOOR AND FLAUGHTER HER HEAD

Was there equipment malfunction?  Yes  No  
 Describe damage to equip. 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 ill

Supervisor and dept. R.C. Holloman J.A.P.A. Date 10/8/77

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. Mrs. Mary McConico Age \_\_\_\_\_

2. Address: No. 1 Street Sumter State SC Zip Code 29150

3. Date you were first disabled by this sickness or injury 3-9-79

4. If you were hospitalized or bed patient, answer the following:

(a) Name and Address of Hospital \_\_\_\_\_

(b) Date Admitted \_\_\_\_\_ at \_\_\_\_\_ a.m. / p.m.

(c) Date Discharged \_\_\_\_\_ at \_\_\_\_\_ a.m. / p.m.

5. Was an accident involved?  Yes  No. If "Yes" answer the following:

(a) When did the accident happen? Date \_\_\_\_\_ at \_\_\_\_\_ 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 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-E

2. Amount of weekly benefit, \$ 93.00 Issue date of this benefit January 1, 1979

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 \_\_\_\_\_

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 0909

Employer **ESB INCORPORATED**  
Branch EIBD, ESB, Inc. Sumter, S.C.  
By Beverly B. Schmidt Industrial Nurse

Date March 19, 1979

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. Corica 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. Corica 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 of the ovary  
Date of first treatment 3/9/79 19 april  
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 Disability period due to endometrial biopsy and the procedure

Name (Please print) W. H. Gargano, M.D.  
Address 325 W. Calhoun  
Summit, N.J.

Phone Number (include Area Code) 908-775-8351  
Signature \_\_\_\_\_  
Date 4/6/79 19 \_\_\_\_\_

G.H. 117 (8-75)

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) <b>Mary A. McConico</b>		Some Security Number	Employee Number <b>1944</b>
Home Address		Sex MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/>	Group Number
Date of Birth			
Employer's Name and Address <b>VULCO-EXIDE, INC. PO BOX 17917 SUMNER, SC 29150</b>			
Physician's Name and Address <b>Dr. Peter S. 410 N. Salem Ave Sumter, SC 29150</b>		II. Accident, Date of Accident <b>NO</b>	
Physician's Phone Number <b>803 773-3391</b>		Was This Job Related YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Type of Sickness or Injury <b>Hand pressure problems</b>		Date of Surgery, if Applicable <b>3/2/98</b>	
II. Hospitalized, Admission and Discharge Dates Admission Date <b>2/26/98</b> Discharge Date <b>3/2/98</b>		II. Pregnancy, Expected Date of Delivery <b>NO</b>	
Date First Seen By Any Doctor For This Condition <b>2/26/98</b>		First Date Unable To Work Due To This Condition <b>2/26/98</b>	
		Estimated Date Of Return To Work <b>3/18/98</b>	
Employee Status <input type="checkbox"/> Exempt <input type="checkbox"/> Nonexempt <input checked="" type="checkbox"/> Fulltime <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>		Moving equipment, furniture, etc. <input checked="" type="checkbox"/>	
Walking (Most of the time) <input checked="" type="checkbox"/>		Driving a vehicle <input checked="" type="checkbox"/>	
Lifting <input checked="" type="checkbox"/>		Operating Equipment <input checked="" type="checkbox"/>	
Bending <input checked="" type="checkbox"/>		Chemical Exposure <input type="checkbox"/>	
Typing or Operating a CRT <input checked="" type="checkbox"/>		Other (Give a brief description)	
Standing (Most of the time) <input checked="" type="checkbox"/>			

I hereby authorize The Precertification Center® to obtain any medical information necessary to process this claim.

Signature: **Mary M. Conico** Date: **3/10/98**

1-800-441-3950

1-800-626-8090 FAX

2918 C 6/93



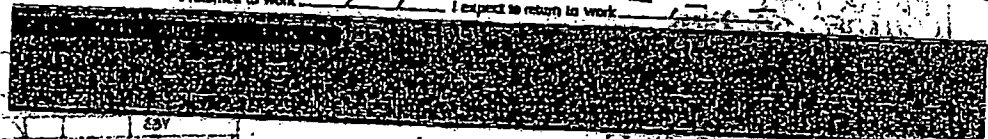
Continued Life Insurance  
Attending Physician's Statement

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 laws.

Please type or print. The patient is responsible for the completion of this form without expense to Trans-General Life Insurance Company.

PART 1. TO BE COMPLETED BY PATIENT

Full Name: Mary C. McConico  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: S.C. Zip Code: 29150  
Area Code: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Occupation: Plate Wrapper Social Security No.: \_\_\_\_\_  
Employer: USA Group Policy No.: \_\_\_\_\_  
I returned to work: \_\_\_\_\_ I expect to return to work: \_\_\_\_\_



1. Information

Diagnosis: ESOPHAGINO-HEMORRHOIDS, GVA, IBS  
ICD-9 Classification: \_\_\_\_\_  
Symptoms: (2) Hemorrhoids IMPROVING  
Height: 5'6" Weight: 225

2. History

When did symptoms appear or accident happen? 7/03/99  
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 reason: OBtain SURVIVAL INTENSIVE CARE (REHAB)  
Name of Hospital: MELOD REGIONAL  
Address: 555 E. LIVES ON ELMOORE State: SC Zip Code: 29150  
Date Admitted: 7/23/99 Date Discharged: 8/11/99

Please complete reverse side.

TG1285 (2/95)

3. Assessment Date you recommend patient should stop working: 7/29/99 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

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 situations 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
- Reaching
- 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: STARTED 12/97 HCZ 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>(NEUROSURGERY)</u>	<u>MCLEOD REGIONAL MEDICAL CENTER</u> <u>FRONZANCE SC 27501</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, or, Unable to determine, follow-up in \_\_\_\_\_ months

When do you anticipate the patient can return to work? 1/1, 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 S. ZEBEN / CARL W. PETER Specialty: FAMILY PRACTICE  
Address: 742 N. LIBERTY City: SUMNER State: SC Zip Code: 29150  
Area Code: 803 Telephone No.: 773-3391 Taxpayer Identification No.: \_\_\_\_\_  
Signature: [Signature] Date: 5/31/99



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
Direct Address:
City:
Area Code: 303 Telephone No.:
Social Security No.:
Do you have an individual life insurance policy? Yes No
If yes, indicate insurance carrier, name, address and telephone number.

Do you receive a Certificate of Insurance? Yes No Brochure? Yes No

2. Employment

Name of Employer: USA Exotic Group Policy No.:
Address: Telephone No.: 481-6200
State your job title and describe your duties at work: Plate wrapper, (wrap plates)
Date hired: 3/7/74 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: 1/1/

3. Disability

Explain how your illness or injury prevents you from working:

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 Recertification Center P.O. Box 898125  
# 20 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:  
a. Original Enrollment card and any subsequent beneficiary changes  
b. Copy of Job Description  
c. Employment Application or Resume

6. Employer Representative Completing This Form  
Employer STUUDS INC  
Address P.O. Box 1797  
City Sumter State SC Zip Code 29151  
Area Code 803 Telephone 481-10203 Policy Number \_\_\_\_\_  
Prepared by A. Louise Ficker Title HR Assistant Manager  
Signature A. Louise Ficker Date 11/23/98

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 Deliverless: First Avenue Place • 120 First Avenue • Pittsburgh PA 15222-3099  
www.highmarklife.com

Telephone: (412) 544-1000 • (800) 328-5433

● Page 2

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 #	ADDRESS:	DATE:
NAME <i>Maria M. M...</i>	SS #	
HIRE DATE	BADGE #	
TELEPHONE #	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:	
Poling		
Terminated - Accrued vacation Hours:		

Effective date(s): *10/30/00*

Comments:  
*comp. on permanent disability?*

SUP. / MGR *[Signature]* H.R. Approval

Distribution:

Accounting: H.R.

Supervisor Medical

Quality Control

Yuasa, Inc. - Employee Master Record

Job Change  Pay Rate Change  Termination  Transfer/Relocation  LOA  Other

PERSONAL

SSN: [ ] Associate Name (L, F, M): [ ] no Address (Street 1): [ ] Home Address (Street 2): [ ] City: [ ] State: [ ] Zip: [ ] Home Phone: [ ]

ORGANIZATION

Pay Group: [ ] Location: [ ] Location Description: [ ] Dept. / Home: [ ] Department Name: [ ] State: [ ] Supervisor: [ ]

JOB

Job Code: [ ] Business Title: [ ] Grade: [ ] Sal Plan: [ ] Std Hours: [ ] FLSA: [ ] Rate: [ ] Rating: [ ] Reason: [ ] Amount: [ ] %: [ ]

Salary Range: Minimum [ ] Midpoint [ ] Maximum [ ]  
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: [ ] Next Review Date: [ ]  
Review Type: [ ]  
Last Day Worked: [ ]  
Pay Thru Date: [ ]  
Vacation Days: [ ]  
Other: [ ]

10/30/00

APPROVALS

[Signature] 11/7/00  
Date: [ ]  
Date: [ ]  
Date: [ ]  
Date: [ ]

COMMENTS

(Information Printed As Of: 11/06/2000)  
Emp. on permanent & total disability

Employee ID: 249768264  
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

va / q / med



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,

*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

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STATE OF SOUTH CAROLINA  
WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 9930459

MARY MCCONICO,

Employee,

Certified  
Transcript

-vs-

DEPOSITION OF:  
MARY MCCONICO

YUASA-EXIDE, INC.,

Employer,

and

LIBERTY MUTUAL,

Carrier.

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

*bordered  
in 10/20/15*

**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

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EXAMINATION

Page

By MR. DUNBAR

4

By MR. JORDAN

19

Certificate of Reporter

21

Page 4

1 MARY MCCONICO,  
2 having been first duly sworn, was examined and testified as  
3 follows:

## EXAMINATION

BY MR. DUNBAR:

4 Q Ms. McConico, my name is Vernon Dunbar,  
5 and I'm going to ask you about a lot of personal  
6 background information pertaining to your health and  
7 also about your work at Yuasa-Exide. If I ask you  
8 any question that you don't understand, you need for  
9 me to repeat, ask me, and I'll gladly do so.

10 A All right.

11 Q And I'm going to make this as short and  
12 sweet as possible. Before we begin, are you under  
13 the influence of any drugs, alcohol, medication or  
14 anything that could interfere with your ability to  
15 answer any questions this afternoon?

16 A No.

17 Q All right. Would you please state your  
18 full name for me?

19 A Mary Camilla McConico.

20 Q Ms. McConico, what is your maiden name?

21 A June.

22 Q When you were growing up as an adult, did  
23 you go by any nicknames or aliases other than Mary

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Page 5

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?

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-orate Services

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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?

Page 7

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.

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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 noticed 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.

Page 11:

- 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

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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?

Page 13

- 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.

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orate Services

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- 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 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

Page 17

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?

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973-410-4040

1 Q: ... 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 this 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 Yes. 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?

Page 19

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.

Veri orate Services

800-567-8658

973-410-4040

(Deposition was concluded at 1:33 p.m.)

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Veri-Date Services

800-567-8658

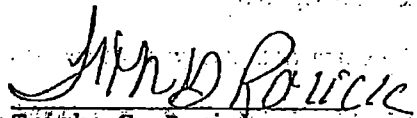
973-410-4040

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
- (10) Tuberculosis \_\_\_\_\_
- (11) Silicosis \_\_\_\_\_
- (12) Depression or psychological injury (psycho/neurotic disability) \_\_\_\_\_
- (13) Disability from poliomyelitis \_\_\_\_\_
- (14) Chronic osteomyelitis and ankylosis of joints
- (15) Hyperinsulinism \_\_\_\_\_
- (16) Arterial sclerosis \_\_\_\_\_
- (17) Muscular dystrophy \_\_\_\_\_
- (18) Thrombophlebitis \_\_\_\_\_
- (19) Varicose veins \_\_\_\_\_
- (20) Heavy metal poisoning *Lead*
- (21) Compressed air sequelae \_\_\_\_\_
- (22) Ruptured intervertebral disc \_\_\_\_\_
- (23) Hodgkin's disease \_\_\_\_\_
- (24) Brain damage
- (25) Deafness
- (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:

*M. M. ...*  
(Signature)

*M. M. ...*  
(Printed name)

BEFORE THE SOUTH CAROLINA  
WORKERS' COMPENSATION COMMISSION

SCWCC FILE NO: 9930459

ARROWPOINT CAPITAL CORPORATION	)	
	)	
PLAINTIFF/CARRIER,	)	
v.	)	NOTICE OF WITNESSES AND
	)	WRITTEN MEDICAL REPORTS
	)	TO BE INTRODUCED AS
SOUTH CAROLINA SECOND INJURY FUND,	)	DIRECT EVIDENCES 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

TAL

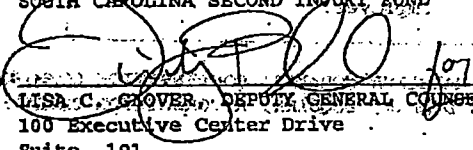
YOU ARE FURTHER HEREBY NOTIFIED that you have the right of cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the depositions of any of the physicians, whose reports are submitted, for the purpose of cross-examination.

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:   
LISA C. GROVER, 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 Tummlre, Manager - Desktop Support, SC Budget & Control Board, Division of State Information Technology (DSIT)	9/13/2011	2-B
3.	Exide Letter to Claimant, and accompanying Interoffice letter, denying time off to pregnant Claimant because she has no disability	5/8/1979	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. Dumar  
Attorney at Law

V.Dumar@TurnerPadget.com  
Direct Dial: (864) 552-4601  
Direct Fax: (864) 282-5942

00123  
43

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

147869

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. Dumar

VFD/trr

cc: Patti Wise, *SENT VIA EMAIL*  
Dan Bausher, Esquire, *SENT VIA DISC*  
Joseph Lewis, Esquire, *SENT VIA DISC*

# The South Carolina Second Injury Fund



100 EXECUTIVE CENTER DRIVE, SUITE 101  
SANTEE BUILDING  
COLUMBIA, S.C. 29210  
www.scaf.sc.gov

WILLIAM E. GARR  
INTERIM DIRECTOR

(803) 798-2722  
FAX: (803) 798-6290

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
- \*FORM12A/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 employe 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

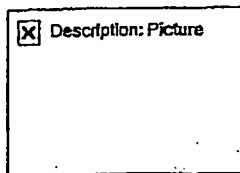
Mike,

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](mailto:bob.turnmire@cio.sc.gov)



**EXIDE POWER SYSTEMS DIVISION**



EXE 48000123

SUMTER, SOUTH CAROLINA

(803) 481-8511

MAIL: P.O. BOX 1707, 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

DFG:jw



INTEROFFICE  
LETTER

LOCATION Corporate Office		LOCATION Industrial Hygiene Lab	SUBJECT  MARY MC CONICO
NAME H. Andrew Smith	NAME T. E. McGraw, M.D.		
TITLE OR ACTIVITY Benefits Analyst	TITLE OR ACTIVITY Medical Director		
CC TO: G. Mullis, R.N.	DATE 5/1/79	ANSWERING	FOLLOW UP DATE

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*  
 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?

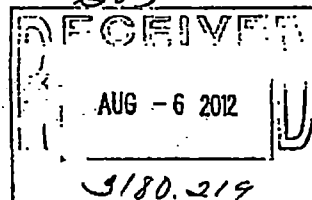
Yes  No

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  
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?  
OK  Yes  No

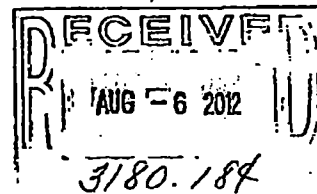
Please comment if necessary:

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

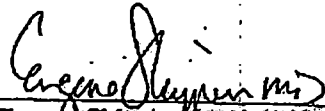
Please comment if necessary:

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-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?

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?

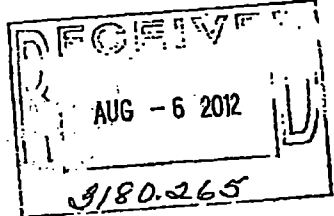
Yes  No

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?

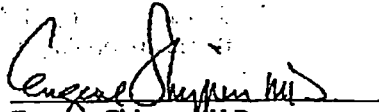
Yes       No

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-Edde, 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?

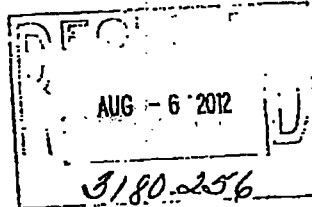
Yes  No

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.  
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?

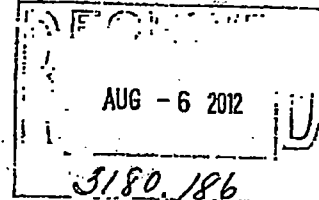
Yes  No

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 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: 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?

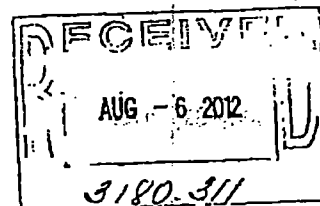
Yes  No

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-Ekide, 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:

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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 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: **Johnny Rhodes**  
Employer: **Yuasa-Evide, 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 aggravated 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, MD  
Eugene Shippen, MD  
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-Evide, 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.  
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

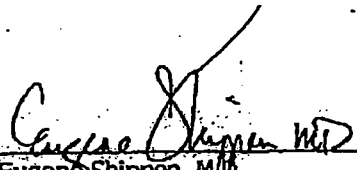
Please comment if necessary:

9. Did Phillip Rembert, Jr.'s 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 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: Johnnie Lee Taylor  
 Employer: Yuasa-Edde, Inc.  
 WCC File No.: 9930448

Date of Accident: February 28, 1999

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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:

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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?

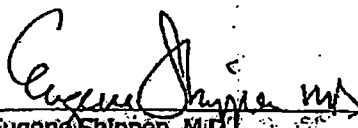
Yes  No

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-Edde, 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?

Know this is additional notice of  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?

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?

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-Evide, 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:

and if more than one year passed after the exposure to lead, did the 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, which occurred May 18, 2000?

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:

and if more than one year passed after the exposure to lead, did the 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?

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?

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:

He is permanently disabled due to lead exposure-related aggravation of his underlying preexisting conditions.

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- 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

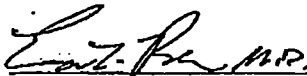
Please comment if necessary:

- 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:   
 (faint, illegible text)

- 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:   
 (faint, illegible text)

- 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.

STATEMENT OF WORKING CONDITIONS

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?

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:

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?

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:

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:

By:

*E. L. Baker, Jr.*  
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?

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?

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:

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:

*[Faint, illegible handwritten text]*

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:

*[Faint, illegible handwritten text]*

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:

*[Faint, illegible handwritten text]*

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?

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:



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?

CM \_\_\_\_\_

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.

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?

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

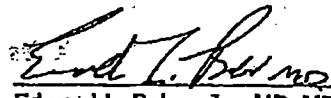
Please comment if necessary:

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?

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:

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?

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?

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:

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?

Yes  No  
Please comment if necessary:

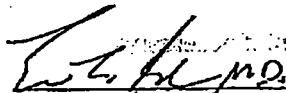
8. Because David Laws, Jr. had suffered with heavy metal poisoning prior to March 31, 1999, did his last exposure to lead on or about March 31, 1999 constitute a new accidental injury by virtue of this last exposure and aggravate the preexisting conditions as set forth above?

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:

  
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?

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:

He has a permanent health condition, hypertension, which was aggravated by his lead exposure, and will constitute a permanent disability.

STATEMENT OF FACTS

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?

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:

  
 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:



### 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:  
 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?

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:  
 His preexisting conditions, including hypertensive heart disease and renal failure, were aggravated by his lead exposure rendering him permanently disabled.

SECOND MEDICAL BOARD QUESTIONNAIRE

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?

Yes  No

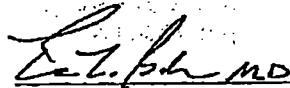
Please comment if necessary:

- 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:

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

June 26, 2011

**SECOND INJURY FUND MEDICAL QUESTIONNAIRE**

Re: Claimant: David Davis  
Employer: Yuasa-Eyde, 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:

Because David Davis has been diagnosed with heavy metal poisoning, Sarcoidosis/pulmonary problems and arthritis, these conditions are considered preexisting conditions.

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:



## 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.

PREEXISTING DISEASES AND CONDITIONS

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?

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  
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.

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?

X Yes \_\_\_\_\_ No

Please comment if necessary: [mirrored text]

- 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: [mirrored text]

- 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: [mirrored text]

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

June 26, 2011

[mirrored text]

## 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:

CHRYSLER CREDIT CORPORATION  
1500 AVENUE OF THE STARS  
WASHINGTON, DC 20004

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, MS

June 29, 2011

**Yuasa-Exide, Inc.**

**v.**

**South Carolina Second Injury Fund**

*[Faint, illegible text]*

**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**

*[Faint, illegible text]*

**August 13, 2012**

**OVERVIEW OF LEAD CASES**

**Vernon F. Dunbar, Esquire  
Turner Padgett Graham & Laney P.A.  
Telephone: 864-552-4601**

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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

Dr. Hu worked with the Harvard NIEHS Center and the Channing Laboratory of Disease Prevention Research; he worked with 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 idiopathic 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 Sollman 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 Harriet 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.

**John Routt Reigart, D, 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 retrofitted 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.

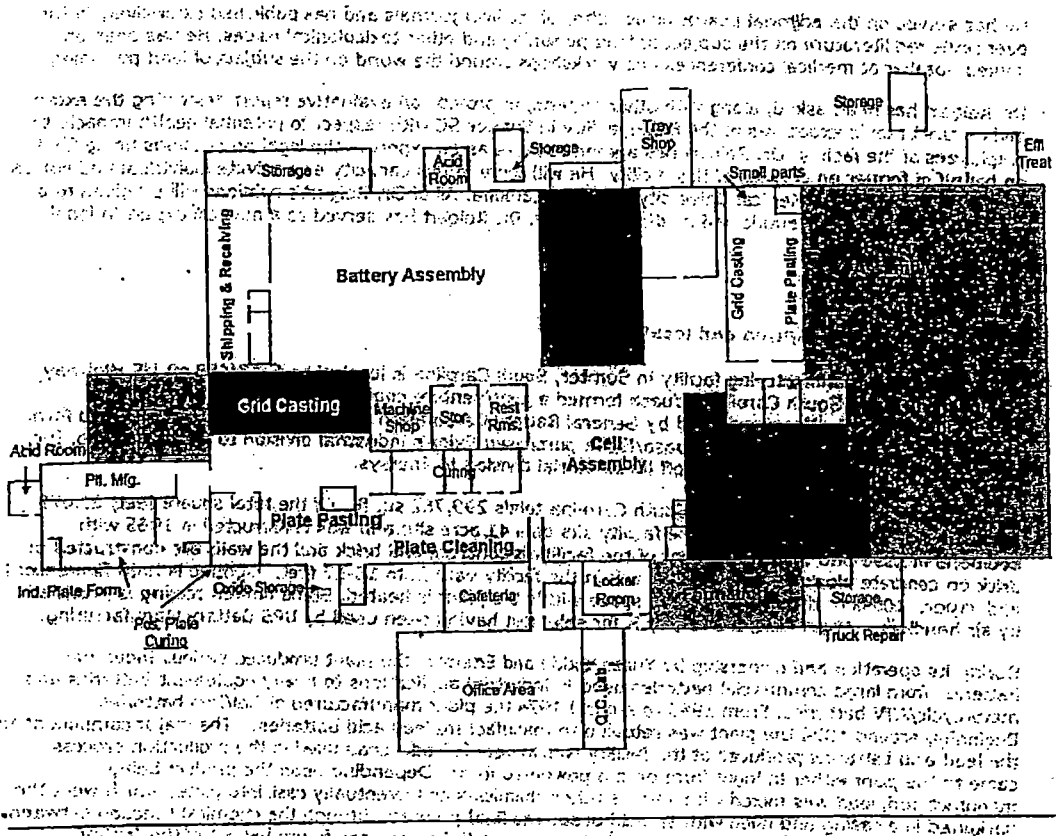


Figure 1: Floor plan of Exide facility - Sumter, SC

**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)

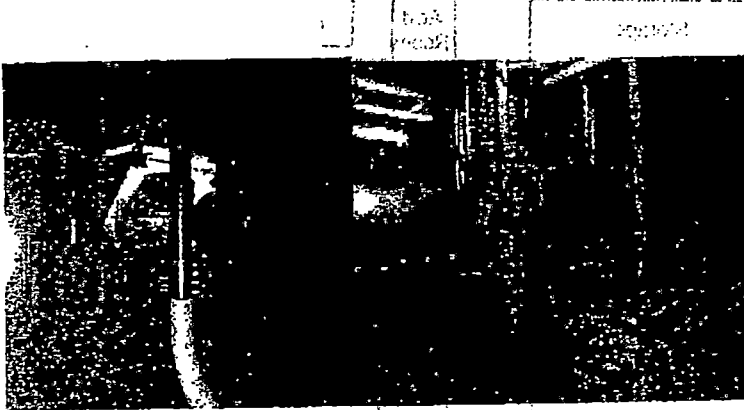
Battery Manufacturing is the process of producing lead-acid batteries, commonly used in automobiles, fork trucks, material handling, and standby power applications. Employees working in battery manufacturing plants can be exposed to significant lead concentrations. There are a number of operations workers 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.

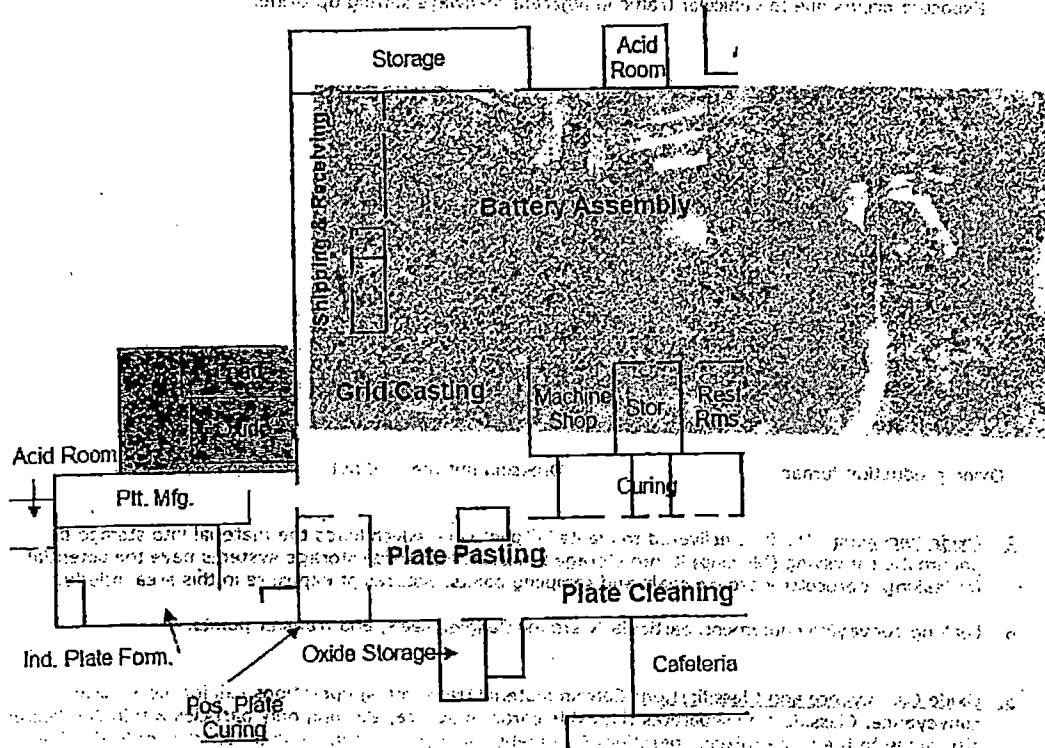
3. **Oxide Conveyance and Classification:** Certain material transporting operations call for mechanical conveyance. Classification separates the oxide particles by size, allowing only particles within the desired size range to the paste mixing operation. Pneumatic conveying systems use air to transfer 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.

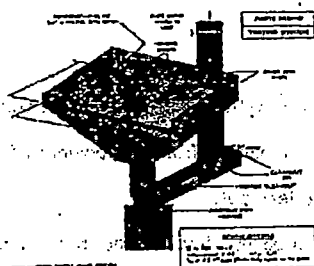


Oxide conveyance  
and leak (through seal)

MAP: OXIDE MANUFACTURING AREA

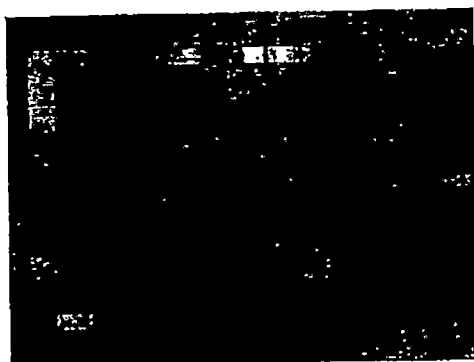


4. Paste mixing: During the paste mixing process, lead oxide, water, acid, and other chemicals are blended in a mixer to form a thick paste. The major source of lead exposure in this process is from lead oxide that escapes from the paste mixing machine, dried, and becomes airborne.



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

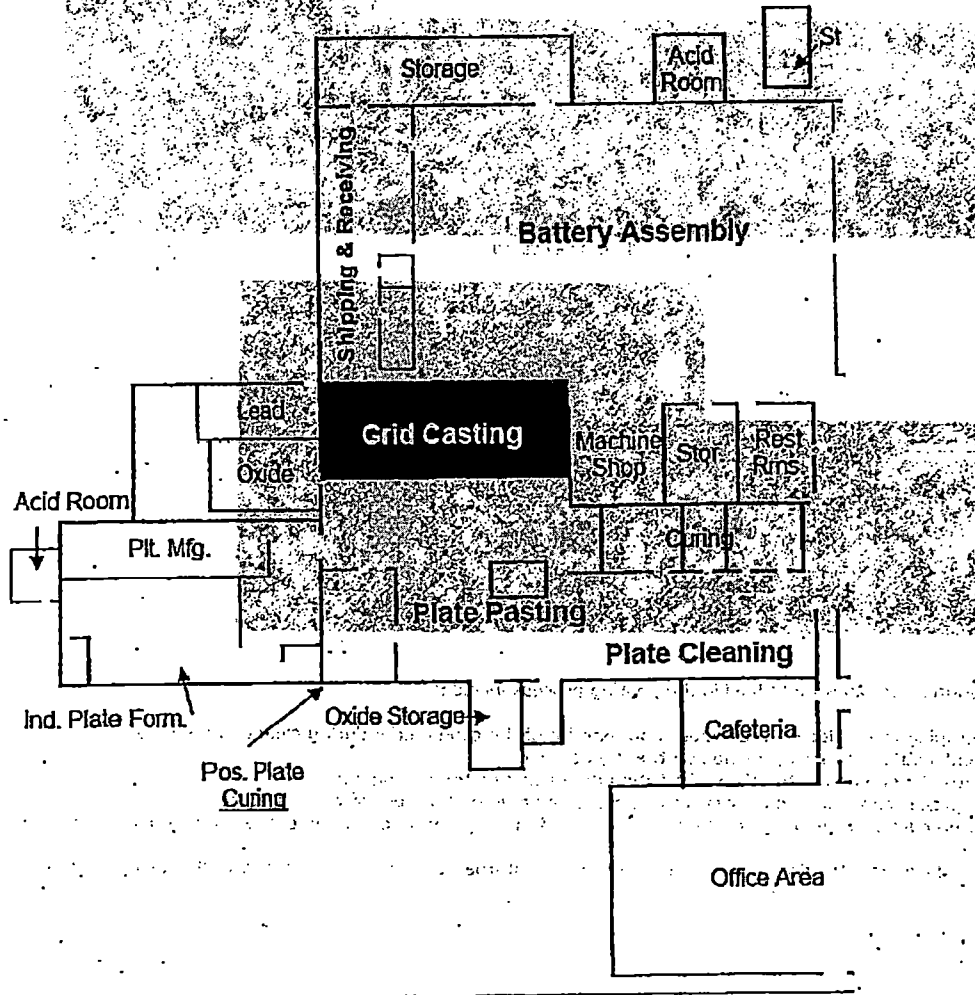
Sources of exposure in this area include:

- o Dressing 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.

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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.

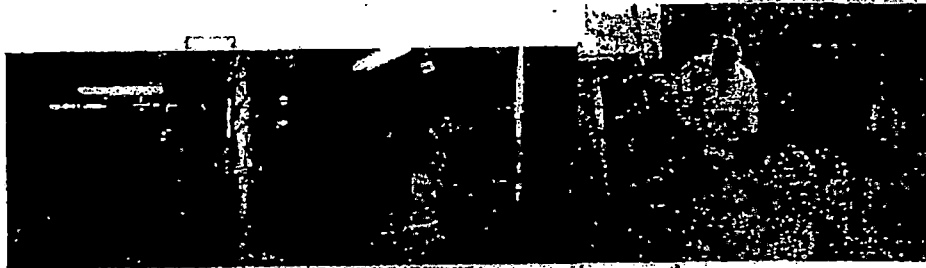


Plate processing

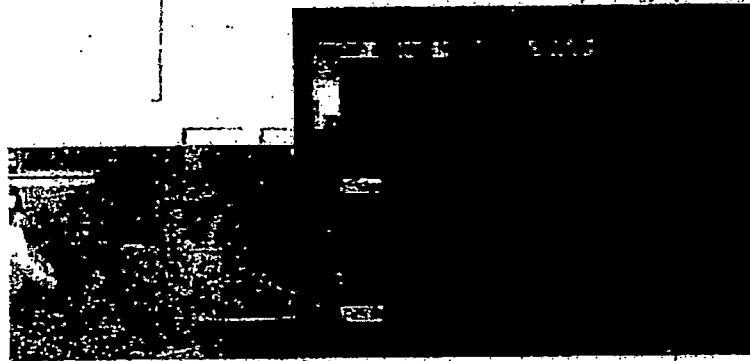
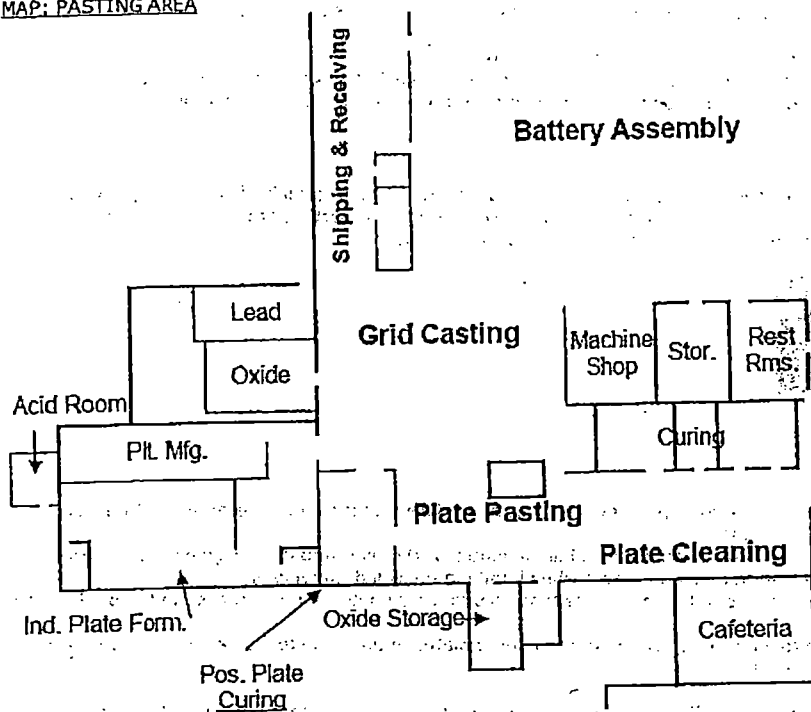


Plate cleaning

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 dressing 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.



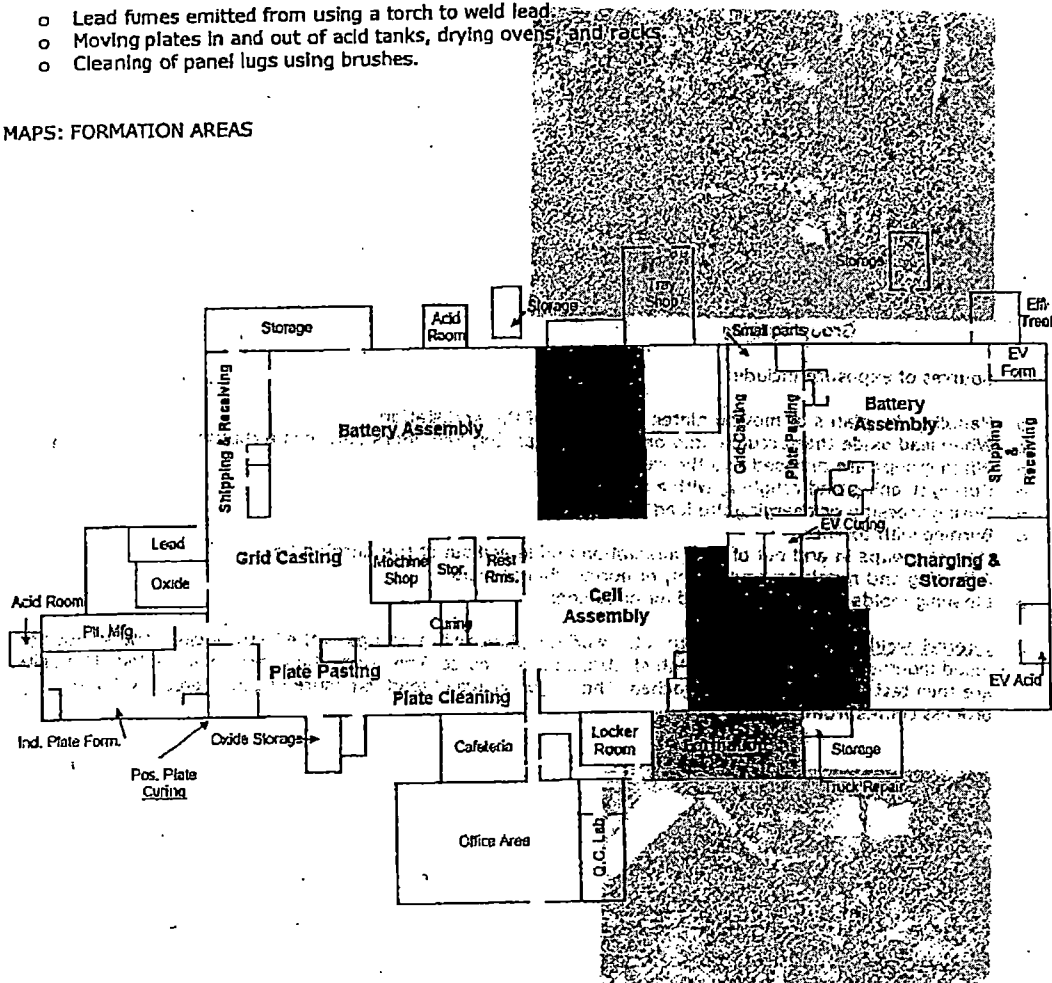
Sources of Exposure Include:

- 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:

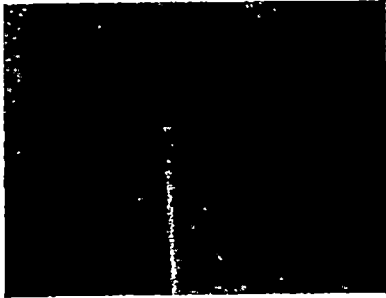
- o Lead fumes emitted from using a torch to weld lead
- o Moving plates in and out of acid tanks, drying ovens, and racks
- o Cleaning of panel lugs using brushes.

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.

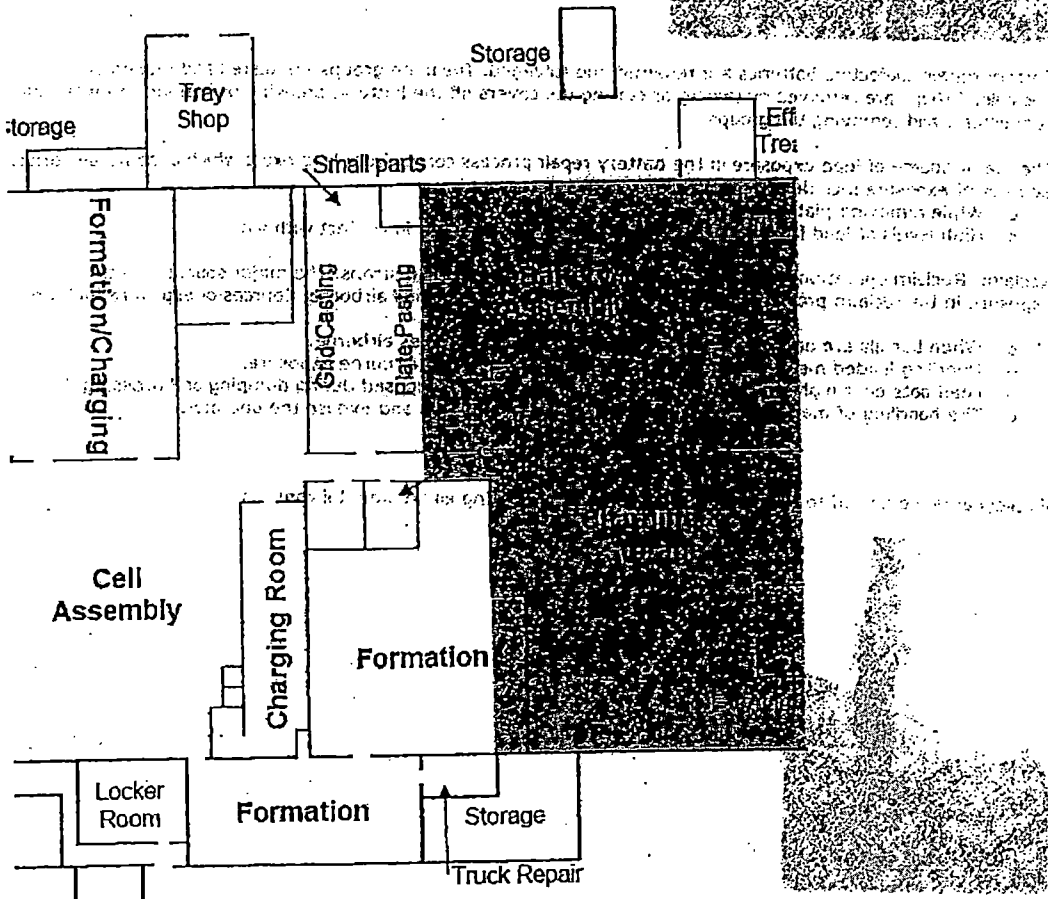


1. Waste Water Treatment: while handling lead-bearing wastes, sludge, and filters employees come in contact with lead-containing wastes.
2. Baghouse: Dust collection systems are a source of lead exposure. Sources of exposure include:
  - o While cleaning and maintaining dust collection systems (cyclones 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  $\mu\text{g}/\text{dL}$  in 1976-80 to 2.8  $\mu\text{g}/\text{dL}$  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  $\mu\text{g}/\text{dL}$ . 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 Eddy plant provides very extensive data on the amount of lead absorbed into the bodies of the Eddy 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.

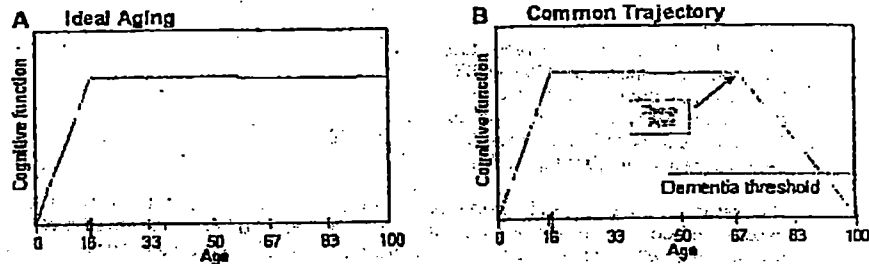


Figure: Ideal and normal changes in cognitive function over a life time.

**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.

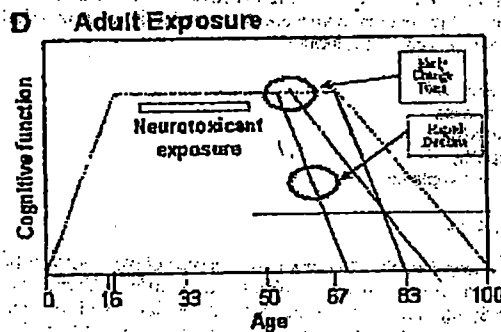


Figure: Impact of adult lead exposure on decline in cognitive function

- 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: !

- 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.apec.org/documents](http://www.apec.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;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, 6<sup>th</sup> Edition*. In press
7. Reigart JR. Lead Toxicity. BMI Point-of-Care 2009; [www.pointofcare.bmi.com](http://www.pointofcare.bmi.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](http://www.osha.gov); accessed May 2009.
11. Pilsner JR, Hu H, Ettlinger 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 Perspect* (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

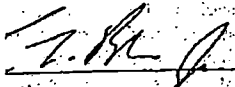
**IX. Other Sources of Information**

1. Former worker interviews

2. Medical records

3. Plant map and material safety data sheets

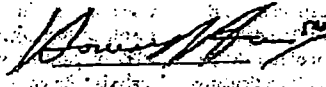
X. Report authored by:



Edward L. Baker MD, MPH

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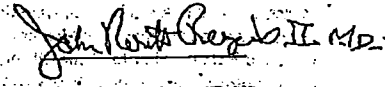
Date



Howard Hu MD, MPH, ScD

9/2/09

Date



John Rutt Reigart, II, MD

9/17/09

Date

## Lead-related nephrotoxicity: A review of the epidemiologic evidence

EB Ekong<sup>1</sup>, BG Jaar<sup>2,3</sup> and VM Weaver<sup>1,3</sup>

<sup>1</sup>Division of Occupational and Environmental Health, Department of Environmental Health Sciences, Johns Hopkins University Bloomberg School of Public Health, Baltimore, Maryland, USA; <sup>2</sup>Department of Epidemiology, Johns Hopkins University Bloomberg School of Public Health, Baltimore, Maryland, USA and <sup>3</sup>Department 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 data 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.

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**KEYWORDS:** environmental lead exposure; kidney function; occupational lead exposure; renal biomarkers

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: [vweaver@jhsp.edu](mailto:vweaver@jhsp.edu)

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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.<sup>1</sup> Worldwide, the estimated number of end-stage renal disease patients increased from 886 023 in 1999 to 1 131 594 in 2003.<sup>2</sup> 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.<sup>2</sup> Despite improvements in therapy, mortality remains substantial. Fewer than 50% of patients survive more than 5 years after onset of dialysis.<sup>3</sup> Recent data indicate that obesity is also increasing globally,<sup>4,5</sup> resulting in greater prevalence of diabetes mellitus and hypertension (HTN),<sup>5,6</sup> which are the leading causes of CKD. Obesity may increase CKD risk by other pathways as well.<sup>9</sup>

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 nephrotoxics 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,<sup>10</sup> mortality studies of lead exposed workers,<sup>11</sup> historical occupational experience,<sup>12</sup> and animal models.<sup>13</sup> 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.<sup>14</sup> 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,<sup>15</sup> to 1.56 µg/dl in the most recent survey conducted between 2001 and 2002.<sup>16</sup> Similarly, occupational lead exposure in industrialized countries, although much higher than environmental exposure, is well below historic levels associated with lead nephropathy.

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.<sup>17,18</sup> 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,<sup>19</sup> folk remedies, glazed pottery, and even candy.<sup>20</sup> Recently, attention has focused on urban water as a continued source of lead exposure.<sup>21,22</sup> Internationally, blood lead levels are higher in developing countries owing to continued use or lax phase-out of leaded gasoline and paint.<sup>23,24</sup> 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 days<sup>25</sup>) 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.<sup>25,26</sup> 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.<sup>25,27</sup> 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.<sup>17,28-43</sup> In six publications, early biological effect markers were the only renal outcome measures analyzed.<sup>38-43</sup> 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.<sup>17,29-31,33,35,36</sup> 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.<sup>33</sup> Hypertensives also emerged as a susceptible group in National Health and Nutrition Examination Survey data.<sup>35</sup> 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.<sup>32,33</sup> 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.<sup>37</sup>

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,<sup>31,33</sup> 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.<sup>17,35</sup> 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\***

Reference and Study Location	Study population: date, sample size, % male	Mean (s.d. or range) Age (years) Blood lead (µg/dl)	Study design	Statistical modeling: covariates	Adjusted $\beta$ coefficients (95% CI) for observed associations
<b>Longitudinal studies</b>					
<b>Khn et al<sup>23</sup></b>	Normative Aging Study, 1979-1994; 459; 100%	At baseline: 56.9 (17.7-87.5) years 9.9 (8.1) µg/dl	Longitudinal and cross-sectional analysis of data from examinations conducted every 3-5 years	Random effects, fixed effects, multivariate regression, interaction	Log-transformed blood lead and change in serum creatinine over subsequent 4-year period for all participants ( $n=370$ ): 0.02 (-0.004, 0.044)
<b>Tsch et al<sup>24</sup></b>	Normative Aging Study, 1991-2001; 448; 100%	At baseline: 66.0 (8.6) years 6.5 (4.2) µg/dl	Longitudinal and cross-sectional analysis of data from two evaluations over a 6-year period	Multiple linear regression, interaction	Low-transformed blood lead and concurrent serum creatinine for all participants ( $n=141$ ), whose peak blood lead was $<10$ µg/dl: 0.06 (0.02, 0.09)
<b>Akesson et al<sup>25</sup></b>	Women's Health In the Lund Area Study, 1999-2000; 826; 0%	48 (53-64) years 2.2 (1.1-4.4) (SH) and 9.5 (5.1) (µg/dl)	Case-recontrol study; renal outcomes include estimated/adjusted creatinine clearance and/or estimated GFR	Multiple logistic regression	Blood lead (µg/dl) with GFR (ml/min) estimated from cystatin C <sup>26</sup> : -2.0 (-3.2, -0.9)
<b>Muntner et al<sup>27</sup></b>	NRHANES II; 1988-1994; Study population representative of US non-institutionalized	Age reported categorically 42.1 (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	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 $\beta$ coefficients (95% CI) for observed associations		
					Blood lead	$\beta$	Odds ratio (95% CI)
	civilian population; 15211 (4813 hypertensives); 48%		hypertension or diabetes) and CKD (defined as estimated GFR < 60 mL/min/1.73 m <sup>2</sup> )  Exclusionary criteria not specified; data from 13 141 of 18 825 adults used in final model	status, history of cardiovascular disease, body mass index, alcohol consumption, household income, education level, marital status, and health insurance	Quantile 1 (8.7-2.4) 6.1 Quantile 2 (2.5-3.2) 10.4 Quantile 3 (3.3-3.3) 10.8 Quantile 4 (3.6-5.6) 14.1	1.00 1.44 (1.04, 2.09) 1.85 (1.32, 2.59) 2.68 (1.52, 4.45)	
					P < 0.001 for $\chi^2$ 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. <sup>17</sup> US	NHANES 1999-2002; 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 GFR < 60 mL/min/1.73 m <sup>2</sup> )  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 $\chi^2$ test for trend		
Payton et al. <sup>23</sup> 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 ln 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. <sup>21</sup> )		
Staesens et al. <sup>25</sup> Belgium	Cadmium 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 202; potentially inaccurate 24 h urine collections in 44	Multiple linear regression  Age, age squared, gender (by stratified), 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 24h 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 <sup>26</sup> but not significantly associated with serum creatinine		
Wu et al. <sup>24</sup> 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 <sup>26</sup> ( $\beta$ = -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 trial outcomes De Burbure et al. <sup>24</sup> France	399 adults who lived $\geq$ 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 $\beta$ 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 mixing data. Numbers excluded not stated, however, serum creatinine data reported in 479 of original 500	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. <sup>27</sup> 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 neurological disease. Smokers and non-smokers matched on socioeconomic status.	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. <sup>28</sup> Britain	British Regional Heart Study; year not provided; 7384/100%	Mean not reported, range 40-58 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, -0.06 (unadjusted data) ( $P < 0.001$ ) for urate and urate. Partial correlations for urate and urate after adjustment for alcohol = 0.06 and -0.15 ( $P$ -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. Studies in both general populations published in the last 25 years in which relations between lead dose and clinical renal outcomes (BUN, serum creatinine, measured or estimated glomerular clearance, or estimated GFR) were analyzed. \*Creatinine clearance estimated using the Cockcroft-Gault equation. \*\*GFR estimated by the abbreviated Modification of Diet in Renal Disease (MDRD) equation.<sup>44</sup>

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- $\beta$ -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<sup>a</sup>

Significant results	Details and examples	References
Mean difference in one or more measures of clinical renal function <sup>b</sup> between lead workers and control group and/or positive associations 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.	42-47
Mean difference or association for renal biomarkers; 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	67-78
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 <sup>c</sup>		82-86

BUN, blood-urea nitrogen; RBP, retinol-binding protein.

<sup>a</sup>Published between 1985-2005, adult populations.

<sup>b</sup>Clinical renal function defined as BUN, serum creatinine, estimated and/or measured creatinine clearances, and/or estimated GFR.

<sup>c</sup>Renal biomarkers examples include *N*-acetyl- $\beta$ -D-glucosaminidase, RBP,  $\beta_2$  microglobulin, and  $\alpha_1$ -microglobulin.

<sup>d</sup>Interestingly, one of these studies<sup>81</sup> 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.<sup>80</sup>

occupational setting and with blood lead in a recent study of environmentally exposed children.<sup>87</sup> Higher mean creatinine clearance compared to controls was also observed in one study of adults who were previously lead poisoned as children.<sup>88</sup> 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.<sup>47</sup> 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.<sup>13</sup> Lower exposure resulted in mean blood lead levels between ~20 and 30  $\mu\text{g}/\text{dl}$  throughout.<sup>89</sup> Compared to controls, mean GFR (measured with <sup>125</sup>I-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  $\mu\text{g}$  lead excreted in 72h following chelation with EDTA).<sup>90,91</sup> 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.*<sup>92</sup> 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 ( $\geq 80$  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  $3.4 \mu\text{g}/\text{dl}$ ). 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  $1 \mu\text{g}/\text{dl}$  higher blood lead were associated with a reduction in GFR of 1.3 and  $4.0 \text{ ml}/\text{min}/1.73 \text{ m}^2$ , 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.<sup>28</sup> However, adverse renal effects have not been observed in subsequent work using lower doses.<sup>29,30</sup> In their largest chelation trial to date, Lin *et al.* 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  $5.9 \mu\text{g}/\text{dl}$  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  $2.1 \text{ ml}/\text{min}/1.73 \text{ m}^2$  in the chelated group compared to a decline of  $6.0 \text{ ml}/\text{min}/1.73 \text{ m}^2$  in the controls ( $P < 0.01$ ). Benefits from chelation have also been observed in rodent models of lead-related nephrotoxicity.<sup>31-37</sup> This did not appear to occur via reversal of structural damage,<sup>37</sup> improved hemodynamics from reduction of reactive oxidant species may be a mechanism.<sup>38</sup> 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.<sup>39</sup>

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  $0.03 \text{ ml}/\text{min}/1.73 \text{ m}^2$  over a 2-year observation period.<sup>24</sup> 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.<sup>24</sup> 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.<sup>40</sup> 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,<sup>41</sup> 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.<sup>100</sup> In 600 European children, higher blood lead was associated with lower serum creatinine and cystatin C,<sup>47</sup> 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  $\delta$ -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  $\delta$ -aminolevulinic acid dehydratase allele leads to higher blood lead levels and decreased lead sequestration in bone.<sup>101,79,102</sup> Data to determine whether the  $\delta$ -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.<sup>72,79,102-104</sup>

Finally, exposure to other environmental nephrotoxins 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.<sup>105</sup> 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.<sup>80,87</sup> 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.<sup>106</sup> In Korean lead workers, both CdU and tibia lead were positively associated with NAG.<sup>97</sup> 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,<sup>107,108</sup> as does high-level environmental exposure.<sup>109,110</sup> However, most recent studies of lower level cadmium exposure are cross-sectional and have assessed renal biomarkers, rather than clinical renal outcomes.<sup>43,111-113</sup> Two recent exceptions include a report of increased renal dialysis and transplantation rates in residents of cadmium-polluted areas in Sweden<sup>114</sup> and associations of higher blood lead and blood and CdU with lower estimated creatinine clearance and GFR in Swedish women.<sup>38</sup> However, as noted above, higher blood lead was associated with lower creatinine clearance in the Cadmibel study whereas urinary and blood cadmium were not.<sup>29</sup> 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.*<sup>11</sup> 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.*<sup>23</sup> 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,<sup>11</sup> and persisted when data from participants with serum creatinine  $> 1.5 \text{ mg/dl}$  were removed.<sup>33</sup> 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.<sup>115</sup> 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<sup>119,117</sup> 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.

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**REFERENCES**

1. Carosi 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.
2. 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.
3. Mendez MA, Monteiro CA, Popkin BM. Overweight exceeds underweight among women in most developing countries. *Am J Clin Nutr* 2005; 81: 714-721.
4. 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.
5. 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.
6. 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.
7. Yach D, Stuckler D, Brownell KD. Epidemiologic and economic consequences of the global epidemics of obesity and diabetes. *Nat Med* 2004; 12: 62-66.
8. Poirier 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.
9. 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.
10. Ingitt JA, Henderson DA, Emerson BT. The pathology and pathogenesis of chronic lead nephropathy occurring in Queensland. *J Pathol* 1978; 128: 65-76.
11. Steenland K, Selevan S, Landrigan P. The mortality of lead smelter workers: an update. *Am J Pub Health* 1992; 82: 1641-1644.

12. Wedeen RP, Malik DK, Batuman V. Detection and treatment of occupational lead nephropathy. *Arch Intern Med* 1979; 139: 53-57.
13. Khali-Mansour F, Corrick AC, Cohen AH, et al. Experimental model of lead nephropathy: continuous high-dose lead administration. *Kidney Int* 1972; 41: 1197-1203.
14. 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.
15. Finkle JL, Brody DJ, Gunter EW, et al. The decline in blood lead levels in the United States. *JAMA* 1994; 272: 284-292.
16. National Center for Environmental Health. *Third National Report on Human Exposure to Environmental Chemicals*. Centers for Disease Control and Prevention, NCEH Pub. No. 05-0578. Adj. Department of Health and Human Services Atlanta, Georgia, 2005; pp 38-44.
17. Munner P, Mehta A, DeSalvo KB, et al. Continued decline in blood lead levels among adults in the United States: The National Health and Nutrition Examination Survey. *Arch Intern Med* 2005; 165: 2155-2161.
18. National Center for Environmental Health. Centers for Disease Control and Prevention. *Blood lead levels - United States, 1999-2002*. *MWR* 2005; 54: 513-516.
19. Dooley EE. Tropic drinks. *Environ Health Perspect* 2004; 112: A603.
20. Medina J. Sweet candy bites poison. *Environ Health Perspect* 2004; 112: A602.
21. Maas RP, Pritch SG, Morgan DM, Pandolfi TL. Reducing lead exposure from drinking water: recent history and current status. *Public Health Rep* 2005; 120: 316-321.
22. Bryant SD. Lead-contaminated drinking water in the public schools of Philadelphia. *J Toxicol Clin Toxicol* 2004; 42: 287-294.
23. Katar J, Henderson AK, Daley WR, et al. Blood lead levels of primary school children in Dhaka, Bangladesh. *Environ Health Perspect* 2001; 109: 563-566.
24. Clark CS, Thuppal V, Clark R, et al. Lead in paint and soil in Karnataka and Gujarat, India. *J Occup Environ Hyg* 2005; 2: 35-41.
25. Hu H, Babionowicz M, Smith D. Bone lead as a biological marker in epidemiological studies of chronic toxicity: conceptual paradigms. *Environ Health Perspect* 1998; 106: 1-4.
26. Barbosa J, F. Tanus-Santos J, 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: 611-1669-1674.
27. Chettle DR. *In vivo* X-ray fluorescence of lead and other toxic trace elements. *Adv X-ray Anal* 1985; 34: 563-577.
28. Pocock SJ, Shaper AG, Ashby D, et al. Blood lead concentration, blood pressure, and renal function. *BMJ* 1984; 289: 872-874.
29. 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: 1513-1518.
30. 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: 821-826.
31. Kim A, Rothman 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.
32. Wu M-J, Kelly K, Schwartz J, et al. A Gammolinic 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.
33. Teoh 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.
34. deFurure 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.
35. Munner P, He J, Vuppusubramanian 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.
36. Åkesson A, Lundh T, Vaher M, et al. Tubular and glomerular kidney effects in Swedish women with low environmental cadmium exposure. *Environ Health Perspect* 2005; 113: 1627-1631.
37. 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.
38. Factor-Litvak P, Stein Z, Graziano J. Increased risk of proteinuria among a cohort of lead-exposed pregnant women. *Environ Health Perspect* 1993; 101: 415-421.

39. Lin J, Yeh KH, Tseng HC et al. Urinary N-acetylglucosaminidase excretion and environmental lead exposure. *Am J Nephrol* 1993; 13: 442-447.
40. Satarug S, Mahito M, Ujin 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, Ujin 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 Nanjing, China. *Environ Int* 2005; 31: 784-790.
43. Aliven T, Janup L, Elinder CG. 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, Malin 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. Cocroft DW, Gault MH. Clearance of creatinine from serum creatinine. *Nephron* 1976; 10: 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, Robbins 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, Kelley KT. A polymorphism in the  $\beta$ -aminolevulinic acid dehydratase gene may modify the pharmacokinetics and toxicity of lead. *Environ Health Perspect* 1995; 103: 249-253.
50. Pinto de Almeida AM, Carvalho FM, Spinosa 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, Chio 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, Gim JY et al. Renal dysfunction indicators in lead exposed workers. *J Occup Health* 1998; 40: 103-109.
54. Chia KS, Jayaraman J, Tan C et al. Glomerular function of lead-exposed workers. *Toxicol Lett* 1995; 77: 319-324.
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. Corakou J, Gannattasio M, Lomonte C et al. Enzymuria to detect tubular injury in workers exposed to lead: a 12-month follow-up. *Contrib Nephrol* 1998; 64: 207-211.
59. Garcon G, Leleu B, Zeinmech 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: 1180-1188.
60. Chia KS, Muti 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, Muti A, Alnovi 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, Jayaraman 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-Safy M, Afifi AM, Shoman 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. Vystocki 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 monoesters. *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, Chetty DR, Englar 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, Heber 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, Colodoco S, Dal Bo GAR, Guimaraes dos Santos NA. Occupational exposure to lead, kidney function tests, and blood pressure. *Am J Ind Med* 1994; 26: 635-643.
74. Mortada M, Sobh MA, El-Defrawy MM, Farhat 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<sub>1</sub>-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: 119-122.
77. Antrah 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. Okum 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* 2005; 78: 681-687.
79. Weaver VM, Schwartz BS, Abram D et al. Associations of renal function with polymorphisms in the  $\beta$ -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-Neamy FR, Almeidi 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, Ibbels LS. Lead intoxication in Sydney Harbour bridge workers. *Aust NZ J Med* 1988; 14: 46-52.
86. Stresen 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: 584-593.
88. Hu H. A 50-year follow-up of childhood plumbism. *ADC* 1991; 145: 681-687.
89. Khalil-Nanesh F, Gonick HC, Cohen AH. Experimental model of lead nephropathy. III. Continuous low-level lead administration. *Arch Environ Health* 1993; 48: 271-278.
90. Babunan 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, Torralba 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 J, Lin Y, Liu J, Hsu K, Yu C-C. Environmental lead exposure and progression of chronic renal diseases in patients without diabetes. *Nephrol Med* 2003; 34: 277-285.

95. Sanchez-Fructuoso A, 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 A, 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-Moheth P, Gonick HC, Cohen A, et al. Experimental model of lead nephropathy. II. Effect of removal from lead exposure and chelation treatment with diethylenetriaminepentaacetic acid (DTPA). *Environ Res* 1992; 58: 133-140.

98. Gonick HC, Cohen AH, Ben-Qier A, et al. Effect of 2,3-dimercapto succinic acid on nephrosclerosis in the Dahl rat. I. Role of reactive oxygen species. *Kidney Int* 1996; 50: 1572-1581.

99. Saris A, Mueller P, Kuthman S, et al. Confirming the utility of four kidney biomarker tests in a longitudinal follow-up study. *Renal Failure* 2003; 25: 797-812.

100. Suresh A, Navroth T, Dem Hond E, et al. Renal function, cytogenetic measurements, and social class specific in adolescents in relation to environmental pollutants: a feasibility study of biomarkers. *Lancet* 2001; 357: 1660-1662.

101. Kelada SN, Shelton E, Kaufmann R, Khoury MJ. An allelic variant in the *heme oxygenase-1* gene and lead toxicity: a HUGO review. *Am J Epidemiol* 2001; 154: 153-160.

102. Weaver VM, Schwartz BS, Jaffe BG, et al. Association of allelic variants with polymorphisms in the heme oxygenase-1 gene, vitamin D receptor, and nitric oxide synthase genes in Korean lead workers. *Environ Health Perspect* 2005; 113: 1509-1515.

103. Ye X, Wu C, Hua F, et al. Association of blood lead levels, kidney function, and blood pressure with heme oxygenase-1 gene polymorphisms and vitamin D receptor gene polymorphisms. *Toxicol Mech Methods* 2005; 13: 139-146.

104. Weaver VM, Lee B-K, Todd AG, et al. Effect modification by heme oxygenase-1 gene polymorphisms on associations between vitamin D receptor 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 R, et al. Health significance of cadmium induced renal dysfunction: a five year follow up. *Br J Ind Med* 1988; 45: 755-764.

108. Roels HA, Van Assche FA, Oversteyn 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, Sawazono Y. Environmental cadmium exposure adverse effects, and preventive measures in Japan. *MoMetals* 2004; 17: 581-587.

110. Kido T, Nogawa K, Kobayashi E, et al. Long-term observation of serum creatinine and arterial blood pH in persons with cadmium-induced renal tubular dysfunction. *Arch Environ Health* 1996; 48: 35-41.

111. Nobuta CW, Saraso SM, Campagna R, et al. Effects of exposure to low levels of environmental cadmium on renal biomarkers. *Environ Health Perspect* 2002; 110: 151-155.

112. Olsson IM, Bensryd I, Lundh T, et al. Cadmium in blood and urine: impact of sex, age, dietary intake, iron status, and former smoking: a cross-sectional study. *Environ Health Perspect* 2002; 110: 185-189.

113. Jarup L, Hellstrom L, Alfvén T, et al. Low-level exposure to cadmium and early kidney damage: the DSCAR study. *Occup Environ Med* 2000; 57: 668-672.

114. Hellstrom L, Elinder CG, Dahlberg S, et al. Cadmium exposure and end-stage renal disease. *Am J Kidney Dis* 2001; 38: 1001-1008.

115. Hotze P, Buchet R, Bernard A, et al. Renal effects of low-level environmental cadmium exposure: 5-year follow-up of a subcohort from the Cadrolab study. *Lancet* 1998; 356: 1508-1513.

116. Occupational Safety & Health Administration, US Department of Labor. *Safety and Health Regulations for Construction, Occupational Safety and Environmental Controls, Lead, 29 Code of Federal Regulations* 1926.59. <http://www.osha-slc.gov>

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. <http://www.osha-slc.gov>