D RATE REC

OUT

4272

134-10-5932
MABEL C. ~~SCHAD~~ COLE HUGHES

134-10-5932
Mabel C. Schad
Mabel C. Schad

ADDRESS	PHONE
~~KIRKVILLE ROAD~~	
~~BRIDGEPORT, N.Y.~~	~~NE 3-3313~~
~~471 RD 1, Kirkville Rd Kirkville 13082~~	~~663-2763~~
5/75 ~~#10 Newtonia Trailer Park~~ R.D. #2 Chittenango, N.Y. 13037	633-2365
10/75 5220 Orangeport Rd Brewerton, N.Y. 13029	476-5946
Edward Schad Sr 633-5323	

IN CASE OF EMERGENCY - NAME	ADDRESS	PHONE
~~MRS. GEO. McDONALD~~	~~217 BARLINGTON RD~~	~~GR 9-9395~~

BIRTH DATE	WGT.	HGT.	MARITAL STATUS	MILITARY STATUS	PER. MED. LIM.	GROUP	DATE
9-2-19	125	5'-2"	Married			II ~~III~~	1-3-61

HI. GR. COM.	SCHOOL	OTHER	SCHOOL	SUBJECT	DATE COM.
1					

SENIORITY	
YEAR	1956
MONTH	12
DAY	12
SERVICE YEAR	1952
MONTH	4
DAY	19
INSURANCE	
PENSION	
LAY OFF	
LV. ABS.	
D/W	
I/W	

Lay off 11-6-70
Reinstated 11-16-70
Retired eff 1/29/8

DATE	DEPT.	CODE	JOB TITLE	L/G	H/J	DATE	RATE	DATE	RATE	DATE	RATE
10-31-58	727	04	Painter, Spray (Light)	8		5-1-62	2.25	Starting		1/31/68	
1/9/63	714	10	Conveyor Unloader, Packer	10	Temp	3-1-63	2.30	pay	Aft. Eliminate		
7/10/63	727	04	Painter Spray (Light)	9		3/1/64	2.36	Indefinite	off		
2/6/63	714	10	Conveyor Unloader Packer	10	Temp	11/5/64	2.23	work on conveyor			
2/8/63	727	04	Painter Spray (Light)	8		1/29/65	2.36	until further notice			
2/4/63	3-43	04	" "			3/16/65	2.23	9/9/68 - Work on Temp			
11/5/64	3-35	14	Mac. Mach. Oper	9	Temp	3/1/65	2.29	6/18/69 - 2nd Shift			
6/22/64	3-35	14	Mac Mach Oper	9	Com	3/7/66	2.07	8/7/69 - 1st Shift			
1/29/65	3-43	04	Painter Spray Light	8		3/1/66	2.17	2/12/70 2nd shift			
3/6/65	3-35	14	Mac Mach Oper	9		3/6/66	2.39	2/16/70 1st Shift			
5/17/66	3-44	14	Assembler Packer	9	Temp	3/1/67	2.48	Grev. #4270 - Live Salary			
3/6/66	3-35	14	Mac Mach Oper	9		3/8/67	2.61	at Day Rate. Arp. Inc.			
3/5/67	3-43	04	Spray Painter (Light)	8	Bid	3/22/68	2.48	P/O 7/6-7/19/70 28.7 hrs. +			
7/22/68	3-44	15	Assembler Packer	9	Temp	3/15/68	2.61				
7/68	3-43	04	Painter Spray	8		3/1/68	2.70				
11/16/70	3-44	14	assembler	9		4-1-69	2.92				
12/10/70	3-43	04	paint sprayer (Light)	8	bid	4-1-70	3.12				
						11/16/70	2.77				
						11/30/70	2.841				
						12/10/70	3.12				
						4-1-71	3.32				
						4-1-72	3.57				
						4-1-73	3.90				
						4-1-74	4.03				
8-5-74	3-43	03	Painter Spray	8	interbid	8-5-74	4.03				
1-29-75	3-43	11	Conveyor Loader Inspector	8	"						
						4-1-75	4.38				
						4-1-76	4.63				
						4-1-77	4.88				
						4-1-78	5.37				
10-2-78	333	04	Assembler - Arktrol	8	BID	10-2-78	5.37	TN			
						4-1-79	5.75				
						4-1-80	6.15				
						4-1-81	6.70				

PR OUS EMPLOYMENT

NAME/ADDRESS	FROM	TO	KIND OF WORK	REASON FOR LEAVING
Crouse-Hinds Company	1-8-52	8-31-56	Sprayer	Moved to California

NAME OF RELATIVE EMPLOYED HERE	RELATIONSHIP	DEPARTMENT

DATE	REMARKS
12-12-56	Returned to C-H
11-6-64	verified said.
11-5-64	Downgrade due to medical limitation - right arm not to spray paint,
9-15-65	[illegible] to work following [illegible]
11-6-70	Lay off. lack of work
11-16-70	Reinstated from Lay off - to CA 2 - settlement of potential grievance

CROUSE-HINDS COMPANY

INTEROFFICE MEMO

From: K. A. Beard

Office: Employee Benefits

Phone: 5209

Date: October 14, 1981

Subject: RETIREMENT

To: F. Flynn
F. F. House
J. Kavo
M. Kurtz
B. La France
C. Sharrer

NOTICE OF ANTICIPATED RETIREMENT

NAME: Mabel C. Hughes (Mrs.)

PAYROLL: Factory-Foundry

DEPARTMENT: Arktrol

CLOCK NO: 4272

EFFECTIVE DATE: January 29, 1982

LAST DAY WORKED: December 30, 1981 plus New Year's Holidays plus 25 days 1982 Vacation due

DATE OF BIRTH: September 2, 1919

AGE AT RETIREMENT: 62-4/12

DATE EMPLOYED: April 19, 1952 (Adjusted)

YEARS OF SERVICE: 29-9/12

It is necessary to submit a change of status form on this employee to remove her from the payroll on the effective date of her retirement.

KAB:pc

CROUSE-HINDS COMPANY EMPLOYE RECORD OF ABSENCE

If employe is separated, send record to Employment Department. If transferred send record to new supervisor.

J0708 (07/77)

Year 4272

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JANUARY																															
FEBRUARY											S															4 2.2	S				
MARCH																															
APRIL																							L 1.9								
MAY											S																				
JUNE			P															P													
JULY	LE 2.5							S																							
AUGUST											LE 1.4														C						
SEPTEMBER	C	B																													
OCTOBER		DH																													
NOVEMBER																		P													
DECEMBER		4 1.2	LE 2.2																												

Date of Absence	REASON FOR ABSENCE	Date of Absence	REASON FOR ABSENCE	Date of Absence	ACTION TAKEN
2/27	illness				
4/3	went to social security office				
6/15	Personal				
7/8/81	Paid Holiday				
8/25/81	Comp - fell down stairs				
9/3/81	returned to work				
10/2/81	sister died				
11/18/81	other				

B - Birthday
C - Long Term-Due to Plant Injury
D - Long Term-Personal Illness
DL - Disiplinary Layoff
DIF - Death in Family Leave

P - Personal (Visit lawyer, traffic court, take wife to doctor, etc.)
S - Sick
T - No transportation, car trouble
U - Absent, reason unknown (report "reason" at first opportunity)
W - Bad Weather

EMPLOYE NAME Mable Hughes SUPERVISOR Lee La Frana CLOCK NO. 4272

Name Mabel Hughes Clock #4272 Seniority Date _____

Address _____ Service Date _____

Home Phone _____

Emergency Name
and Address _____ Phone _____

Date of Birth _____ Marital Status _____

Hi. Grade Com. _____ School _____

Date	Record of Contacts or Interviews	Job #	L/G	Rate	Date
1/29/82	retired				

MABLE FCHAD 4272

DATE	RECORD OF CONTACTS OR INTERVIEWS	JOB NO.	LABOR GRADE	WAGE RECOR RATE	DATI
[illegible]	CONT. INCREASE	3-42-04	8	5.57	
[illegible]	TRANSFER	3-43-04	8	[illegible]	
4/1/73	" "	3-43-04	8	4.03	
8/5/74	Change in Job Description	3-43-03	8	4.03	
1/20/75	Bid on Conv. load-unload	3-43-11	8	4.03	
4/1/75	Cont. INCREASE	3-43-11	8	4.38	
5/6/75	change of address				
4/1/76	Cont. increase	3-43-11	8	4.63	
6-3-8	Contract Increase MCB.	3-43-11	8	5.37	515-
10/6/78	Bid TO CONTROL				
4/1/79	Contract increase	3-33-04	8	5.75	
4/1/80	Contract increase	3-33-04	8	6.15	
4/1/81	Contract increase	3-33-04	8	6.70	
8/24/81	fell down the stairs when leaving to go				
	home - bruised quite bad				
8-25-81	than 9/1 out because of her fall				

DATE	RECORD OF CONTACTS OR INTERVIEWS	JOB NO.	LABOR GRADE	WAGE RECORI RATE	DATE
3/1/68	Wage adj	3-43-04	8	2.70	
5/21/68	2nd shift spraye	3-43-04	8	2.70	
6 /68	1st shift	3-43-04	8		
8/29/68	2nd shift	3-43-04	8	2.70	8/14/6
9/8/68	1st shift				
4/1/69	change of wage schedule			2.92	
6/1/69	2nd shift				
	Back on 1st shift				
2/12/70	2nd shift for 5 days 2/12 - 2/20 - 3/4/2/20/3/14	3-43-04	8	3.12	
4/1/70	Wage adj				
11/6/70	LAID OFF Layoff				
11/16/70	Reinstated CA 2	3-44-14	9	2.77	11/16
11/20/70	Merit increase	3-44-14	9	2.94	
12/10/70	SUCCESSFUL BIDDER - ENAMEL				
	SPRAY PAINTER (LIGHT) C	3-43-04	8	3.12	
[illegible]/1/71	CONT. INCREASE	3-43-04	8	3.35	

DATE	RECORD OF CONTACTS OR INTERVIEWS	JOB NO.	LABOR GRADE	RATE	DATE
3/1/65	Rate Structure Change (Misc Mach Oper)	3-35-14	9	2.29	3/11
9/2/65	Returned from Medical Leave. (Comp Case)				
2/17/66	Medical Limitations as per Doctor Trans. Temp to CA-2	3-44-14	9	2.07	2/17/6
3/1/66	2½% Increase	3-35-14	9	2.39	3/1/6
3/7/66	Returned to Dellen Assy. from CA-2	3-35-14	9	2.39	3/7/6
3/1/67	Wage Structure Change	3-35-14	9	2.48	3/1/6
3/8/67	Successful bidder in Enamel Dept.	3-43-04	8	2.48	3/8/6
3/8/67	Wage Structure change	3-43-04	8	2.61	3/8/
3/21/67	Transferred to nights (as per bid)	3-43-04	8	2.61	3/2
5/8/67	Verbal warning about correct recording on tally sheets				
6/14/67	Transferred to Days	3-43/04	8	2.61	
1/5/68	Failed to call in Verbal warning				
2/10/68	Temp trans to CA2				
2/15/68	Return to Enamel from CA2. Good job [illegible]		CA2		
3/1/68	Wage adj			2.70	
5/21/68	2nd shift				

DATE	RECORD OF CONTACTS OR INTERVIEWS	WAGE RECORD DATE	RATE	LABOR GRADE
11/5/64	Transferred to Ill. Assem. (Medical) Mine Machine Oper. 3-35-14	11/5/64	2.23	9
11/29/65	Returned to Enamel Medical from hospital (Comp case) 3-43-04	11/29/65	2.30	8
2/16/65	Transferred to Ill Assembly (Medical Trans) (3-35-14)			
	Mine machine operator (Good worker AA)	2/16/65	2.23	9

Personnel 12 — 3M — 5-57

INOCULATION RECORD

NAME	FIRST	INITIAL
Schaal	Mabel	
Tetanus B 3-16-67		
	Smallpox Vac 12/3/64	
	Polio Vac 5/1/72	

Medical 23(10-72)

Name Schad, Mabel Address 611 Plymouth Ave Dept. Enamel Sprayer N.V.T.

CROUSE-HINDS MEDICAL RECORD

598

Age 32-M Height ft. 5 in. 2 Weight 102 lbs.

Have you ever had—Rheumatism? 0 Epilepsy? 0

Fainting attacks? 0 Venereal Disease? 0 Skin Disease? 0

Hemorrhoids? 0 Tuberculosis? 0 Rupture? 0

Surgical Operation? Appendectomy DN Oct-1944 Serious Injury? 0

Serious Illness? 0 Any Deformity? 0

Have you ever been on a special diet? 0

Have you ever been rejected for employment or insurance? 0

Have you ever changed occupation or climate because of health? 0

Have you ever had any compensation injury? 0

Name of family physician Dr. Baum Mattydale

Remarks:

1-7-52 Has been in good health

12/11/56 - Left emp 3 mos. to live in California. Has been in good health.

Date	1-4-52		12/11/56			
Color Blindness	0		OK			
Eyes	R	L	R	L	R	L
NV .50	20/30	20-2	20/30	20/20-2		
Eyes with Glasses N.V.			.50	.50		
Ears	OK	OK				
Teeth	OK		OK			
Tonsils	Small		small			
Thyroid	neg		neg			
Glands	neg		neg			
Breast	OK		neg			
Heart	normal		normal			
Temperature	normal		normal			
Pulse	Reg		Reg			
Blood Pressure	120-70		120/80			
Lungs	normal		normal			
Abdomen	Scar RLQ OK		scar RLQ OK			
	neg					
Hernia						
Umbilical	none		none			
Imquinal	none		none			
Genitals—Menses	Reg n.L.P.		neg			
Hemorrhoids	none		none			
Reflexes	neg		neg			
Varicosities	none		none			
Skin	Clear		Clear			
Urine Alb.	O.K.		neg			
Urine Sugar	O.K.		neg			
FEET			OK-no rash			
Arm—Hand Motion	OK		OK-no ganglion			
X-Ray Chest	Neg		98931-			
Spine	neg					
Vaccination	Yes		Yes			
Wassermann	1/16-neg		[illegible]			

I declare and warrant that the answers herein recorded are correct and true (and that untrue answers will render the contract null and void.)

TO BE USED ON RE-INSTATEMENT

DATE 2/10/72

WAS ABSENCE MEDICAL ☒ NON-MEDICAL ☐ LENGTH OF ABSENCE: FROM _____ TO _____

DIAGNOSIS: Contusion lower right leg 2/3/72.
COMP. INJURY.

OPERATIONS: Wound cleansed, dressed; blister debrided. SURGEON: D. Burdick, M.D.

REMARKS: Dressing in place
Will see Dr Burdick
2/16/72

TO BE USED FOR PERIODIC EXAMINATIONS

REASON FOR EXAMINATION: _____

CLINICAL SIGNS AND SYMPTOMS, IF ANY: _____

REMARKS: _____

IAL LABORATORY DATA, IF ANY: _____

Medical 18 (2-66)

CR JSE-HINDS COMPANY, SYRACUSE, NEW . .RK 13201

DATE 2/10/72

PHYSICAL EXAMINATION

NAME Mabel Schad AGE 52 SEX F OCCUPATION Enamel

1. HEIGHT ____ 2. WEIGHT ____ 3. PULSE ____ 4. BP ____/____ 5. URINALYSIS: ALB ____ SUGAR ____ 6. BLOOD: HB ____

7. ORTHO-RATER ☐ 8. AUDIOMETER ☐ 9. ECG. ☐ 10. CHESTX-RAY: REGULAR ☐ 14 X 17 ☐

Mark with cross (X) if findings are abnormal. Write remarks concerning abnormal findings in space below. If patient is categorized "FIT" and there are no remarks below it is assumed that the patient is essentially normal physically.

REMARKS:

11. MOUTH	
12. TONGUE	
13. GUMS	
14. SALIVARY GLANDS	
15. PHARYNX	
16. TONSILS	
17. EYES	
18. PUPILS	
19. EYE GROUNDS	
20. FIELDS	
2 ..OSE	
2 .INUSES	
23. EARS	
24. MASTOIDS	
25. NECK	
26. THYROID	
27. LYMPH GLANDS	
28. CHEST	
29. BREASTS	
30. HEART	
31. LUNGS	
32. ABDOMEN	
33. LIVER	
34. SPLEEN	
35. KIDNEYS	
36. GALL BLADDER	
37. TENDON REFLEXES	
3 BRATION SENSE	
39. SENSATION	
40. KERNIG	
41. ROMBERG	
42. PERIPHERAL VESSELS	
43. EDEMA	
44. RECTAL	
45. BACK	
46. HANDS AND ARMS	
47. FEET AND LEGS	
48. VARICOSITIES	
49. SPINE	
50. MALE GENITALIA	
51. HERNIA	
52. SKIN	

NO Hematoma - drained
leg. Rt. Lower
(See over)

2/14/72

FOR FEMALE APPLICANTS ONLY
DATE L. M. P. ____

REGULAR	
DYSMENORRHEA	
MENORRHAGIA	
METRORRHAGIA	
PREGNANCIES	

MEDICAL CATEGORY: FIT ☑ | SPECIAL CONSIDERATION NOISE ☐ 40 db AT 4000 CPS. | LTD. TEMP. ☐ | LTD. PERM. ☐ | RECHECK ☐ | REJECT ☐

CATEGORY AFTER RECHECK ____ INITIALS ____ DATE ____

53. TEETH
- SATISFACTORY ☐
- UPPER PLATE ☐
- PARTIAL ☐
- LOWER PLATE ☐
- PARTIAL ☐
- NEEDS DENTAL CARE ☐

54. VISION
- SATISFACTORY ☐ GLASSES ☐
- BELOW STANDARDS: R ☐ L ☐ BI ☐
- AMBLYOPIA: R ☐ L ☐ BI ☐
- NEEDS VISION CHECKUP ☐

55. HEARING
- SATISFACTORY ☐
- BELOW 15 db

	LF	HF	M
R	☐	☐	☐
L	☐	☐	☐
BI	☐	☐	☐

LIMITATION OR REASON FOR RECHECK

SIGNATURE OF PHYSICIAN

CROUSE-HINDS CO.
SYRACUSE, NEW YORK

EMPLOYEE CONFIDENTIAL MEDICAL DATA

NAME Schad, Mabel CLOCK NO. _____ OCCUPATION Enamel

ADDRESS _____

SEX: ☐ MALE ☐ MARRIED ☐ WIDOW ☐ DIVORCED ☐ FEMALE ☐ SINGLE ☐ WIDOWER ☐ SEPARATED

DATE	ATTENDANT	INDUSTRIAL REP.	INDUSTRIAL INJ.	INDUSTRIAL DIS.	INDUSTRIAL REV.	NON-INDUSTRIAL INJ.	NON-INDUSTRIAL DIS.	NON-INDUSTRIAL REV.	TREATMENT AND REMARKS
5/8/58	H. Ladd		x						Contusion of right forearm. Employee states: "I was going up cafeteria stairs and fell."
5/9/58	H. Ladd								Right forearm aches a little.
5/9/58	Dr. Deyoe		x						Dx Contused area 3/4" x 2" middle right forearm. Mild strain of muscles of upper right arm. Rx Warm soaks. Return as needed.
6/19/58	G Tooke.						x		Stom upset Alk. Elix.
7/31/58	M. Throne		x						Burn right shoulder & upper arm --- " touched hot rack"
9/12/58	M. Throne						x		P.A.C. for cold.
9/26/58	M. Throne						x		Has had cold in right ear since yesterday.
9/26/58	Dr. Deyoe						x		Catarrhal otitis media right. Drum slightly injected. Throat red and swollen. Alk. gargles, P.A.C.s, and Troches.
11/14/58	G. Tooke						x		Chap-ans for hands.
1/13/59	M. Throne						x		Nauseated. Alk. Elix.
1/30/59	H. Ladd						x		Chap-ans for hands.
3/6/59	M. Throne						x		Analgesic for soreness in right arm.
3/9/59	M. Throne		x						Soreness right arm with some swelling at elbow- States " I have been using the spray gun on the conveyer "

Medical 16 — 2500 — 1-58

DATE	ATTENDANT	INDUSTRIAL REP.	INDUSTRIAL INJ.	INDUSTRIAL DIS.	INDUSTRIAL REV.	NON INDUSTRIAL INJ.	NON INDUSTRIAL DIS.	NON INDUSTRIAL REV.	TREATMENT AND REMARKS
3/9/59	H. Ladd				x				Talked with Art Gloude and requested light work until she can be seen by Dr. Deyoe.
3/10/59	M. Throne				x				Arm doesn't feel any better. Ace.
3/11/59	H. Ladd				x				Not working today. VO. Art Gloude (assistant foreman).
3/12/59	H. Ladd				x				Working today. Stayed home yesterday to soak elbow. Still aches considerably.
3/12/59	Dr. Deyoe		x						History of no injury. Came on after grasping spray painter in different position. 3" Ace, hot soaks, P.A.C.s. Sling at home Ltd. No continued grasping right hand 2 weeks. Return 1 week.
3/18/59	H. Ladd				x				Soreness in right elbow. Analgesic given.
3/18/59	Dr. Deyoe				x				Somewhat improved. Continue Ace support and hot soaks. Sponge rubber pads. Is limiting motion of arm. Return 1 week.
3/26/59	M. Throne				x				Right elbow feels better.
3/26/59	Dr. Deyoe				x				Outer right elbow improving. Pain returns on grasping. Continue limitation 2 weeks.
4/2/59	M. Throne				x				Right elbow aches today.
4/2/59	Dr. Deyoe				x				Right elbow aches more last 2 days. Try to avoid extremes of motion. Is not doing heavy lifting. Return 4/6/59. Heat lamp as needed daily.
4/6/59	M. Throne				x				Heat lamp to right elbow.
4/8/59	M. Throne				x				Right elbow aches. Heat lamp.
4/8/59	Dr. Deyoe				x				Lower upper right arm appears to be somewhat swollen. Pain on grasping and turning hand over. Rx Continue heat, P.A.C.s and sling. Return 4/10.
4/13/59	H. Ladd				x				Right elbow feels better.

CROUSE-HINDS CO.
SYRACUSE, NEW YORK

EMPLOYEE CONFIDENTIAL MEDICAL DATA

NAME Sohad, Mabel CLOCK NO. _____ OCCUPATION Enamel

SEX: ☐ MALE ☐ MARRIED ☐ WIDOW ☐ DIVORCED ☐ FEMALE ☐ SINGLE ☐ WIDOWER ☐ SEPARATED

ADDRESS _____

DATE	ATTENDANT	INDUSTRIAL REP.	INDUSTRIAL INJ.	INDUSTRIAL DIS.	INDUSTRIAL REV.	NON-INDUSTRIAL INJ.	NON-INDUSTRIAL DIS.	NON-INDUSTRIAL REV.	TREATMENT AND REMARKS
4/13/59	Dr. Deyoe				x				Right elbow improving. Had pain in region of right deltoid bursa over weekend. Now feels better. C.T. Return 4/17.
4/17/59	H. Ladd				x				Right elbow feels good.
17/59	H. Ladd					x			Sliver left little finger from dust mop handle. Sliver rem.
4/17/59	Dr. Deyoe				x				Right arm and elbow nearly asymptomatic. No discomfort at present. Return as needed.
5/15/59	M. Throne				x				P.A.C.'s and Anal. for pain in right arm.
5/19/59	M. Throne						x		Nervous. Family problem. (1) Phenobarb 1 gr.
6/3/59	H. Ladd		x						Laceration right thumb. Employee states: "While reaching into a barrel for a metal ring, I cut my thumb on the sharp edge of the ring."
6/30/59	M. Throne			x					Abrasion outer right ankle. Employee states: "I slid on the floor and scraped my ankle on a stock pan."
7/1/59	H. Ladd				x				Ankle feels better. Area of ecchymosis on right hip.
7/9/59	H. Ladd						x		P.A.C.'s.

Medical 16 — 2500 — 1-58

DATE	ATTENDANT	INDUSTRIAL REP.	INDUSTRIAL INJ.	INDUSTRIAL DIS.	INDUSTRIAL REV.	NON-INDUSTRIAL INJ.	NON-INDUSTRIAL DIS.	NON-INDUSTRIAL REV.	TREATMENT AND REMARKS
8/25/59	H. Ladd						x		Analgesic and P.A.C. for arm.
9/15/59	H. Ladd						x		Coricidin for cold.
10/22/59	M. Throne						x		Coricidin and Troches for cold.
10/28/59	M. Throne							x	Laryngitis persists. Coricidin and Troches.
11/13/59	H. Ladd						x		Sharp pain in left chest.
1[illegible]/3/59	Dr. Deyoe						x		Pain on deep breathing and cough anterior upper left chest. Xm Negative for friction rub. Has had U.R.I. Rx Terramycin Caps. 250 mgs. q6h #4 and P.A.C.'s.
12/11/59	M. Throne				x				Anal., P.A.C.'s for elbow.
12/11/59	M. Throne						x		Coricidin for cold.
2/24/60	M. Throne						x		Coricidin for cold. Aromant.
3/17/60	H. Ladd						x		Sanchia for hands.
4/22/60	H. Ladd						x		Troches for hoarseness.
4/22/60	H. Ladd							x	Analgesic for elbow.
5/[illegible]/60	M. Throne						x		P.A.C.'s for pain.
6/3/60	M. Throne						x		Coricidin for cold.
7/11/60	M. Throne						x		Chap-ans for hands.
7/27/60	H. Ladd						x		P.A.C.'s and Analgesin for pain in arm.
8/29/60	M. Throne						x		Burns of face, neck, upper arms and hands. Employee states: "Gas stove blew up in my face yesterday at home."
8/29/60	Dr. Deyoe						x		First and second degree burns scattered over face, eyelids, "V" of neck, forearms and hands. B.A. oint. dressing as needed Gas oven blew outward as she opened door on 8/28.
8/29/60	M. Throne							x	P.A.C.'s for pain.

SYRACUSE, NEW YORK

EMPLOYEE CONFIDENTIAL MEDICAL DATA

NAME Mabel Schad CLOCK NO. _____ OCCUPATION Enamel

ADDRESS _____

SEX: ☐ MALE ☐ FEMALE ☐ MARRIED ☐ SINGLE ☐ WIDOW ☐ WIDOWER ☐ DIVORCED ☐ SEPARATED

DATE	ATTENDANT	INDUSTRIAL REP.	INDUSTRIAL INJ.	INDUSTRIAL DIS.	INDUSTRIAL REV.	NON-INDUSTRIAL INJ.	NON-INDUSTRIAL DIS.	NON-INDUSTRIAL REV.	TREATMENT AND REMARKS
8/31/60	M. Throne							x	Burn areas redressed.
9/1/60	H. Ladd							x	Burn areas redressed.
9/2/60	H. Ladd							x	Burn areas redressed.
12/2/60	H. Ladd							x	Soreness of right elbow. Emagrin and Analgesic.
1/3/61	M. Throne						x		Has been having pains in left side for the past week. History of no injury. (Got hurt in 1953).
1/3/61	Dr. Deyoe		x						Past 2 weeks has had pain in left groin. Constant. No G-I symptoms. No recent injury. Xm Femoral hernia, left, reducible. Bulges more on cough. History of "slight hernia" left groin 10/26/53. Was told this by Dr. Sorgues who applied Ace Bandage. Since this time, has had recurrent discomfort in this area--at times associated with menses. For the past 2 weeks pain has been constant and getting worse. Xm Small femoral hernia palpated. Reducible
1/4/61	Dr. Deyoe				x				Phone: Plans to have hernia repair in spring. Advised to check with own surgeon now anyway. Has little discomfort.
1/4/61	Dr. Deyoe							x	Conf. with Mr. Nichols. No recent injury would probably place this case under Group Ins. Statute of Limitations (over 7 years) would otherwise place it under special funds.

Medical 16—2500—1-58

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DATE	ATTENDANT	INDUSTRIAL REP.	INDUSTRIAL INJ.	INDUSTRIAL DIS.	INDUSTRIAL REV.	NON-INDUSTR INJ.	NON-INDUSTR DIS.	NON-INDUSTR REV.	TREATMENT AND REMARKS
1/24/61	H. Ladd							x	Interviewed by Mr. Nichols. Plans to have surgery in April and will file for disability. Not claiming compensation.
3/3/61	H. Ladd						x		Sanchia for hands.
3/16/61	H. Ladd				x				P.A.C.'s for pain in elbow.
5/4/61	M. Throne							x	To have hernia repair Tuesday 5/9. Dr. Delmonico.
5/5/61	Dr. Deyoe							x	Phone: Walt Pare. Regarding hospitalization and hernia repair.
5/5/61	H. Ladd							x	Phone to Walt Pare. Regarding surgery (Group Ins.).
5/25/61	D.B. 450							x	Left inguinal herniorrhaphy. Dr. Delmonico, Sr.
6/15/61	Supp. Dis. Form							x	Left inguinal herniorrhaphy. Returning about 7/10/61. J. E. Delmonico, M.D., Sr.
7/26/61	M. Throne						x		Anal. for right arm.
8/4/61	M. Throne		x						Sliver right thumb. ? of F.B. Employee states: " I use steel wool occasionally and may have gotten some in my thumb." Sliver apparently removed. Feels better.
8/27/61	M. Throne						x		Coricidin and Synthaloids for cold.
9/5/61	H. Ladd						x		Coricidin for cold.
10/17/61	H. Ladd						x		Coricidin for cold.
11/28/61	H. Ladd						x		Sanchia for hands.
12/7/61	M. Throne						x		B.A. oint. for chapped lips.
12/15/61	M. Throne							x	Left inguinal region of operative area hurts.

SYRACUSE, NEW YORK

EMPLOYEE CONFIDENTIAL MEDICAL DATA

NAME Mabel Schad CLOCK NO. _____ OCCUPATION Enamel

SEX: ☐ MALE ☐ MARRIED ☐ WIDOW ☐ DIVORCED ☐ FEMALE ☐ SINGLE ☐ WIDOWER ☐ SEPARATED

ADDRESS _____

DATE	ATTENDANT	INDUSTRIAL REP.	INDUSTRIAL INJ.	INDUSTRIAL DIS.	INDUSTRIAL REV.	NON-INDUSTRIAL INJ.	NON-INDUSTRIAL DIS.	NON-INDUSTRIAL REV.	TREATMENT AND REMARKS
12/15/61	Dr. Deyoe							x	Op. scar well healed. No inflammation or bulging noted. Lower area of scar feels numb and is tender on active motion. Warm soaks. Does not do heavy lifting. Emagrin. Return as needed.
12/18/61	H. Ladd						x		Coricidin for cold.
1/3/62	H. Ladd						x		Coricidin for cold.
1/3/62	M. Throne							x	Anal. for arm.
2/2/62	H. Ladd		x						Abrasion right ring finger. "I dropped spray gun on my finger."
4/13/62	H. Ladd						x		Coricidin and Aromant for cold.
6/20/62	H. Ladd						x		Neo-Delta Cortef. to cold sore on upper lip.
6/22/62	H. Ladd							x	Anal. for hand.
7/16/62	M. Throne							x	Anal.
7/30/62	M. Throne		x						Contusion right little finger " I caught my finger between two paint tanks"
8/27/62	H. Ladd		x						Abrasion left middle finger. "I got an irritation on my finger from hook."

Medical 16 — 2500 — 1-58

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DATE	ATTENDANT	INDUSTRIAL REP.	INDUSTRIAL INJ.	INDUSTRIAL DIS.	INDUSTRIAL REV.	NON-INDUSTRIAL INJ.	NON-INDUSTRIAL DIS.	NON-INDUSTRIAL REV.	TREATMENT AND REMARKS
9/14/62	M. Throne						x		Emagrin and Anal. for elbow.
9/21/62	H. Ladd						x		Coricidin for cold.
10/16/62	H. Ladd							x	Anal. and P.A.C.'s for soreness of shoulder.
11/1/62	H. Ladd							x	Anal. and P.A.C.'s.
11/1/62	H. Ladd						x		Chap-ans.
1[illegible] 13/62	H. Ladd						x		Coricidin for cold.
12/10/62	Rep. From A. Lipke		x						Removed steel sliver from middle finger of left hand. (12/7/62 at 9:45 p.m.)
12/21/62	M. Throne						x		Chap-ans.
12/21/62	M. Throne						x		P.A.C.'s.
2/5/63	H. Ladd						x		Chap-ans.
2/13/63	M. Throne						x		Coricidin.
2/27/63	H. Ladd						x		Coricidin and Synthaloids.
3 [illegible]/63	H. Ladd						x		Chap-ans.
3/29/63	M. Throne						x		Swelling behind right ear.
3/29/63	Dr. Deyoe						x		Tenderness behind right ear. No swelling noted now. Ears negative. Throat is red and swollen. Rx Penicillin Tabs. 200,000u. q6h #6, Emagrin, Seiler's and Troches.
5/9/63	M. Throne						x		Chap-ans.
6/14/63	Rep. From A. Lipke			x					Dropped a spray gun on her big toe of left foot. Toe is black and blue. (6/13/63 at 5:15 p.m.)

CROUSE-HINDS CO.
SYRACUSE, NEW YORK

EMPLOYEE CONFIDENTIAL MEDICAL DATA

NAME Mabel Schad CLOCK NO. _____ OCCUPATION Enamel

ADDRESS _____

SEX: ☐ MALE ☐ MARRIED ☐ WIDOW ☐ DIVORCED ☐ FEMALE ☐ SINGLE ☐ WIDOWER ☐ SEPARATED

DATE	ATTENDANT	INDUSTRIAL REP.	INDUSTRIAL INJ.	INDUSTRIAL DIS.	INDUSTRIAL REV.	NON-INDUSTRIAL INJ.	NON-INDUSTRIAL DIS.	NON-INDUSTRIAL REV.	TREATMENT AND REMARKS
7/12/63	H. Ladd		x						Has pain in left groin. "Since being on nights, I have been doing heavy lifting."
1/12/63	Dr. Deyoe		x						After end of 2nd shift, work has pain in region in middle of operation scar left groin. Lump appears which disappears on lying down. Has been lifting up to 50-60 lbs.--pipes, etc. To see Dr. Delmonico, Sr. regarding check up.
/24/63	D. Langdon				x				Saw Dr. Delmonico, Sr. Has appointment again in 2 weeks. ? of being not too serious.
/9/63	H. Ladd							x	Emagrin and Analgesic for arm.
9/27/63	H. Ladd						x		Pyrroxate and Aromant.
0/2/63	H. Ladd						x	x	Pyrroxate for cold. Analgesic and emagrin for arm.
0/10/63	H. Ladd						x		Pyrroxate.
/18/63	M. Throne							x	Anal. and Emagrin.
/21/63	M. Throne						x		Left ear is sore.
/21/63	Dr. Deyoe						x		Small furuncle left tragus. Drum O.K. Rx Ergophene oint., hot compresses and Emagrin.
2/20/63	M. Throne						x		SBS-30.

DATE	ENDANT	INDUSTRIAL				INDUST			TREATMENT AND REMARKS
		REP.	INJ.	DIS.	REV.	INJ.	DIS.	REV.	
1/14/64	H. Ladd							x	Anal. for arm.
1/24/64	H. Ladd						x		Chap-ans.
2/11/64	H. Ladd						x		Got some Analgesic in left eye last night. B.A. eye ung.
2/27/64	H. Ladd						x		Analgesic.
2/27/64	H. Ladd						x		Chap-ans.
3/5/64	H. Ladd		x						Sliver in left ring finger. "While blowing out water on line, I got a sliver in my finger.
3/5/64	Dr. Deyoe		x						Small metal sliver removed flexor surface tip of left ring finger. Alc. D.S.D.
3/14/64	B. Duffy		x						"I bumped my left thumb on spray tank 3/13."
4/3/64	H. Ladd							x	Analgesic and Emagrin for elbow.
4/3/64	H. Ladd						x		Chap-ans.
5/15/64	H. Ladd							x	Anal. and Emagrin for pain in elbow.
5/15/64	H. Ladd						x		Chap-ans.
6/18/64	H. Ladd							x	Anal. and Emagrin.
6/18/64	H. Ladd						x		Chap-ans.
7/10/64	H. Ladd							x	Anal and Emagrin.
7/24/64	D. Langdon							x	Anal. and Emagrin for pain in right elbow.
9/14/64	B. Duffy								Can't lift right arm above head. History of no recent injury.

CROUSE-HINDS CO.
SYRACUSE, NEW YORK

EMPLOYEE CONFIDENTIAL MEDICAL DATA

NAME Mabel Schad CLOCK NO. _____ OCCUPATION Enamel

SEX: ☐ MALE ☐ MARRIED ☐ WIDOW ☐ DIVORCED ☐ FEMALE ☐ SINGLE ☐ WIDOWER ☐ SEPARATED

ADDRESS _____

DATE	ATTENDANT	INDUSTRIAL REP.	INDUSTRIAL INJ.	INDUSTRIAL DIS.	INDUSTRIAL REV.	NON. INDUSTRIAL INJ.	NON. INDUSTRIAL DIS.	NON. INDUSTRIAL REV.	TREATMENT AND REMARKS
9/14/64	Dr. Deyoe				x				Recurrent soreness and swelling of right arm, shoulder and elbow since injury of 3/9/59, especially after continued use of the arm. Is still spray painting.
									For past 3 weeks has ached almost constantly. Now cannot lift arm outward. Difficulty in sleeping. Getting worse.
									Has been spray painting 14 yrs. This difficulty started when new line was installed.
									To orthopedist for further Dx and Rx. Ltd. 2 weeks. Emagrin and Darvon Comp. #12.
9/14/64	B. Duffy 59-193	2.5			x				Appointment made with Dr. Buerkle for 9/15.
9/15/64	B. Duffy				x				To Dr. Buerkle at 10 a.m.
9/15/64	Dr. Deyoe				x				To use Darvon Comp. 65 #12 per Dr. Buerkle one q4h for pain.
9/15/64	Dr. Deyoe				x				Phone: Dr. Buerkle had told her she has bursitis. Also that he would call regarding certain x-rays to be taken.
9/15/64	Dr. Deyoe				x				Phone: Roy Buerkle, M.D. Shoulder is compensable from using spray paint gun. Probable calcific deposits in shoulder muscles off shoulder cuff.
									Has given Cortisone. Should get x-rays of shoulder and elbow (old injury) which may show a radial head injury.
									Has had intermittent pain in this area.
9/15/64	H. Ladd				x				To Syr. Gen. 9/16 for x-rays.
9/16/64	B. Duffy				x				To Syr. Gen. for x-ray.

Medical 16 — 2500 — 1-58

DATE	ATTENDANT	INDUSTRIAL REP.	INDUSTRIAL INJ.	INDUSTRIAL DIS.	INDUSTRIAL REV.	NON-INDUSTRI INJ.	NON-INDUSTRI DIS.	NON-INDUSTRI REV.	TREATMENT AND REMARKS
9/16/64	H. Ladd				x				Phone from Dr. Brooks: X-ray revealed large subdeltoid calcification in bursa. Elbow: Slight exostosis on lateral condyle lower end of humerus. Epicondylitis.
9/17/64	H. Ladd				x				Is not working today.
9/18/64	B. Duffy				x				Returned to work today. ? medication making her ill.
9/18/64	Dr. Deyoe				x				Stomach upset and nausea may have been due to Darvon Comp. 65. May try Zactirin Comp. Tabs. t.i.d. or q.i.d. #12 or plain Darvon Comp. #12.
9/18/64	H. Ladd				x				H. Denzer and F. Sill notified regarding lost time. C-11 sent.
9/21/64	H. Ladd				x				Right arm aches. Was taking Darvon Comp. along with Anacin.
9/21/64	Dr. Deyoe				x				Right shoulder feels improved. When right arm is elevated laterally, has pain in elbow when arm out to approx. 45-degree angle. Has appointment with Dr. Buerkle for 9/30. To see him earlier. May use Darvon Comp. #18.
9/21/64	B. Duffy				x				Appointment made with Dr. Buerkle for 9/28.
9/28/64	B. Duffy					x			To Dr. Buerkle at 1:15 p.m.
10/1/64	B. Duffy					x			Darvon Comp. #18.
10/2/64	H. Ladd					x			Right elbow aches but would like to try spray painting.
10/2/64	Dr. Deyoe					x			Outer right elbow still aches. Is exercising right shoulder. Somewhat improved. To continue limitation 2 weeks. Is doing miscellaneous lighter work.

CROUSE-HINDS CO.
SYRACUSE, NEW YORK

EMPLOYEE CONFIDENTIAL MEDICAL DATA

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10/2/64	Dr. Deyoe				x				Phone to Art Gloude: Patient will not be able to return to spray painting. Should probably contact Mr. Hoople regarding medical transfer to a different job requiring less steady grasping.
10/8/64	C-679				x				Accident 3/9/59. Not controverted.
10/15/64	B. Duffy				x				Elbow feels worse.
10/15/64	Dr. Deyoe				x				Right forearm and elbow remain quite painful. Wakes her up at night. Emagrin and Darvon Comp. #18 p.r.n. Ace Support.
10/19/64	Dr. Deyoe				x				Letter from Dr. A. R. Buerkle 10/14/64. Exam of right elbow at this time is essentially negative. Exam of right shoulder reveals motions to be limited to 40% of normal. X-rays were reviewed and it is felt that the diagnosis at this time is lateral humeral epicondylitis.
10/26/64	H. Ladd				x				To Dr. Buerkle.
10/27/64	H. Ladd				x				Right elbow still aches. Saw Dr. Buerkle yesterday.
10/27/64	Dr. Deyoe				x				Right elbow quite painful today. Had Cortisone shot yesterday. Percodan Tabs. #6. One as needed for pain.

Medical 16 — 2500 — 1-58

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11/5/64	Dr. Deyoe				x				Conf. with Ed Eggleston. Patient has been put on very light assembly work per her medical limitation.
11/5/64	C-4				x				A. R. Buerkle, M.D. On 10/26 was seen in office and stated her right shoulder and lateral elbow are O.K. Given injection of ½ cc. of intra-articular hydrocoritsone. Possible slight functional impairment; extent unknown at present.
11/6/64	B. Duffy				x				Right elbow aches.
11/6/64	Dr. Deyoe				x				Right elbow throbs and aches. To use Darvon Comp. #12 and Percodan #6. Will see Dr. R. Buerkle 11/9.
11/6/64	H. Ladd				x				C-11 sent regarding change of job 11/5/64.
11/9/64	B. Duffy				x				To Dr. Buerkle at 12:30 p.m.
11/17/64	H. Ladd				x				Right elbow pains and aches.
11/17/64	Dr. Deyoe				x				Pain seems to be over olecranon process of right elbow. Has appointment to see Dr. Buerkle 11/24. Patient wishes to have surgery if this would relieve pain. Darvon Comp. #18 and Emagrin.
11/24/64	D. Langdon				x				To Dr. Buerkle at 1 p.m.
12/10/64	H. Ladd				x				Regarding right elbow.
12/10/64	Dr. Deyoe				x				Last injection in right elbow was on 11/24. Elbow aches. Seems to swell at night in mid forearm according to patient. Will see Dr. Buerkle again 12/22. May continue Darvon Comp. #18.
12/22/64	B. Duffy					x			To Dr. Buerkle.
12/22/64	H. Ladd					x			Saw Dr. Buerkle. Has to have diath. massage to rt. elbow 3 x a week for 3 weeks.

CROUSE-HINDS CO.
SYRACUSE, NEW YORK

EMPLOYEE CONFIDENTIAL MEDICAL DATA

NAME Mabel Schad CLOCK NO. _____ OCCUPATION _____

SEX: ☐ MALE ☐ MARRIED ☐ WIDOW ☐ DIVORCED ☐ FEMALE ☐ SINGLE ☐ WIDOWER ☐ SEPARATED

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2/22/64	Dr. Deyoe				x				Saw Dr. Buerkle today who will see her again in 4 weeks. May try Parafon Forte q4-5h #12.
2/22/64	Dr. Deyoe				x				Phone: A. R. Buerkle, M.D. Regarding above.
12/28/64	H. Ladd				x				To St. Jos. Hosp. for physio.
2/29/64	H. Ladd				x				To St. Jos. Hosp. for physio.
12/31/64	D. Langdon				x				To St. Joseph's Hosp. for physio at 8:30 a.m.
1/4/65	D. Langdon				x				To St. Joseph's Hosp. at 8:30 a.m.
1/6/65	B. Duffy				x				To St. Joseph's Hosp. at 8:30 a.m.
/8/65	B. Duffy				x				To St. Joseph's Hosp. for physio.
1/11/65	B. Duffy				x				To St. Joseph's at 8:30 a.m.
1/13/65	B. Duffy				x				To St. Joseph's at 8:30 a.m.
1/15/65	H. Ladd				x				Appt. at St. Jos. Hosp cancelled for today
1/18/65	B. Duffy				x				To St. Jos. at 8:30 a.m.
/28/65	B. Duffy				x				To Dr. Buerkle at 1 p.m.
/28/65	H. Ladd				x				Regarding going back on old job in Enamel.

Medical 16 — 2500 — 1-58

DATE	ATTENDANT	INDUSTRIAL REP.	INDUSTRIAL INJ.	INDUSTRIAL DIS.	INDUSTRIAL REV.	NON-INDUSTRIAL INJ.	NON-INDUSTRIAL DIS.	NON-INDUSTRIAL REV.	TREATMENT AND REMARKS
1/28/65	Dr. Deyoe				x				Saw Dr. Buerkle today. She was told that right arm is strong and that it will not harm it if she returns to spray painting. Limitation lifted.
2/11/65	H. Ladd				x				Right arm and elbow are starting to feel tight.
2/11/65	Dr. Deyoe				x				Is on line with steady grasping of spray gun. Now right elbow and muscles of forearm ace. Palpable, tender mass deep in mid outer right forearm. (?) Muscle spasm. Ltd. permanently. To avoid heavy use of right arm. Not to spray paint.
2/15/65	B. Duffy				x				Regarding right elbow. Is painful.
2/15/65	Dr. Deyoe				x				Same job in Illum. Assembly is available. May try it. Will be Grade 9 instead of her usual 8. Is using soaks and Ace Support. Will see Dr. Buerkle 4/28.
3/1/65	B. Duffy				x				Swelling and soreness of right arm.
3/1/65	Dr. Deyoe				x				She has noticed some swelling of the upper dorsum of right forearm after work at nite. Aches. Rx Continue elastic support, Emagrin #25 and Darvon Comp. #25.
3/9/65	H. Ladd		x						Laceration right thumb. "Rivet machine struck my thumb." Sterile dry dsg.
3/10/65	B. Duffy				x				Right thumb redressed.
3/22/65	H. Ladd				x				Darvon Comp. #18 for pain in arm.
3/24/65	B. Duffy						x		Troches, Spray and Tyzine.
4/6/65	B. Duffy				x				To Dr. Buerkle at 1:15 p.m.
5/3/65	B. Duffy				x				Right arm seems to be getting worse.

CROUSE-HINDS CO.
SYRACUSE, NEW YORK

EMPLOYEE CONFIDENTIAL MEDICAL DATA

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5/3/65	Dr. Deyoe				x				Tender swelling in region of flexor carpi ulnar muscle and the flexor carpi radialis. Worse late in day. When pain comes on, grasping becomes weaker. Gets some relief with Emagrin and Darvon Comp. May continue using them. Return as needed.
/1/65	H. Ladd				x				Right elbow is very uncomfortable.
/1/65	Dr. Deyoe				x				Will see Dr. Buerkle 6/7. Elastic support helps some. Is using electric screwdriver every other day. While pressing down, pain is worse. Ltd. perm.: Not to use electric screwdriver.
5/7/65	H. Ladd				x				To Dr. Buerkle.
5/7/65	H. Ladd					x			Was told by Dr. Buerkle that if arm did not feel better would have to go off on comp. and rest arm. If that doesn't work, would have to have surgery. (Received 4 shots today.) Darvon Comp. 32 mg. #24 per Dr. Buerkle.
5/7/65	H. Ladd		x						Blood blister left middle finger. "I ran machine on finger this morning."
6/25/65	H. Ladd				x				Still has considerable discomfort in right elbow. Darvon Comp. #18 and Emagrin.
7/6/65	H. Ladd				x				Right elbow is painful.

MEDICAL DIVISION—CLINICAL RECORD

Name Schad, Mabel Dept. Enamel Clock No. 4272.

Foreman Date

Address

1954- 8/24 Inj. left foot DRS
10/26- Diarrhea DRS

1955: 3/18- Thr. Log.
7/29- Pain left side of abdomen- Dr. Parsons.
8/16- Recd. left eye. Rem. small chip by self yesterday. Nothing seen today. B.O. ung.

1956: 1/16- Abr. + cont. bruise of neck & back DRS
1/19- Nose slightly sore today - no cartef
1/20- Nose bleeding-

1957- 3/1 Ear ache & fever - seen by DRS
4/4- Burn left forearm
4/5- Red. at forearm. Looks good.

This card is used in Dispensary for record of patient, such as illness, temperature, pulse, etc.; treatment and disposition of case, i. e., sent home or back to work. The date of each visit is stamped on the card.

Medical 5 — 1M — 7-52

SUBSEQUENT RECORD

CROUSE-HINDS COMPANY SYRACUSE 1, NEW YORK

DATE 7/5/61

PHYSICAL EXAMINATION

NAME Mabel Schad AGE 41 SEX F OCCUPATION Enamel

1. HEIGHT ____ 2. WEIGHT ____ 3. PULSE ____ 4. BP ____/____ 5. URINALYSIS: ALB ____ SUGAR ____ 6. BLOOD: HB ____

7. ORTHO-RATER ☐ 8. AUDIOMETER ☒ 9. ECG. ☐ 10. CHESTX-RAY: REGULAR ☐ 14 X 17 ☐

Mark with cross (X) if findings are abnormal. Write remarks concerning abnormal findings in space below. If patient is categorized "FIT" and there are no remarks below it is assumed that the patient is essentially normal physically.

REMARKS:

Dx Left inj. Hemiorrhaphy (see over.

11. MOUTH	
12. TONGUE	
13. GUMS	
14. SALIVARY GLANDS	
15. PHARYNX	
16. TONSILS	
17. EYES	
18. PUPILS	
19. EYE GROUNDS	
20. FIELDS	
NOSE	
22. SINUSES	
23. EARS	
24. MASTOIDS	
25. NECK	
26. THYROID	
27. LYMPH GLANDS	
28. CHEST	
BREASTS	
HEART	
31. LUNGS	
32. ABDOMEN	
33. LIVER	
34. SPLEEN	
35. KIDNEYS	
36. GALL BLADDER	
TENDON REFLEXES	
VIBRATION SENSE	
39. SENSATION	
40. KERNIG	
41. ROMBERG	
42. PERIPHERAL VESSELS	
43. EDEMA	
44. RECTAL	
45. BACK	
46. HANDS AND ARMS	
47. FEET AND LEGS	
48. VARICOSITIES	
49. SPINE	
50. MALE GENITALIA	
51. HERNIA	
52. SKIN	

FOR FEMALE APPLICANTS ONLY
DATE L. M. P. 6/10/61

REGULAR	✓
DYSMENORRHEA	0
MENORRHAGIA	0
METRORRHAGIA	0
PREGNANCIES	0

MEDICAL CATEGORY: FIT ☐ SPECIAL CONSIDERATION NOISE ☐ 40 db AT 4000 CPS. LTD. TEMP. ☒ LTD. PERM. ☐ RECHECK ☐ REJECT ☐

CATEGORY AFTER RECHECK ____ INITIALS ____ DATE ____

53. TEETH
SATISFACTORY ☐
UPPER PLATE ☐
PARTIAL ☐
LOWER PLATE ☐
PARTIAL ☐
NEEDS DENTAL CARE ☐

54. VISION
SATISFACTORY ☐ GLASSES ☐
BELOW STANDARDS:
R ☐ L ☐ BI ☐
AMBLYOPIA:
R ☐ L ☐ BI ☐
NEEDS VISION CHECKUP ☐

55. HEARING
SATISFACTORY ☒
BELOW 15 db

	LF	HF	M
R	☐	☐	☐
L	☐	☐	☐
BI	☐	☐	☐

LIMITATION OR REASON FOR RECHECK VIII 2 weeks

SIGNATURE OF PHYSICIAN [illegible]

O BE USED ON RE-INSTATE ENT

DATE 7/5/61

WAS ABSENCE MEDICAL [X] NON-MEDICAL [ ] LENGTH OF ABSENCE: FROM _____ TO _____

DIAGNOSIS: _____

OPERATIONS: Left inguinal herniorrhaphy 5/10/61. SURGEON: J. E. Delmonico, M.D. Sr.

REMARKS: Healed
8 weeks fwd of 7/11.

TO BE USED FOR PERIODIC EXAMINATIONS

REASON FOR EXAMINATION: _____

CLINICAL SIGNS AND SYMPTOMS, IF ANY: _____

REMARKS: _____

SPECIAL LABORATORY DATA, IF ANY: _____

Medical 18 (Rev.) — 2M — 3-59

CROUSE-HINDS COMPANY SYRACUSE 1, NEW YORK

DATE 9/15/65

PHYSICAL EXAMINATION

NAME Mabel Schad AGE 45 SEX F OCCUPATION Illum. Assembly

1. HEIGHT ____ 2. WEIGHT ____ 3. PULSE ____ 4. BP ____/____ 5. URINALYSIS: ALB ____ SUGAR ____ 6. BLOOD: HB ____

7. ORTHO-RATER ☐ 8. AUDIOMETER ☐ 9. ECG. ☐ 10. CHESTX-RAY: REGULAR ☐ 14 X 17 ☐

11. MOUTH	
12. TONGUE	
13. GUMS	
14. SALIVARY GLANDS	
15. PHARYNX	
16. TONSILS	
17. EYES	
18. PUPILS	
19. EYE GROUNDS	
20. FIELDS	
21. NOSE	
22. SINUSES	
23. EARS	
24. MASTOIDS	
25. NECK	
26. THYROID	
27. LYMPH GLANDS	
28. CHEST	
29. BREASTS	
30. HEART	
31. LUNGS	
32. ABDOMEN	
33. LIVER	
34. SPLEEN	
35. KIDNEYS	
36. GALL BLADDER	
37. TENDON REFLEXES	
38. VIBRATION SENSE	
39. SENSATION	
40. KERNIG	
41. ROMBERG	
42. PERIPHERAL VESSELS	
43. EDEMA	
44. RECTAL	
45. BACK	
46. HANDS AND ARMS	
47. FEET AND LEGS	
48. VARICOSITIES	
49. SPINE	
50. MALE GENITALIA	
51. HERNIA	
52. SKIN	

Mark with cross (X) if findings are abnormal. Write remarks concerning abnormal findings in space below. If patient is categorized "FIT" and there are no remarks below it is assumed that the patient is essentially normal physically.

REMARKS:

Not to spray paint or use electric power drill

FOR FEMALE APPLICANTS ONLY
DATE L. M. P. ____

REGULAR	
DYSMENORRHEA	
MENORRHAGIA	
METRORRHAGIA	
PREGNANCIES	

MEDICAL CATEGORY: FIT ☐ SPECIAL CONSIDERATION NOISE ☐ 40 db AT 4000 CPS. LTD. TEMP. ☐ LTD. PERM. ☑ RECHECK ☐ REJECT ☐

CATEGORY AFTER RECHECK ____ INITIALS ____ DATE ____

53. TEETH
- SATISFACTORY ☐
- UPPER PLATE ☐
- PARTIAL ☐
- LOWER PLATE ☐
- PARTIAL ☐
- NEEDS DENTAL CARE ☐

54. VISION
- SATISFACTORY ☐ GLASSES ☐
- BELOW STANDARDS: R ☐ L ☐ BI ☐
- AMBLYOPIA: R ☐ L ☐ BI ☐
- NEEDS VISION CHECKUP ☐

55. HEARING
- SATISFACTORY ☐
- BELOW 15 db

	LF	HF	M
R	☐	☐	☐
L	☐	☐	☐
BI	☐	☐	☐

LIMITATION OR REASON FOR RECHECK

Daniel N. Weyoe
SIGNATURE OF PHYSICIAN

) BE USED ON RE-INSTATE..NT

DATE 9/15/65

WAS ABSENCE MEDICAL [X] NON-MEDICAL [ ] LENGTH OF ABSENCE: FROM _____ TO _____

DIAGNOSIS: Soreness left upper arm. A. R. Buerkle, M.D.

OPERATIONS: _____ SURGEON: _____

REMARKS: _____

TO BE USED FOR PERIODIC EXAMINATIONS

REASON FOR EXAMINATION: _____

CLINICAL SIGNS AND SYMPTOMS, IF ANY: _____

REMARKS: _____

SPECIAL LABORATORY DATA, IF ANY: _____

Medical 15 (Rev.) — 2M — 3-59

TO BE USED ON RE-INSTATEMENT

DATE _____

WAS ABSENCE MEDICAL ☐ NON-MEDICAL ☐ LENGTH OF ABSENCE: FROM _____ TO _____

DIAGNOSIS: _____

OPERATIONS: _____ SURGEON: Fade on 4 weeks.

REMARKS: ~~Right arm but in cast 10/15/65 by Dr. Buerkle. To have~~ check-up re. light work.

Cast in Place Arm in Sling.

TO BE USED FOR PERIODIC EXAMINATIONS

REASON FOR EXAMINATION: _____

CLINICAL SIGNS AND SYMPTOMS, IF ANY: _____

REMARKS: _____

SPECIAL LABORATORY DATA, IF ANY: _____

Medical 18 (Rev.) — 2M — 3-59

CROUSE-HINDS COMPANY SYRACUSE 1, NEW YORK

DATE 10/15/65

PHYSICAL EXAMINATION

NAME Mabel Schad AGE 45 SEX F OCCUPATION

1. HEIGHT 2. WEIGHT 3. PULSE 4. BP / 5. URINALYSIS: ALB SUGAR 6. BLOOD: HB

7. ORTHO-RATER ☐ 8. AUDIOMETER ☐ 9. ECG. ☐ 10. CHESTX-RAY: REGULAR ☐ 14 X 17 ☐

11. MOUTH	
12. TONGUE	
13. GUMS	
14. SALIVARY GLANDS	
15. PHARYNX	
16. TONSILS	
17. EYES	
18. PUPILS	
19. EYE GROUNDS	
20. FIELDS	
21. NOSE	
22. SINUSES	
23. EARS	
24. MASTOIDS	
25. NECK	
26. THYROID	
27. LYMPH GLANDS	
28. CHEST	
29. BREASTS	
30. HEART	
31. LUNGS	
32. ABDOMEN	
33. LIVER	
34. SPLEEN	
35. KIDNEYS	
36. GALL BLADDER	
37. TENDON REFLEXES	
38. VIBRATION SENSE	
39. SENSATION	
40. KERNIG	
41. ROMBERG	
42. PERIPHERAL VESSELS	
43. EDEMA	
44. RECTAL	
45. BACK	
46. HANDS AND ARMS	
47. FEET AND LEGS	
48. VARICOSITIES	
49. SPINE	
50. MALE GENITALIA	
51. HERNIA	
52. SKIN	

Mark with cross (X) if findings are abnormal. Write remarks concerning abnormal findings in space below. If patient is categorized "FIT" and there are no remarks below it is assumed that the patient is essentially normal physically.

REMARKS:

Hx ⊕ Right elbow on cast & sling (see over)

Speaker avoid heavy use of arm

FOR FEMALE APPLICANTS ONLY
DATE L. M. P.

REGULAR	
DYSMENORRHEA	
MENORRHAGIA	
METRORRHAGIA	
PREGNANCIES	

MEDICAL CATEGORY: FIT ☐ SPECIAL CONSIDERATION NOISE ☐ 40 db AT 4000 CPS. LTD. TEMP. ☑ LTD. PERM. ☐ RECHECK ☐ REJECT ☐

CATEGORY AFTER RECHECK _____ INITIALS DATE

53. TEETH
- SATISFACTORY ☐
- UPPER PLATE ☐
- PARTIAL ☐
- LOWER PLATE ☐
- PARTIAL ☐
- NEEDS DENTAL CARE ☐

54. VISION
- SATISFACTORY ☐ GLASSES ☐
- BELOW STANDARDS: R ☐ L ☐ BI ☐
- AMBLYOPIA: R ☐ L ☐ BI ☐
- NEEDS VISION CHECKUP ☐

55. HEARING
- SATISFACTORY ☐
- BELOW 15 db

	LF	HF	M
R	☐	☐	☐
L	☐	☐	☐
BI	☐	☐	☐

LIMITATION OR REASON FOR RECHECK

SIGNATURE OF PHYSICIAN

TO BE USED ON RE-INSTATEMENT

DATE 10/17/66

WAS ABSENCE MEDICAL [X] NON-MEDICAL [ ] LENGTH OF ABSENCE: FROM _____ TO _____

DIAGNOSIS: Surgery on right elbow 8/30 at Community-Gen.

OPERATIONS: _____ SURGEON: A. R. Buerkle, M.D.

REMARKS: Ser. well healed Much improved

TO BE USED FOR PERIODIC EXAMINATIONS

REASON FOR EXAMINATION: _____

CLINICAL SIGNS AND SYMPTOMS, IF ANY: _____

REMARKS: _____

AL LABORATORY DATA, IF ANY: _____

Medical 18 (2-66)

CROUSE-HINDS COMPANY, SYRACUSE, NEW YORK 13201

DATE 10/17/66

PHYSICAL EXAMINATION

NAME Mabel Schad AGE 47 SEX F OCCUPATION Illum. Assembly

1. HEIGHT ____ 2. WEIGHT ____ 3. PULSE ____ 4. BP ____/____ 5. URINALYSIS: ALB ____ SUGAR ____ 6. BLOOD: HB ____

7. ORTHO-RATER ☐ 8. AUDIOMETER ☐ 9. ECG. ☐ 10. CHESTX-RAY: REGULAR ☐ 14 X 17 ☐

11. MOUTH	
12. TONGUE	
13. GUMS	
14. SALIVARY GLANDS	
15. PHARYNX	
16. TONSILS	
17. EYES	
18. PUPILS	
19. EYE GROUNDS	
20. FIELDS	
OSE	
22. SINUSES	
23. EARS	
24. MASTOIDS	
25. NECK	
26. THYROID	
27. LYMPH GLANDS	
28. CHEST	
29. BREASTS	
30. HEART	
31. LUNGS	
32. ABDOMEN	
33. LIVER	
34. SPLEEN	
35. KIDNEYS	
36. GALL BLADDER	
TENDON REFLEXES	
VIBRATION SENSE	
39. SENSATION	
40. KERNIG	
41. ROMBERG	
42. PERIPHERAL VESSELS	
43. EDEMA	
44. RECTAL	
45. BACK	
46. HANDS AND ARMS	
47. FEET AND LEGS	
48. VARICOSITIES	
49. SPINE	
50. MALE GENITALIA	
51. HERNIA	
52. SKIN	

Mark with cross (X) if findings are abnormal. Write remarks concerning abnormal findings in space below. If patient is categorized "FIT" and there are no remarks below it is assumed that the patient is essentially normal physically.

REMARKS:

Exostosis removed rt external epicondyle

no cmp

FOR FEMALE APPLICANTS ONLY
DATE L. M. P.

REGULAR	
DYSMENORRHEA	
MENORRHAGIA	
METRORRHAGIA	
PREGNANCIES	

MEDICAL CATEGORY: FIT ☐ SPECIAL CONSIDERATION NOISE ☐ 40 db AT 4000 CPS. LTD. TEMP. ☑ LTD. PERM. ☐ RECHECK ☐ REJECT ☐

CATEGORY AFTER RECHECK ____ INITIALS ____ DATE ____

53. TEETH
- SATISFACTORY ☐
- UPPER PLATE ☐
- PARTIAL ☐
- LOWER PLATE ☐
- PARTIAL ☐
- NEEDS DENTAL CARE ☐

54. VISION
SATISFACTORY ☐ GLASSES ☐
BELOW STANDARDS: R ☐ L ☐ BI ☐
AMBLYOPIA: R ☐ L ☐ BI ☐
NEEDS VISION CHECKUP ☐

55. HEARING
SATISFACTORY ☐
BELOW 15 db

	LF	HF	M
R	☐	☐	☐
L	☐	☐	☐
BI	☐	☐	☐

LIMITATION OR REASON FOR RECHECK: Not to use Power tools

SIGNATURE OF PHYSICIAN: [illegible]

Return This Record To
MEDICAL DEPARTMENT

CROUSE-HINDS COMPANY
Syracuse, N.Y. 13201

Date [illegible]

HEALTH QUESTIONNAIRE
PERSONAL HISTORY

Name [illegible] (FIRST) C (MIDDLE) [illegible] (LAST)

Address RD I (NO. & STREET) KIRKVILLE (CITY) NY (STATE) 13082 (ZIP) Phone No. 6335373 Own Neighbor

Date of Birth	Your Job			
[illegible] 1919	Spray Painter	☒ MARRIED	☐ DIVORCED	☐ WIDOW
		☐ SINGLE	☐ SEPARATED	☐ WIDOWER

Your Doctor's Name	His Address
[illegible]	[illegible]

HAVE YOU EVER HAD ANY OF THE FOLLOWING:

		YES	DATE	NO
1.	Infection or drainage from your ears	☐		☒
2.	Hayfever or other allergies	☐		☒
3.	Chronic lung trouble, asthma or emphysema	☐		☒
4.	Heart trouble or murmur	☐		☒
5.	Heart burn	☐		☒
6.	Stomach trouble including ulcer	☐		☒
7.	Serious constipation	☐		☒
8.	Jaundice	☐		☒
9.	Liver or gallbladder trouble	☐		☒
10.	Rheumatism or arthritis	☐		☒
11.	Any bodily disability or deformity	☐		☒
12.	Migraine headaches	☐		☒
13.	Stroke or paralysis	☐		☒
14.	Epilepsy, "fits" or convulsive disorder	☐		☒
15.	Rheumatic fever	☐		☒
16.	Anemia	☐		☒
17.	Syphilis or positive blood test	☐		☒
18.	Diabetes or thyroid trouble	☐		☒
19.	Colitis	☐		☒

		YES	DATE	NO
21.	Varicose veins in the legs	☐		☒
22.	Foot trouble or painful flat feet	☐		☒
23.	Episode of vomiting blood or black or bloody bowel movements	☐		☒
24.	Back strain, backache or back injury	☐		☒
25.	Skin rash or other sensitivity as an adult	☐		☒
26.	Typhoid fever	☐		☒
27.	Severe dizzy spells or fear of heights	☐		☒
28.	Major surgery	☐		☒
29.	Knee injury or surgery — Elbow	☒		☐
30.	Malaria	☐		☒
31.	Cancer anywhere	☐		☒
32.	Recent change in your weight	☐		☒
33.	Contact lenses	☐		☒
34.	Impairment of color vision	☐		☒
35.	Infection or disease of the eye	☐		☒
36.	Trouble with hearing or ever used a hearing aid	☐		☒
37.	Bone or joint injury	☒		☐
38.	Severe soaking sweats at night	☐		☒
39.	TB or close contact with anyone who had TB	☐		☒
40.	A minifilm or chest X-ray questioned	☐		☒
41.	Coughing or spitting up blood	☐		☒
42.	High blood pressure	☐		☒
43.	Pains in the chest or heart palpitations	☐		☒
44.	Difficulty in breathing or shortness of breath without apparent reason	☐		☒
45.	Swollen ankles	☐		☒
46.	An electroencephalogram or electrocardiogram	☐		☒
47.	A recent change in your appetite or bowel movements	☐		☒
48.	Painfully swollen or stiff joints	☐		☒
49.	Boils	☐		☒

		YES	DATE	NO
50.	A fainting spell	☐		☑
51.	A period of being unconscious	☐		☑
52.	To get up at night to urinate regularly	☐		☑
53.	Kidney or bladder disease, a kidney stone or albumin in your urine	☐		☑
54.	Any chronic disease	☐		☑
55.	A nervous or emotional disturbance	☐		☑
56.	Bursitis of shoulder, hip, elbow or knee	☐		☑
57.	Muscle weakness or wasting	☐		☑
58.	MEN:			
	A. Hernia or rupture	☐		☑
	B. Prostate	☐		☑
	C. Varicocele	☐		☑
	D. Hydrocele	☐		☑
	E. Tumor of testes or cord	☐		☑
59.	WOMEN:			
	A. Menstrual cramps - severe	☐		☑
	B. Female trouble, ovarian cyst	☐		☑
	C. Abnormal uterine bleeding	☐		☑
	D. Hernia, rupture or prolapse	☐		☑
HAVE YOU EVER BEEN				
60.	Treated for drug abuse	☐		☑
61.	Under medical care, or do you take medicine regularly	☐		☑
62.	Seen by a psychiatrist	☐		☑
63.	An alcoholic, or do you usually take more than two alcoholic drinks a day, or have you ever used narcotics regularly	☐		☑
64.	Convicted of dispensing drugs illegally	☐		☑
65.	Rejected on any medical examination including draft classification	☐		☑
66.	Medically discharged from the armed forces, or have you received a pension or compen-	☐		☑

	YES	NO
67. Have you ever made a claim for an industrial accident? If "YES", date: _____ Company _____	☒	☐
68. Do you have a claim pending for any accident injury?	☑	☐
69. Have you ever been hospitalized for any reason? List ALL hospitalizations below with diagnosis. Surgery to Elbow Community Hospital	☒	☐
70. Have you taken time off from work, except vacation, in excess of seven days during the past year?	☑	☐
71. Are you subject to any other mental or physical conditions not specifically covered above? If "YES", list:	☐	☑

72. Family History. Circle item(s) if a family member has had: Diabetes, high blood pressure, cancer, heart or kidney disease, gout, TB, hernia or mental illness. Please explain:

None

	YES	NO
73. Are you subject to any other mental or physical conditions not specifically covered above? Please explain: _____	☐	☑

he undersigned, do hereby solemly declare and represent that my answers to the above questions are true and complete to the best of my owledge and belief, and furthermore I do hereby consent to the taking of a complete physical examination, including blood specimens, X- pictures and any other test or examination which the examining physician may consider necessary to determine my physical fitness for position for which I am an applicant, and that the findings and reports may be made available to the Company's Director, Medical Serv- s, personnel manager and other persons, whether or not employed by the Company at the sole discretion of the Director, Medical Services. filing any claim against the Company shall constitute a waiver of the confidential nature of such reports insofar as material to such lm. I am aware that any falsification of this record may be cause for rejection or if I am hired, may be cause for dismissal at any time.

Mabel E. Schad
PATIENT'S SIGNATURE

dical 19 (04-71)

TO BE USED ON RE-INSTATEMENT

DATE 12/2/71

WAS ABSENCE MEDICAL [X] NON-MEDICAL [ ] LENGTH OF ABSENCE: FROM _____ TO _____

DIAGNOSIS: Swelling and pain right forearm. A. R. Buerkle, M.D.
(Comp. injury 1959.)

OPERATIONS: _____ SURGEON: _____

REMARKS: Well on Dr. Buerkle's [illegible]
Right forearm improved.

TO BE USED FOR PERIODIC EXAMINATIONS

REASON FOR EXAMINATION: _____

CLINICAL SIGNS AND SYMPTOMS, IF ANY: _____

REMARKS: _____

AL LABORATORY DATA, IF ANY: _____

Medical 18 (2-66)

CRO_SE-HINDS COMPANY, SYRACUSE, NEW Y_K 13201

DATE 12/2/71

PHYSICAL EXAMINATION

NAME Mabel Schad AGE 52 SEX F OCCUPATION Spray Painter (Enamel)

1. HEIGHT ____ 2. WEIGHT ____ 3. PULSE ____ 4. BP ____/____ 5. URINALYSIS: ALB ____ SUGAR ____ 6. BLOOD: HB ____

7. ORTHO-RATER ☐ 8. AUDIOMETER ☐ 9. ECG. ☐ 10. CHESTX-RAY: REGULAR ☐ 14 X 17 ☐

11. MOUTH	
12. TONGUE	
13. GUMS	
14. SALIVARY GLANDS	
15. PHARYNX	
16. TONSILS	
17. EYES	
18. PUPILS	
19. EYE GROUNDS	
20. FIELDS	
21. NOSE	
22. SINUSES	
23. EARS	
24. MASTOIDS	
25. NECK	
26. THYROID	
27. LYMPH GLANDS	
28. CHEST	
29. BREASTS	
30. HEART	
31. LUNGS	
32. ABDOMEN	
33. LIVER	
34. SPLEEN	
35. KIDNEYS	
36. GALL BLADDER	
37. TENDON REFLEXES	
38. VIBRATION SENSE	
39. SENSATION	
40. KERNIG	
41. ROMBERG	
42. PERIPHERAL VESSELS	
43. EDEMA	
44. RECTAL	
45. BACK	
46. HANDS AND ARMS	
47. FEET AND LEGS	
48. VARICOSITIES	
49. SPINE	
50. MALE GENITALIA	
51. HERNIA	
52. SKIN	

Mark with cross (X) if findings are abnormal. Write remarks concerning abnormal findings in space below. If patient is categorized "FIT" and there are no remarks below it is assumed that the patient is essentially normal physically.

REMARKS:

Dr C. Pan [illegible] (OK) [illegible]

FOR FEMALE APPLICANTS ONLY
DATE L. M. P. ____

REGULAR	
DYSMENORRHEA	
MENORRHAGIA	
METRORRHAGIA	
PREGNANCIES	

MEDICAL CATEGORY: FIT ☑ | SPECIAL CONSIDERATION NOISE ☐ (40 db AT 4000 CPS.) | LTD. TEMP. ☐ | LTD. PERM. ☐ | RECHECK ☐ | REJECT ☐

CATEGORY AFTER RECHECK ____ INITIALS ____ DATE ____

53. TEETH
- SATISFACTORY ☐
- UPPER PLATE ☐
- PARTIAL ☐
- LOWER PLATE ☐
- PARTIAL ☐
- NEEDS DENTAL CARE ☐

54. VISION
- SATISFACTORY ☐ GLASSES ☐
- BELOW STANDARDS: R ☐ L ☐ BI ☐
- AMBLYOPIA: R ☐ L ☐ BI ☐
- NEEDS VISION CHECKUP ☐

55. HEARING
- SATISFACTORY ☐
- BELOW 15 db

	LF	HF	M
R	☐	☐	☐
L	☐	☐	☐
BI	☐	☐	☐

LIMITATION OR REASON FOR RECHECK

[signature]
SIGNATURE OF PHYSICIAN

TO BE USED ON RE-INSTATEMENT

DATE 2/7/72

WAS ABSENCE MEDICAL ☒ NON-MEDICAL ☐ LENGTH OF ABSENCE: FROM _____ TO _____

DIAGNOSIS: Contusion right lower leg 2/3/72.
Did not work 2/4.

OPERATIONS: _____ SURGEON: _____

REMARKS: Tense swelling anterior rt lower leg with discoloration from knee to plantar fascia 2/3/72
To surgeon for probable drainage of clots.

TO BE USED FOR PERIODIC EXAMINATIONS

REASON FOR EXAMINATION: _____

CLINICAL SIGNS AND SYMPTOMS, IF ANY: _____

REMARKS: _____

AL LABORATORY DATA, IF ANY: _____

CRUSE-HINDS COMPANY, SYRACUSE, NEW YORK 13201

DATE 2/7/72

PHYSICAL EXAMINATION

NAME Mabel Schad AGE 52 SEX F OCCUPATION (Enamel Spray Painter

1. HEIGHT ____ 2. WEIGHT ____ 3. PULSE ____ 4. BP ____/____ 5. URINALYSIS: ALB ____ SUGAR ____ 6. BLOOD: HB ____

7. ORTHO-RATER ☐ 8. AUDIOMETER ☐ 9. ECG. ☐ 10. CHESTX-RAY: REGULAR ☐ 14 X 17 ☐

11. MOUTH	
12. TONGUE	
13. GUMS	
14. SALIVARY GLANDS	
15. PHARYNX	
16. TONSILS	
17. EYES	
18. PUPILS	
19. EYE GROUNDS	
20. FIELDS	
21. NOSE	
22. SINUSES	
23. EARS	
24. MASTOIDS	
25. NECK	
26. THYROID	
27. LYMPH GLANDS	
28. CHEST	
29. BREASTS	
30. HEART	
31. LUNGS	
32. ABDOMEN	
33. LIVER	
34. SPLEEN	
35. KIDNEYS	
36. GALL BLADDER	
37. TENDON REFLEXES	
38. VIBRATION SENSE	
39. SENSATION	
40. KERNIG	
41. ROMBERG	
42. PERIPHERAL VESSELS	
43. EDEMA	
44. RECTAL	
45. BACK	
46. HANDS AND ARMS	
47. FEET AND LEGS	
48. VARICOSITIES	
49. SPINE	
50. MALE GENITALIA	
51. HERNIA	
52. SKIN	

Mark with cross (X) if findings are abnormal. Write remarks concerning abnormal findings in space below. If patient is categorized "FIT" and there are no remarks below it is assumed that the patient is essentially normal physically.

REMARKS:

Cutaneous hematoma
Med anterior Rt lower leg.
(see over

FOR FEMALE APPLICANTS ONLY
DATE L. M. P.

REGULAR	
DYSMENORRHEA	
MENORRHAGIA	
METRORRHAGIA	
PREGNANCIES	

MEDICAL CATEGORY — FIT ☐ — SPECIAL CONSIDERATION NOISE ☐ 40 db AT 4000 CPS. — LTD. TEMP. ☐ — LTD. PERM. ☐ — RECHECK ☐ — REJECT ☐

CATEGORY AFTER RECHECK ____ INITIALS ____ DATE ____

53. TEETH
- SATISFACTORY ☐
- UPPER PLATE ☐
- PARTIAL ☐
- LOWER PLATE ☐
- PARTIAL ☐
- NEEDS DENTAL CARE ☐

54. VISION
- SATISFACTORY ☐ GLASSES ☐
- BELOW STANDARDS: R ☐ L ☐ BI ☐
- AMBLYOPIA: R ☐ L ☐ BI ☐
- NEEDS VISION CHECKUP ☐

55. HEARING
- SATISFACTORY ☐
- BELOW 15 db

	LF	HF	M
R	☐	☐	☐
L	☐	☐	☐
BI	☐	☐	☐

LIMITATION OR REASON FOR RECHECK

SIGNATURE OF PHYSICIAN

MEDICAL DIVISION—CLINICAL RECORD

Name Schad, Mabel Dept. Enamel Clock No. 4278

A ss Foreman Date

1952: 1/31 - I.W. - lt. thumb.
2/1 - R. lt. thumb.
2/15 -B. lt. forearm.
4/14 - Cont & Abr. rt. little toe.
4/15-Insp. rt. little toe, See M10. To SGH for x-ray. Binning and Lundy notif. Dr.S.
4/16 - Insp. rt. 4th & little toes. Dr. S.
4/18 - Insp. rt. 4th & 5th toes. Discharged. Dr. S.
5/8 - P & B - Pac & Cal.
6/3 - P & B - Pac & Cal.
6/13 - Anal. to stiff neck.
6/23- P&B
7/21 - P & B.
7/23 - Lac. lt. thumb.
9/3- cont. lt. index finger. Dr.S.

This card is used in Dispensary for record of patient, such as illness, temperature, pulse, etc.; treatment and disposition of case, i. e., sent home or back to work. The date of each visit is stamped on the card.

Medical 5 — 1M — 4-51

SUBSEQUENT RECORD

1952: 7/24 - R. lt. thumb.
7/24 - Asp.
7/25 - R. lt. thumb.
7/28 - R. lt. thumb.
7/28 - Asp.
7/30 - R. lt. thumbb See M-10. Dr. S
7/31 - Insp. lt. thumb. Dr. S.
8/1 Insp. lt. thumb. Dr. S
8/4 - R. lt. thumb.
10-8-Pac. and Cal.-P.& B.
11/25-Pac.
1953: 1/13-analg. & Pac.-stiff neck
1/19-P.& B.
2/11-Pac. Cal.
2/17-Pac. Cal.
3/11-Pac. Cal.
3/30-Pain rt. shoulder anal.
4/20-Abr. cut hand at home-prot dsg-out
5/29-Abr. right ring finger
6/9-Pimple left side of neck
6/29 Contusion left ankle
6/30 Foot feels ok. Insp Dr S.
8/26- Small blister right ring finger.
10/26- Soreness left groin. Ace band. appl'd. See M10. Dr.S.
10/27- Insp. left side of abd. Dr.S.
10/28 Insp abd. Dr S.
10/29 Insp abdomen. Dr S.
10/30- Insp. left side of abdomen.
11/2 Insp abdomen.
11/4- Insp. abdomen. Disch.
11/27 Arrom, Inhalant.
11/30- Pac + Cal for cold.

1954- 1-25 Burn of elbow
5/18- Earache. Cotton in ear + Pac. adv.
6/24- P+B for diarrhea
8/20- Cont left foot. See M-10
8/23 Insp left foot Dr. S

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CROUSE [illegible]DS CO.
SYRACUSE, NEW YORK

EMPLOYEE CONFIDENTIAL MEDICAL DATA

NAME Mabel Schad CLOCK NO. _____ OCCUPATION _____

ADDRESS _____

SEX: ☐ MALE ☐ MARRIED ☐ WIDOW ☐ DIVORCED ☐ FEMALE ☐ SINGLE ☐ WIDOWER ☐ SEPARATED

DATE	ATTENDANT	INDUSTRIAL REP.	INDUSTRIAL INJ.	INDUSTRIAL DIS.	INDUSTRIAL REV.	NON-INDUSTRIAL INJ.	NON-INDUSTRIAL DIS.	NON-INDUSTRIAL REV.	TREATMENT AND REMARKS
7/26/65	D. Langdon				x				To St. Joseph's at 8:30 a.m.
7/[illegible]5/65	D. Langdon				x				Darvon Comp. #12 for pain.
7/27/65	D. Langdon				x				To Dr. Buerkle at 8:45 a.m.
8/4/65	H. Ladd				x				Right elbow is about the same.
8/4/65	Dr. Deyoe				x				The cortisone shots in right elbow do not help.
									She noted 1" x 2" area of tender swelling in ant. upper right forearm past day.
									Xm Probable muscle spasm. Stayed home yesterday to rest right arm.
8/17/65	H. Ladd		x						Left arm feels tight. "While holding reflector, I felt a pull in my arm."
8/[illegible]7/65	Dr. Deyoe		x						Tenderness on pressure and use at insertion of left deltoid.
									Rx Cold compresses tonight, then warm ones. Emagrin and Darvon Comp. #12. Return as needed.
8/18/65	H. Ladd				x				Left upper arm aches. Ace Bandage.
8/20/65	H. Ladd	2.1			x				Left upper arm and right elbow ache.
									Went home at 9:30 a.m. Emp. will contact Dr. Buerkle's office when she gets home.
8/23/65	H. Ladd				x				Is not working today. Lost time starts. F. Sill notified.
8/23/65	H. Ladd				x				Phone from emp.: Saw Dr. Buerkle. Received injection
									in left arm. Was told to stay off work for a few days. Dept. notified of this.

DATE	ATTENDANT	INDUSTRIAL REP.	INDUSTRIAL INJ.	INDUSTRIAL DIS.	INDUSTRIAL REV.	INDUS'L INJ.	INDUS'L DIS.	INDUS'L REV.	TREATMENT AND REMARKS
8/27/65	H. Ladd				x				Elbow is still sore. Will be on vacation.
9/8/65	H. Ladd				x				Phone:Shoulder feels better but still has some discomfort. Has appt. at Dr. Buerkle Mon. 9/13/65. Will call after app't. to let us know if she is comeing to work Tuesday.
9/15/65	Dr. Deyoe				x				See letter from A. R. Buerkle, M.D. 9/14/65: "...no complaints relative to left shoulder or right elbow and has full range of motion at these joints." Returning to regular work today. Fit.
9/22/65	D. Langdon				x				Darvon Comp. #12.
9/27/65	H. Ladd				x				Right elbow and arm painful.
9/27/65	Dr. Deyoe				x				Aching pain in left ant. shoulder and around right lateral epicondyle. May try Parafon Forte q3-4h #18. Return as needed.
10/4/65	H. Ladd				x				Darvon Comp. #18.
10/12/65	D. Langdon				x				Right elbow is painful.
10/12/65	Dr. Deyoe				x				Had report of comp. findings of exam by Dr. Harris. May try Darvon Comp. 65 q3-4h #12 for pain in right elbow.
10/12/65	Dr. Deyoe						x		Patient stated that while being examined yesterday by Dr. Harris, a "bone stood out" on the dorsum of her left wrist. Xm 1 cm. fluctuant, subcutaneous nodule in region of extensor tendon of left long finger. Dx Ganglion.
10/15/65	Dr. Deyoe				x				Right elbow and forearm now in plaster cast. Sling. Ltd. 3 weeks. Phone Ken Fletcher. Will try her on two light jobs.

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CROUS[illegible]NDS CO.
SYRACUSE, NEW YORK

EMPLOYEE CONFIDENTIAL MEDICAL DATA

NAME Mabel Schad CLOCK NO. OCCUPATION

ADDRESS

SEX: ☐ MALE ☐ MARRIED ☐ WIDOW ☐ DIVORCED ☐ FEMALE ☐ SINGLE ☐ WIDOWER ☐ SEPARATED

DATE	ATTENDANT	INDUSTRIAL REP.	INDUSTRIAL INJ.	INDUSTRIAL DIS.	INDUSTRIAL REV.	NON-INDUSTRIAL INJ.	NON-INDUSTRIAL DIS.	NON-INDUSTRIAL REV.	TREATMENT AND REMARKS
10/18/65	H. Ladd				x				Right arm is cast. Is working.
'22/65	H. Ladd				x				Right elbow is very painful.
10/22/65	Dr. Deyoe				x				Boring pain in right elbow which is in plaster cast. Phone to Dr. Buerkle's office regarding Rx. Percodan Tab. #1 now.
10/22/65	H. Ladd				x				Phone from Dr. Buerkle's office: Dr. Buerkle will write prescription for empirin and codein which will be mailed to patient.
11/5/65	D. Langdon				x				To Dr. Buerkle at 8:45 a.m.
11/5/65	H. Ladd				x				To St. Mary's Hosp. for x-ray.
11/15/65	D. Langdon				x				Regarding right elbow. More painful.
'/15/65	Dr. Deyoe				x				Right outer aches constantly. Wakes her up at night. To use Emagrin p.r.n. regularly for awhile.
12/2/65	D. Langdon				x				To Dr. Buerkle at 8:45 a.m.
1/4/66	D. Langdon				x				To Dr. Buerkle at 8:45 a.m.
1/11/66	H. Ladd				x				Regarding right elbow.
1/11/66	Dr. Deyoe				x				Is using Indocin 25 mg. (MSD) which haven't seemed to help. The riveting machine seems to aggrevate it. Plans to try for an office job.

DATE	ATTENDANT	INDUSTRIAL REP.	INDUSTRIAL INJ.	INDUSTRIAL DIS.	INDUSTRIAL REV.	INDUST INJ.	INDUST DIS.	INDUST REV.	TREATMENT AND REMARKS
1/28/66	D. Langdon				x		x		Coricidin and Darvon comp. 32 mg. # 16
2/15/66	D. Langdon				x				To Dr. Buerkle at 9 a.m.
2/15/66	H. Ladd				x				Regarding right elbow and lighter job.
/15/66	Dr. Deyoe				x				Just saw R. Buerkle, M.D. who feels condition of right lateral epicondyle not healing. Advises lighter job. Ltd. 4 weeks.
2/15/66	Dr. Deyoe				x				Phone: Roy Buerkle, M.D. Is to avoid heavy use of right hand and arm 4 weeks as limited.
2/17/66	D. Langdon				x				Regarding right elbow.
2/17/66	Dr. Deyoe					x			Question as to a lower pay rate on present job clarified. Right arm feels fairly good. She may try to transfer to a job doing paper work.
2/28/66	H. Ladd				x		x		Right elbow is painful. Cold. Darvon Comp. 32 mg. #8, Emagrin and Aromant.
3/7/66	D. Langdon				x				Regarding rt elbow.
3/7/66	Dr. Deyoe				x				Requests limitation be lifted enough so that she may do riveting. This was done. Plans to ask Dr. Buerkle if she may return to her original, preferred job of spray painting where she will make a better income. She feels that as long as her arm doesn't bother any more or less when she uses it, she might as well make more money and "live with it".
3/18/66	D. Langdon				x				Requests Darvon Comp. 32 mg. Given #24. Chap-ans.
3/24/66	D. Langdon						x		Rash on legs.
3/24/66	D. Langdon				x				Requests more Darvon Comp. 32 mg. per Dr. Deyoe. Given #12.

CROUSE-HINDS CO.
SYRACUSE, NEW YORK

EMPLOYEE CONFIDENTIAL MEDICAL DATA

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DATE	ATTENDANT	INDUSTRIAL REP.	INDUSTRIAL INJ.	INDUSTRIAL DIS.	INDUSTRIAL REV.	NON-INDUSTRIAL INJ.	NON-INDUSTRIAL DIS.	NON-INDUSTRIAL REV.	TREATMENT AND REMARKS
3/24/66	Dr. Deyoe						x		Patches of fungus infection both legs; more medial thighs. Rx Desenex oint. A. M. and P. M. 3-5 days.
3/24/66	Dr. Deyoe				x				Has notice to be in W.C.B. April 1.
3/29/66	D. Langdon				x				To Dr. A. R. Buerkle this morning.
3/29/66	H. Ladd		x						Sliver removed from right little finger. "I got a sliver in my finger from parts."
3/29/66	H. Ladd				x				Regarding right elbow.
3/29/66	Dr. Deyoe				x				Phone: Roy Buerkle, M.D. No acute flareup recently. Will recheck in 3 mos. It was felt she should not spray paint at this time. Surgery to remove calcific deposit may be indicated later on.
3/29/66	Dr. Deyoe				x				Stays about the same. C.T. as needed. Has used electric screwdriver Friday, 3/25. Some discomfort when using it. Has W.C.B. Hearing at 9:30 a.m. 4/1.
4/4/66	H. Ladd				x				Regarding right elbow.
4/4/66	Dr. Deyoe				x				Med. Exam Report. James Gray, M.D. Right upper extremity. "Some tenderness lateral elbow. No deformittes. Olecranon bursa normal. No defects in any of the motions of shoulder. elbow, wrist, fingers or thumb. Specific tests for epicondylitis negative. Conclusion: Findings not disabled. No schedule loss."
4/6/66	H. Ladd						x		Complaint for cold

DATE	ATTENDANT	REP.	INJ.	DIS.	REV.	INJ.	DIS.	REV.	TREATMENT AND REMARKS
4/18/66	D. Langdon				x				Darvon Comp. 32 mg. #18 requested. Given.
5/3/66	D. Langdon				x				Darvon Comp. 32 mg. #18.
5/6/66	H. Ladd				x				Right elbow is sore.
5/6/66	Dr. Deyoe				x				Patient has C-71A report (see copy). Requests she be allowed to return to spray painting. Limitation lifted.
5/9/66	Dr. Deyoe								Phone Ed Eggleston. She will not be able to go back to paint shop. She is permanently assigned to her present lighter job. Any transfer would have to be by bid and work too heavy for woman so would not be possible.
5/10/66	D. Langdon								Personal.
5/11/66	D. Langdon								Regarding right elbow.
5/11/66	Dr. Deyoe							x	Plans to bid out of present job if a better one becomes available.
1966 5/31	H. Ladd				x				Darvon #18 32 mg. for elbow.
6/14	D. Langdon				x				To Dr. Buerkle at 8:15
6/14	H. Ladd				x				Darvon comp. 32 mg right elbow.
6/15	D. Langdon				x				Regarding rt. elbow. Has stiffness back of neck. Car was struck by another car last night. Advised to see F.M.D regarding her neck.
6/14	Dr. Deyoe								Phone Ray Buerdle, M.D. Some calcification noted on x-ray near the lateral epicondyle. On the C-4 doctor will recommend the removal of this calcification surgically This procedure is now approved.
6/22	H. Ladd				x				Darvon Comp. 32 mg.

CROUSE-HINDS CO.
SYRACUSE, NEW YORK

EMPLOYEE CONFIDENTIAL MEDICAL DATA

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NAME Mabel Schad CLOCK NO. _____ OCCUPATION Illum. Assembly

ADDRESS _____

SEX: ☐ MALE ☐ FEMALE ☐ MARRIED ☐ SINGLE ☐ WIDOW ☐ WIDOWER ☐ DIVORCED ☐ SEPARATED

19 DATE	ATTENDANT	INDUSTRIAL REP.	INDUSTRIAL INJ.	INDUSTRIAL DIS.	INDUSTRIAL REV.	NON-INDUSTRIAL INJ.	NON-INDUSTRIAL DIS.	NON-INDUSTRIAL REV.	TREATMENT AND REMARKS
7/1	H. Ladd				x				Darvon 32 mg. #18 for elbow. Emagrin.
7/8	D. Langdon				x				Darvon Comp. 32 mg. #18. Requested.
7/18	D. Langdon				x				Darvon comp. 32 mg. #18 requested.
7/26	D. Langdon				x				To Dr. Buerkle.
7/26	H. Ladd				x				Regarding medication as ordered by Dr. Buerkle.
7/26	H. Ladd				x				States she may possibly be admitted to hospital 8/27 if bed is available.
7/26	Dr. Deyoe				x				Dr. Buerkle prescribed Zactirin Comp. Tabs. #48 1-2 q4h p.r.n. for pain.
8/17	H. Ladd				x				Darvon Comp. 32 mg. #18.
8/29	H. Ladd				x				In Community-General Hospital for surgery on right elbow. C-11 sent. L.T. begins today.
10/12	Dr. Deyoe				x				Phone: Roy Buerkle, M.D. Has been out of the cast for about 4 weeks. Arm feels much better. May return to her job as of 10/17. After another 3 months at this special job and if symptom free, may be released to unrestricted activity

Medical 16 — 2500 — 1-58

1966 DATE	ATTENDANT	INDUSTRIAL REP.	INDUSTRIAL INJ.	INDUSTRIAL DIS.	INDUSTRIAL REV.	NON-INDUST INJ.	NON-INDUST DIS.	NON-INDUST REV.	TREATMENT AND REMARKS
10/17	Dr. Deyoe				x		x		Ltd. 6 weeks. Not to use power tools. Will see Dr. Buerkle in 6 weeks. Head cold last week. Still has some residuals. Cold tabs.
10/17	H. Ladd				x		x		Pyrroxate, aromant for cold. Returning to work today. C-11 sent.
11/23	D. Langdon				x				To Dr. Buerkle.
11/30	M. Smith		x						Small piece of steel removed from left index finger. "While working, I got a sliver in my finger." Bacitracin oint. and S.D.
12/28	M. Smith				x				Re. Work limitation.
12/28	Dr. Deyoe				x				Right elbow and arm now completely asymptomatic. If a light spray painting job comes up to bid, will return for possible limitation change. Will see Dr. Buerkle again 2/22/67.
1967									
1/19	D. Langdon						x		Body aches. Nasal congestion. Malaise. T.--98.6. Pyrroxate, Aromant and Tyzine.
2/1	D. Langdon				x				To Dr. Buerkle.
2/9	D. Langdon				x				Regarding lifting of limitation.
2/9	Dr. Deyoe				x				See note from Roy Buerkle, M.D. 2/2/67. Limitation lifted.

SYRACUSE, NEW YORK

EMPLOYEE CONFIDENTIAL MEDICAL DATA

NAME Mabel Schad CLOCK NO. _____ OCCUPATION Enamel ~~Illumination Assembly~~

ADDRESS _____

SEX: ☐ MALE ☐ FEMALE ☐ MARRIED ☐ SINGLE ☐ WIDOW ☐ WIDOWER ☐ DIVORCED ☐ SEPARATED

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DATE	ATTENDANT	INDUSTRIAL REP.	INDUSTRIAL INJ.	INDUSTRIAL DIS.	INDUSTRIAL REV.	NON-INDUSTRIAL INJ.	NON-INDUSTRIAL DIS.	NON-INDUSTRIAL REV.	TREATMENT AND REMARKS
1967									
2/20	H. Ladd						x		Nausea and stomach cramps. Alk. Elixir and G-I Tabs.
5/11	M. Smith						x		Pyrroxate, Aromant, Tyzine and Synthaloids.
6/2	M. Smith		x						Superficial abrasion right forearm. "While going out back door last night, I slipped and brushed my arm against building." Obtundia oint. & D.S.D.
6/6	A. Hayes		x						Laceration left palm near little finger. "I was pulling reflectors apart and cut my hand." Obtundia dsg. with pressure bandage.
6/6	A. Hayes				x				Hand redressed. Dressings with patient.
8/24	H. Ladd							x	SBS-40.
8/29	H. Ladd							x	Phone from Art Gloude: Will on vacation last week in Sept. and first 2 weeks in October.
11/3	H. Ladd					x			? F.B. in left index finger. Nothing seen.
1968									
2/9	D. Langdon						x		Headcold. Back and shoulders ache at times. T.--98.2. Pyrroxate, Aromant. Given Darvon Comp. 32 mg. #8 (not to take medication at same time).

Medical 16—2500—1-58

DATE	ATTENDANT	INDUSTRIAL REP.	INDUSTRIAL INJ.	INDUSTRIAL DIS.	INDUSTRIAL REV.	NON-INDUSTRIAL INJ.	NON-INDUSTRIAL DIS.	NON-INDUSTRIAL REV.	TREATMENT AND REMARKS
1968									
4/16	D. Langdon						x		Malaise and nausea. T.--98.
								x	Rhubarb & Soda, Cola Syrup and G-I Tabs. Chap-ans.
5/2	H. Ladd						x		Sore throat. Throat is slightly red. T.--98.
5/2	Dr. Deyoe						x		Pharyngitis. Some substernal discomfort. Rx Penicillin #18 q4h 1 day, then q6h, Darvon Comp., Emagrin, Throat Spray, and Troches.
9/4	D. Langdon						x		Pyrroxate and NTZ Spray.
10/30	D. Langdon						x		Headache. Had discomfort behind right ear. Darvon Comp. 32 mg. #8 for headache. Advised hot packs to area behind ear.
12/21	A. Hayes						x		U.R.I. Coricidin, Emagrin, Troches, Seiler's and Thr. Spray.
12/23	H. Ladd							x	Coricidin and Loz.
1969									
5/29	D. Langdon						x		Upset stomach and headache. T.--98.6. Rhubarb & Soda, Cola, G-I Tabs. Darvon Comp. #12.
7/22	A. Hayes		x						? F.B. in left eye. "While pulling down a shade, somethin struck my eye." Nothing removed. Eye irrigated. B.A. oint. in eye. Will return if necessary.
7/24	A. Hayes						x		Troches.

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CROUSE-HINDS CO.

SYRACUSE, NEW YORK

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SEX: ☐ MALE ☐ FEMALE ☐ MARRIED ☐ SINGLE ☐ WIDOW ☐ WIDOWER ☐ DIVORCED ☐ SEPARATED

DATE	ATTENDANT	INDUSTRIAL				NON-INDUSTRIAL			TREATMENT AND REMARKS
		REP.	INJ.	DIS.	REV.	INJ.	DIS.	REV.	
1969									
/19	E. Roche							x	S-B-S 40
8/28	D. Langdon							x	Re left eye, soreness since injury of 7/22
8/28	Dr. Deyoe		x						Irritation lateral left conjunctivae. To see oculist for Rx and Dx
1970									
1/8	D. Langdon						x		Body aches. Cold and headache. T.--98. Coricidin.
1970									
15	D. Langdon		x						Contusion over middle joint of left index finger. Ice soak. States " I struck my finger against scraper in paint booth".
1/15	Dr. Deyoe		x						Contusion with soft swelling and discoloration dorsum middle joint left index finger. Hematoma. D.S.D. to limit motion. Emagrin and Darvon Comp. Return as needed.
1/21	D. Langdon						x		Body aches. Nasal congestion. T.--98.2. Thr. Spray. Emagrin. Vertigo. Color pale. To contact F.M.D. if necessary.

DATE	ATTENDANT	REP.	INJ.	DIS.	REV.	INJ.	DIS.	REV.	TREATMENT AND REMARKS
1970									
5/4	D. Langdon					x			? Insect bite outer aspect left ankle.
									"5/1 I was walking down stairs from Cafeteria near C.A. #2
									and felt sharp pain in my ankle."
									Now has black area on ankle. Stinger removed.
									Warm Phisohex soak. Obtundia dsg.
6/5	D. Langdon					x			? Small blebs inner aspect corner of left eye.
									Has had them 4 days.
									B.A. oph. oint. Advised to use B.A. oph. oint. over
									weekend. If not better, to see F.M.D.
6/12	H. Ladd		x						Contusion lower back.
									"I slipped on water on floor and fell striking lower back."
									Darvon Comp. and Emagrin. Advised hot soaks.
									Return 6/15.
6/25	D. Langdon		x						Contusion and abrasion left shin. "Fell over thinner
									bucket and struck leg on it."
									Ice pack to left.
6/25	Dr. Deyoe		x						Contused area and small abrasion mid anterior right lower
									leg. Considerable swelling and discoloration.
									Cold compresses, oint. dsg., elastic support, Emagrin
									and Darvon Comp.
8/25	D. Langdon					x			? Hornet bite post. left thigh.
									Was stung by an insect 8/22. Now area itches.
									Neo-Delta Cortef. Advised soda bicarb. baths.
9/8	D. Langdon				x				Right elbow is painful.

SYRACUSE, NEW YORK

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DATE	ATTENDANT	INDUSTRIAL				NON-INDUSTRIAL			TREATMENT AND REMARKS
		REP.	INJ.	DIS.	REV.	INJ.	DIS.	REV.	
1970									
9/8	Dr. Deyoe				x				Last week was again on spray painting of traffic hoods.
									Easy. Is on piecework. Felt she may have sprained it
									again. Returning from 3-day holiday. Dorsum right hand
									gets hard per patient. Strain (?).
									Will be in booth this week--lighter job.
									Not on line. Will be on vacation next week. Continue
									Emagrin and Darvon Comp. Return as needed.
									(Husband had nervous breakdown last April. Irrational
									and overactive at times.)
12/24	D. Langdon		x						Pain left mid back and dorsum right foot.
									"I was pulling a tank to paint booth and fell over stock
									pan. Also twisted my back and pan hit right foot."
									(Injured 12/22.)
					x				Darvon Comp 65 mg. #18 for discomfort in right elbow.
									Emagrin.
1971									
1/8	H. Ladd				x				Darvon Comp. 32 mg. for right forearm.
1/14	H. Ladd				x				Darvon Comp. for pain in elbow.
3/3	D. Langdon				x				Darvon Comp. 32 mg. #12 for pain in right elbow.

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DATE	ATTENDANT	INDUSTRIAL REP.	INDUSTRIAL INJ.	INDUSTRIAL DIS.	INDUSTRIAL REV.	NON-INDUSTR INJ.	NON-INDUSTR DIS.	NON-INDUSTR REV.	TREATMENT AND REMARKS
1971									
4/5	D. Langdon						x		Cold and pain back of neck. Body aches. T.--98.8.
									Emagrin, Loz. and Seiler's.
									Pass to go home.
4/16	H. Ladd		x						Burns forehead, chin and neck. Has itching and burning.
									"I was blowing out water on GWB's.with air gun."
4/16	Dr. Deyoe		x						Mildly inflamed skin forehead, cheeks and neck.
									B.A. oint. Cool compresses.
									Return if symptoms persist.
4/19	D. Langdon				x				Regarding burns on face.
4/19	Dr. Deyoe				x				States forehead and anterior neck itch.
									No inflammation or dermatitis noted.
									Cortisone oint. and Benadryl Caps. #12 q4-5h.
4/26	D. Langdon				x				Regarding burns on face.
4/26	Dr. Deyoe				x				Asymptomatic. No inflammation or "scarring" noted.
									Skin areas lower mid forehead, tip of nose and mid medial cheeks look normal to me this date.
									Patient reassured she may again use makeup if she so desires.
6/9	D. Langdon		x						Pain left upper anterior chest and left side of back.
									"While pulling a rack out to sweep, I was pinned between rack and a pole (6/4)."
6/9	Dr. Deyoe		x						Rack being pushed by another employe ran into patient
									squeezing her against a post 6/4.
									Still hurts in upper anterior left chest and lateral lower
									left rib cage.
									Rx X-rays, Emagrin, Darvon Comp. and soaks.
6/9	D. Langdon				x				To St. Mary's for x-rays.
6/9	H. Ladd				x				Phone: X-ray negative.

CROUSE-HINDS CO.
SYRACUSE, NEW YORK

EMPLOYEE CONFIDENTIAL MEDICAL DATA

NAME Mabel Schad CLOCK NO. _____ OCCUPATION Enamel

SEX: ☐ MALE ☐ MARRIED ☐ WIDOW ☐ DIVORCED
☐ FEMALE ☐ SINGLE ☐ WIDOWER ☐ SEPARATED

ADDRESS _____

DATE	ATTENDANT	INDUSTRIAL				NON-INDUSTRIAL			TREATMENT AND REMARKS
		REP.	INJ.	DIS.	REV.	INJ.	DIS.	REV.	
1971									
16	D. Langdon				x				Swelling and pain right forearm (below scar on elbow).
7/16	Dr. Deyoe				x				Swelling and pain on use dorsum right forearm.
									Dr. Buerkle is on vacation. Return after shutdown (2nd week in August) for appointment with Dr. Buerkle.
									Rx Ace Support, soaks. Using Anacin.
8/23	D. Langdon				x				To Dr. Buerkle.
8/23	D. Langdon				x				To be out of work 3 weeks per Dr. Buerkle.
									Dr. Buerkle will reopen case (injury 1959).
10/4	D. Langdon				x				To Dr. Buerkle.
/2	D. Langdon				x				To Dr. Buerkle.
12/8	D. Langdon				x				Right elbow discomfort.
									Darvon Comp. 32 mg. #8.
1972									
1/11	H. Ladd				x				Darvon Comp. 32 mg. for right elbow.

DATE	ATTENDANT	REF.	INJ.	DIS.	REV.	INJ.	DIS.	REV.	TREATMENT AND REMARKS
1972									
1/26	D. Langdon				x				Darvon Comp. 32 mg. #12 for right elbow.
2/1	D. Langdon		x						F.B. removed from inner canthus of right eye. "While pounding paint off hocks, a piece flew into my eye." (Went under safety glasses.)
2/3	D. Langdon		x						Contusion right lower leg. "I was rolling a paint tank over to conveyor line. There was a piece of metal on floor which caused tank to tip over on my leg." Ice compresses. Bed rest.
2/3	Dr. Devoe		x						Linear superficial abrasion with 2" x 3" area of swelling and discoloration mid anterior right lower leg. Rx Cold compresses, Ace Support, soaks, Emagrin and Darvon Comp.
2/4	D. Langdon								Per timekeeper: Not working. ? of weather or injury.
2/7	D. Langdon				x				Right lower leg is sore.
2/7	Dr. Devoe				x				Has discoloration from knee to plantar fascia right lower leg and foot. Tense hematoma in central contused area. To surgeon for probable drainage. 2" area of blistering and dark discoloration mid anterior right lower leg.
2/7	H. Ladd				x				Lost time continues. To Dr. Burdick at Community-General Emer. Room.
2/7	H. Ladd				x				Phone from Dr. Burdick: Large hematoma opened. Elevation and bed rest for a few days. Will see her Thursday.

CROUSE-HINDS CO.

SYRACUSE, NEW YORK

EMPLOYE CONFIDENTIAL MEDICAL DATA

NAME Mabel Schad DEPARTMENT Enamel

DATE	ATTENDANT	INDUSTRIAL			NON-INDUSTRIAL			TREATMENT AND REMARKS
		INJ.	DIS.	REV.	INJ.	DIS.	REV	
1972								
14	H. Ladd			x				Returned to work today. C-11 sent.
2/16	D. Langdon			x				To Dr. Burdick.
2/23	D. Langdon			x				To Dr. Burdick.
3/7	D. Langdon			x				To Dr. Buerkle.
3/8	D. Langdon			x				Did not have appointment 3/7.
								Requested that appointment for 3/8 with Dr. Buerkle be cancelled.
3/8	D. Langdon			x				To Dr. Burdick.
3/22	D. Langdon			x				To Dr. Burdick.
3/27	D. Langdon					x		Pyrroxate, Aromant and NTZ Spray.
4/17	D. Langdon			x				To Dr. Burdick.
4/17	H. Ladd			x				Phone from Dr. Burdick's office: Today's appointment cancelled.
								Employe notified.
4/18	D. Langdon			x				To Dr. Burdick.
5/30	D. Langdon			x				To Dr. Burdick.

DATE	ATTENDANT	INDUSTRIAL			NON-INDUSTRIAL			TREATMENT AND REMARKS
		INJ.	DIS.	REV.	INJ.	DIS.	REV.	
1972								
12/18	H. Ladd					x		Drixoral #8 for headache.
1973								
1/25	D. Langdon						x	Cold is better. Still some coryza. T.--98.8.
								Drixoral 1q12h and Aromant.
2/9	H. Ladd					x		Drixoral for headcold.
5/2	H. Ladd					x		Small wart-like area right upper lip.
5/2	Dr. Walker RW					x		Small growth on lip--right upper.
								Referred to Dr. Struthers for removal.
9/26	J. Kavo					x		Cold and laryngitis. T.--98.6.
								Pyrroxate and Spongiacaine. To return if no better.
1974								
4/3	H. Ladd					x		Soreness between left 4th and 5th toes.
								Soft corn between toes. Sponge rubber between toes to relive pressure. Advised to see M.D.
9/27	D. Langdon	x						Soreness right thumb and index finger.
								Alleges: "I was cleaning hooks 9/25 and today my thumb feels numb and index finger is irritated and skin is peeling." Had gloves.
								Warm MgSo4 soak and protective dsg. on thumb and finger.

CROUSE-HINDS CO.

SYRACUSE, NEW YORK

EMPLOYE CONFIDENTIAL MEDICAL DATA

NAME Mabel Sehad Hughes DEPARTMENT Enamel

DATE	ATTENDANT	INDUSTRIAL			NON-INDUSTRIAL			TREATMENT AND REMARKS
		INJ.	DIS.	REV.	INJ.	DIS.	REV.	
1974								
10/29	H. Ladd	x						Contusion back left thumb.
								Alleges: "While putting work on skid, I fell backwards over skid.
								Does not wish treatment, just wanted to report accident.
								Advised warm tub. Return if necessary.
7:36am 11/8	D. Langdon					x		Diarrhea and nasal congestion.
								Coricidin D, 2 pkts, lq.i.d.
								Donnagel with PG, 2 oz stat. at 7:40 a.m.
								T - 98.
								Take Coricidin after stomach is settled and diarrhea has subsided some.
1975								
:05 a.m. 3/31	M. Nichols					x		Diarrhea X3, abdominal cramps since 9 2.m.
								Donnagel PG 2 oz.; Titralac.
11:15 a.m. 4/17	M. Nichols	x						Contusion left ear. Alleges "while moving a crate,
								I went to stand up and struck my ear on a conveyor"
								Ice compress. Valisone cream to back of ear and lobe
								of ear. Return if any untoward symptoms such as
								headache. Given Valisone cream.

DATE	ATTENDANT	INDUSTRIAL INJ.	INDUSTRIAL DIS	INDUSTRIAL REV.	INDUSTRIAL INJ.	INDUSTRIAL DIS.	INDUSTRIAL REV.	TREATMENT AND REMARKS
1975								
8:35 a.m. 6/4	L. Platt	x						Left thumbnail torn.
								Alleges: "I was taking condulet off the line and I caught my thumb on what I was taking off the line."
								Polysporin dsg. with patient. Hot soaks. Protective dsg. Return p.r.n.
8 a.m. 11/18	L. Morris	x						"I was unloading the line on the conveyor yest. and I got a steel chip in my left cheek." Chip removed by employee yest. Reddened area noted. No open cut.
								Psp. dsg. To return prn.
1976								
7:30 a.m. 3/5	D. Langdon					x		Nasal congestion (started 3/4). T.--97.6.
								Appears somewhat pale.
								Advised her to go home and see F.M.D., if not better.
								Says she will punch out and go home.
								Given Afrin Nasal Spray #2 (use t.i.d.). Coricidin D 2 packets 1 q.i.d.
8:40 a.m. 4/1	D. Langdon	x						Pain left upper ant. chest.
								Alleges: "I was unloading racks all week on line, and felt pain in my chest."
								Area hurt more 3/31.
								Accident 3/31 - all day.
4/1	J. Kavo, N.C.	x						Localized tenderness 4th ICS from left mid clavicular line to approx. 3 cm. laterally. No pain on A/P or lateral compression. Symptoms mild at present, but suggestive of intercostal sprain.
								Advised heat.
								Rx Butazolidin #20 1q4h (BA); recheck 4/5 if not completely recovered.

CROUSE-HINDS CO.

SYRACUSE, NEW YORK

EMPLOYE CONFIDENTIAL MEDICAL DATA

NAME Mabel Hughes DEPARTMENT Enamel

DATE	ATTENDANT	INDUSTRIAL			NON-INDUSTRIAL			TREATMENT AND REMARKS
		INJ.	DIS.	REV.	INJ.	DIS.	REV.	
1976								
8:20 a.m. 6/1	D. Langdon					x		Both ears look red (in canals).
								Advised to see F.M.D. this P.M. Has small opened blister inner aspect right thumb from raking on 5/31.
								Has small area ecchymosis web of thumb and index finger. Septisol cleansing.
								Polysporin dsg. (given dressings and Polysporin oint.). If necessary, see F.M.D.
								Keep dressing dry and clean!!
8:15 a.m. 11/4	P. Quinlan					x		Complains of cold symptoms.
								States it started yesterday.
								Complains of PND, scratchy throat, and sneezing.
								T.--97.7. No hsitory of allergies.
								Given Coricidin D 2 pkgs. lq4h; Afrin Nasal Spray #1
								and Spongiacaine Loz: 3 pkgs.
1977								
8:15 a.m. 1/11	P. Quinlan	x						F.B. left 2nd finger pad 1/10/77.
								Alleges: "I was taking rings off the line. They were full of chips and I got one in my finger."
								Metal F.B. removed from pad left 2nd finger. Mycitracin dsg. and bandaid.
								Last Tet. was. 1967
								Per J. Kavo: Tet. Toxoid B. 0.5 cc. given.

DATE	ATTENDANT	INDUSTRIAL INJ.	INDUSTRIAL DIS.	INDUSTRIAL REV.	INDUSTRIAL INJ.	INDUSTRIAL DIS.	INDUSTRIAL REV.	TREATMENT AND REMARKS
1977								
7:59 a.m. 1/18	P. Quinlan	x						Burn left side of right breast. Alleges: "Yesterday, 1/17, I was taking hoods off the line and a hot stone came off it and fell down my blouse inside my bra." 2nd-degree burn noted approx. 1 " by ½" noted at medial right breast.
1/18	J. Kavo, N.C.	x						2nd-degree burn approx. 1½ x 1 cm. inferior and medial to nipple right breast. No surrounding erythema but central crusted exudate present. Rx Mycitracin dsg.
8:36 a.m. 1/19	P. Quinlan			x				For recheck of burn to right breast. Some yellowish exudate on dressing and over burn. Slight redness around burn. Mycitracin dsg. applied per V.O. J. Kavo.
8:32 a.m. 1/20	P. Quinlan			x				For recheck of 2nd-degree burn on right breast. Burn has yellowish exudate over it and there is a scant amount of drainage on dressing.
1/20	J. Kavo, N.C.			x				Some redness around edges of 2nd-degree burn right breast. Much yellowish exudate centrally without evidence of crusting. Will change Rx and observe. Rx Garamycin dsg. (PQ).
8:34 a.m. 1/21	P. Quinlan			x				For recheck of burn to right breast. Burn looks better. Still has some yellowish exudate on dsg. and a scant amount on burn. Garamycin dsg. reapplied and recheck Monday.

CROUSE-HINDS CO.

SYRACUSE, NEW YORK

EMPLOYE CONFIDENTIAL MEDICAL DATA

NAME Mabel Hughes DEPARTMENT Enamel

DATE	ATTENDANT	INDUSTRIAL			NON-INDUSTRIAL			TREATMENT AND REMARKS
		INJ.	DIS.	REV.	INJ.	DIS.	REV.	
1977								
8:32 a.m. 1/24	P. Quinlan			x				For recheck of burn right breast.
								Burn appears to be healing well.
								Scant amount of yellowish exudate on dsg. and some over burn.
								Garamycin dsg. reapplied.
								Return check 1/25/77.
8:36 a.m. 1/25	P. Quinlan			x				For recheck of burn right breast.
								Scant amount of yellowish exudate over burn.
								Slightly reddened areas noted where tape of dsg. was placed.
								Per V.O. Dr. Walker: Change oint. to Biozyme.
								Biozyme dressing applied and with patient.
								Recheck 1/26 with R.N. and 1/28.
1/25	Dr. Walker MW			x				Burn healing very slowly and with soft yellowish eschar.
								Will change oint.
								Rx Biozyme dsg.; recheck 1/28.
8:40 a.m. 1/26	P. Quinlan			x				For recheck of burn to right breast.
								Burn continues to heal without apparent infection
								Scant amount of yellowish exudate on dsg. and around wound.
								Biozyme dressing reapplied. Recheck 1/27.
8:36 a.m. 1/27	R.Quinlan			x				For recheck of burn to right breast.
								Continues to have some yellowish eschar over it.
								Biozyme dressing applied.

DATE	ATTENDANT	INJ.	DIS.	REV.	INJ.	DIS.	REV.	TREATMENT AND REMARKS
1977								
8:36 a.m. 1/28	P. Quinlan			x				For recheck of burn to right breast.
								Yellowish exudate on dsg. and soft yellowish eschar over burn.
1/28	Dr. Walker			x				Burn healing very slowly.
								Still soft necrotic eschar present.
								Location - on under side of breast - one reason
								why healing is so slow.
								Rx Bioyzme dsg. (PQ).
8:35 a.m. 1/31	M. D'Orazio			x				For recheck of burn to right breast.
								Large amount drainage noted on dsg.
								Yellow exudate noted at center of burn.
								Biozyme dsg. reapplied.
								See Dr. Walker 2/1/77.
9:40 a.m. 2/1	R. Boccardo			x				For recheck burn right breast.
								See note 1/31 M. D'Orazio. Skin appears to be irritated.
								Very small amount drainage noted on dressing.
2/1	Dr. Walker			x				Original burn area is improving, but now there are
								several reddened, crusting areas around it which probably
								represent reaction to tape.
								Rx Biozyme with S.D.--no tape; dressing can be held in
								place by bra. (RB)
								Recheck 2/4.
8:35 a.m. 2/4	P. Quinlan			x				For recheck of burn right breast. See note of
								Dr. Walker 2/1. Scant amount of exudate over
								scattered areas of burn. Scant amt. of yellowish
								exudate on dressing.
2/4	J. Kavo, N.C.			x				Burn right breast as described in nursing note.
								Will change to Rx Polysporin dressings b.i.d.;
								recheck 2/9 or 2/10.

CROUSE-HINDS CO.

SYRACUSE, NEW YORK

EMPLOYE CONFIDENTIAL MEDICAL DATA

NAME Mabel Hughes DEPARTMENT Enamel

DATE	ATTENDANT	INDUSTRIAL INJ.	INDUSTRIAL DIS.	INDUSTRIAL REV.	NON-INDUSTRIAL INJ.	NON-INDUSTRIAL DIS.	NON-INDUSTRIAL REV.	TREATMENT AND REMARKS
1977								
8:34 a.m. 2/7	P. Quinlan			x				For recheck of burn right breast. One area of burn still has yellowish exudate over it.
2/7	Dr. Walker			x				Area healing nicely without infection. Rx Polysporin dsg.; recheck 2/9 (PQ).
8:36 a.m. 2/10	P. Quinlan					x		Complains of cold symptoms. Alleges: "I was out of work yesterday with a cold." Complains of PND, sore throat and sinus congestion.
8:36 a.m. 2/10	P. Quinlan			x				Also: For recheck of burn to right breast. See note of Dr. Walker 2/7. Employe was out of work with a cold 2/9. Area appears to be healing well.
2/10	J. Kavo, N.C.M.			x				Burn right breast much improved. Very small amount crusted exudate centrally. Rx Pen A #20 1 q.i.d.; Drixoral #10 1q12h; continue Polysporin dressings and recheck 2/15 (RB); R.N. to observe.
8:38 a.m. 2/15	P. Quinlan			x				For recheck of burn right breast. See note of J. Kavo 2/10. Burn almost healed without apparent infection.

DATE	ATTENDANT	INDUSTRIAL INJ.	INDUSTRIAL DIS.	INDUSTRIAL REV.	INDUSTRIAL INJ.	INDUSTRIAL DIS.	INDUSTRIAL REV.	TREATMENT AND REMARKS
1977								
2/15	Dr. Walker			x				Burn healed. No further treatment. Return p.r.n.
10:05 am 6/7	M. D'Orazio					x		Complains of soreness and slight swelling below left eye x 1 day. Neither sclera nor conjunctiva reddened. Denies injury or drainage from eye. To return at 2 p.m.
6/7	Dr. Walker					x		Has very small area of tenderness lower mid-lid on left. On conjunctiva of same area is a tiny punctate lesion surrounded by area of hyperemia, probably representing infectious process. Rx and return prn. Rx: Pen A #20 1 q 4 hrs Neosporin ophth. sol. gtts 2 q 2 hrs O.S. (MD)
8:20 a.m. 6/10	M. D'Orazio						x	For recheck of tenderness under left eye. See note 6/7. States area now feels numb and vision is blurry.
6/10	Dr. Walker						x	No phsical change. Will get appointment with ophthal.
7:20 a.m. 8/31	B. Servatius	x						In regarding burns to left upper arm that occurred 8/30 at 3 p.m. Alleges: "One of the fellows that I work with had taken off some of his work for inspection. He had quite a handful and he bumped my arm." 2 small 1st-degree burns noted radial to volar aspect of left arm between olecranon process and scapular region. Cleansed well with Septisol. Polysporin dsg. and coverlets applied. Ung. and dressings sent with employe.

CROUSE-HINDS CO.

SYRACUSE, NEW YORK

EMPLOYE CONFIDENTIAL MEDICAL DATA

NAME Mabel Hughes DEPARTMENT Enamel

DATE 1978	ATTENDANT	INDUSTRIAL INJ.	INDUSTRIAL DIS.	INDUSTRIAL REV.	NON-INDUSTRIAL INJ.	NON-INDUSTRIAL DIS.	NON-INDUSTRIAL REV.	TREATMENT AND REMARKS
8:30am 3/14	B. Servatius	x						Requesting check of both hands by Dr. Walker or J. Kavo, N.C. Alleges: "I was cleaning hooks yesterday after they came out of the strip tank and I think I got some acid on my hands." Discoloration noted of volar surface of 2nd finger right hand. Also 2nd and 3rd fingers left hand and upper palm area just distal to wrist at volar and ulnar aspect. Areas not painful to employe with exception of 2nd fingers both hands.
3/14	Dr. Walker	x						Has a yellowish color to the 1st 2 fingers on the volar surface of both hands. This may be due to Nitric acid I am not sure what they dip those things in to clean them. There is no break in the skin and they are not sore. I really don't believe there is any treatment and told her that if they bother her or if the skin breaks down come on back.
								She tells me that she has a different pair of rubber gloves ~~that the foreman gave her this morning and that these will~~ probably be alright to to her present job in. The one she ~~had yesterday were very poor. Apparently too porous and~~ the material leaked through.
8:40AM 6/8	B. Servatius					x		Requesting drsg to small toe left foot. Saw podiatrist and had corn removed and area is tender as it is located on inner aspect of toe and adjacent toe is causing pressure. Sl. redness of area. No drainage. DSD applied and drsgs. sent with employe. To recheck with podiatrist if toe continues to be painful.

DATE	ATTENDANT	INJ.	DIS.	REV.	INJ.	DIS.	REV.	TREATMENT AND REMARKS
1978								
7:06 9/13	[redacted]B. Servatius					x		Com[redacted]ns of sore throat, painful neck glands [redacted]d productive cough with white mucous that she has had since yesterday. T.--99. To return after 8:30 am for check by Dr. Walker or N.C.
9/13	J. Kavo, N.C.					x		Posterior pharynx markedly reddened. Mucosa injected and somewhat swollen. Moderate amounts of muco-purulent PND. TM's WNL. Moderate bilateral ACL. Breath sounds vesicular throughout without adventitious sounds. Imp: throat infection and PND. Rx: Utimox #15 1 tid, Drixoral #10 1q12h, Chloraseptic lozenges #10 prn. (BS)
10:06AM 11/1	E. Lee					x		C/o feeling "achy". States took penicillin tab this AM that she had at home. Denies any other symptoms. T-98.8. Advised to rest at home and to see FMD if not improved.
1979 8:22AM 2/15	E. LEE					X		C/O RAISED AREA INSIDE RT NOSTRIL X 2 DAYS. STATES AREA IS VERY SORE. ALLEGES:"I HIT THE DOOR BY THE TIME CLOCK WITH MY NOSE TWO DAYS AGO. I THINK THIS MAY HAVE IRRITATE IT." STATES THAT AREA HAS BEEN BLEEDING SLIGHTLY. REQUESTING TO BE CHECKED BY DR. WALKER OR J KAVO, N.C.
2/15	J. KAVO, N.C.					X		SMALL REDDENED, SLIGHTLY SWOLLEN AREA MUCOSA JUST INSIDE RT. NARES WHICH APPEARS MORE LIKE INFECTION THAN INJURY. WILL NOT CONSIDER THIS AS WORK RELATED AT PRESENT. THERE IS NO EVIDENCE OF ACTUAL ABSCESS AT THIS TIME. WILL RX AND ADVISED SHOULD THIS PERSIST OR BECOME WORSE SHE SHOULD DEFINITELY RETURN. RX: NEO MEDROL APPLY TID (JK)

CROUSE-HINDS CO.

SYRACUSE, NEW YORK

EMPLOYE CONFIDENTIAL MEDICAL DATA

NAME MABEL HUGHES DEPARTMENT ~~ENAMEL~~ AVK #2

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DATE 1979	ATTENDANT	INDUSTRIAL INJ.	INDUSTRIAL DIS.	INDUSTRIAL REV.	NON-INDUSTRIAL INJ.	NON-INDUSTRIAL DIS.	NON-INDUSTRIAL REV.	TREATMENT AND REMARKS
8:35AM 3/1	B. FULLER					X		C/O NON PROD COUGH, CHEST CONGESTION NON RADIATING BILATERAL UPPER ANT. CHEST DISCOMFORT AND LARYNGITIS X 4 DAYS. DENIES INNER EAR DISCOMFORT SORE THROAT OR SINUS CONGESTION. T. 98.8. STATES HAD A DECONGESTANT LEFT FROM THE LAST "COLD" AND STARTED TAKING THE GREEN PILL DRIXORAL LAST NIGHT
3/1	J. KAVO, N.C.					X		POSTERIOR PHARYNX BEEFY RED. MUCOSA MARKEDLY SWOLLEN AND INJECTED. SCANT AMOUNTS YELLOWISH PURULENT PND. TM'S WITHIN NORMAL LIMITS. COUGH SOUNDS TO BE TRACHEAL IN NATURE. BREATH SOUNDS ARE VESICULAR THROUGHOUT WITH-OUT ADVENTITIOUS SOUNDS. IMPR: THROAT INFECTION WITH PND. LARYNGITIS AND POSSIBLE TRACHEITIS. ADVISED STEAM INHALATIONS AT HOME. RX: EMYCIN #28 1QID DRIXORAL #14 1Q12H (JK) RECHECK IF NOT RECOVERED.
8:35AM 4/12	E. LEE					X		C/O STOMACH PAINS X 1 DAY. STATES HAS HAD THIS TYPE OF DISCOMFORT APPROX ONCE A WK. FOR APPROX WKS. INDICATES DISCOMFORT IS CENTERED ACROSS BOTH UPPER QUADRANTS OF ABDOMEN. STATES HAS DIARRHEA WITH DISCOMFORT. DENIES ANY OTHER SYMPTOMS AT PRESENT TIME. T. 99.2. REQUESTING CHECK BY DR. WALKER OR J. KAVO, N.C.

Medical 16 (08-71)

DATE 1979	ATTENDANT	INDUSTRIAL INJ.	INDUSTRIAL DIS.	INDUSTRIAL REV.	NON-INDUSTRIAL INJ.	NON-INDUSTRIAL DIS.	NON-INDUSTRIAL REV.	TREATMENT AND REMARKS
4/12	J. KAVO,N.C.					X		ABDOMEN IS NON-DISTENDED AND SOFT WITH SCATTERED AREAS OF HYPERTYMPANY. NO MASSES. VERY MILD TENDERNESS OVER AREA OF ASCENDING COLON. SHE HAS HAD DIARRHEA YESTERDAY AND TODAY. IMP: PROBABLE ENTERITIS. ADVISED OF BLAND DIET. RX: DONNAGEL PG 2 OZ STAT.
								DIBAN #4 1Q3H, BEGIN AT 10 A.M. (BL)
								IF THIS CONTINUES SHE WILL SEE DR. PISKOR FOR FURTHER EVALUATION.
1:25PM 12/13	P. METZ	X						C/O METAL SLIVER IN FINGER. ALLEGES: "I WAS PUTTING SOME BLOCKS ON A METAL PLATE AND I GOT A METAL SLIVER IN MY FINGER JUST NOW." SMALL SLIVER OF METAL REMOVED FROM TIP OF LFT.2ND FINGER PALMER SURFACE.
:40AM 2/28	B. FULLER					X		C/O DISCOMFORT INSDIE RT NARE "FROM A PIMPLE" X 4DAYS WISHES TO SEE J. KAVO, N.C. T. 99.
12/28	J. KAVO, N.C.					X		VERY LOCALIZED AREA OF REDNESS INSIDE RT NOSTRIL ON SEPTUM OF NOSE. SMALL PUSTULAR CENTER WITHOUT ANY APPARENT DRAINAGE. I HAVE CAUTIONED HER OF THE IMPORTANCE OF TREATING THIS ADEQUATELY ESPECIALLY SINCE A 4 DAY WEEKEND IS ABOUT TO BEGIN. I HAVE AGREED TO BEGIN ANTIBIOTICS PO AND ADVISED HOT SOAKS BUT SHE PROMISES IF THIS IS WORSE OR NO BETTER BY 12/31 SHE WILL SEEK PRIVATE MEDICAL ATTENTION SINCE AN ABSCESS FORMATION IN THIS AREA CAN BE VERY DANGEROUS.
								RX: PEN A #20 1QID
								PROSTAPHLIN #20 1QID (BS)
980 :35AM /3	P METZ						X	FOR RECHECK OF ? RT NOSTRIL PUSTULE. STATES SHE THINKS THE PUSTULE HAS BROKEN. STILL TAKING MEDS.

CROUSE-HINDS CO.

SYRACUSE, NEW YORK

EMPLOYE CONFIDENTIAL MEDICAL DATA

NAME MABEL HUGHES DEPARTMENT ARK #2

DATE 1980	ATTENDANT	INDUSTRIAL INJ.	INDUSTRIAL DIS.	INDUSTRIAL REV.	NON-INDUSTRIAL INJ.	NON-INDUSTRIAL DIS.	NON-INDUSTRIAL REV.	TREATMENT AND REMARKS
1/3	DR. WALKER						X	ALTHOUGH SHE WAS TOLD TO GO TO HER OWN FMD SHE COMES BACK IN FOR A CHECK. I CAN SEE NOTHING IN THE NOSTRIL AND SHE ADMITS THAT IT BROKE AND DRAINED AND FEELS GOOD. I ADVISED HER TO FINISH HER MEDICATION AND RETURN PRN.
9:05 AM 3/14	B. FULLER	X						COMPLAINS OF DISCOMFORT IN RIGHT INDEX FINGER AND LEFT 3RD FINGER FROM DISTAL TIP TO DIP JOINT X 1 DAY. PER EMP: "I HIT MY FINGERS ON SOME LEG PARTS YESTERDAY 3/13 WHEN I WAS GETTING THEM OUT OF THE BIN." RED, SLIGHTLY SWOLLEN AREA NOTED AT THE BASE OF BOTH NAILS. ABLE TO BEND FINGERS WITHOUT ANY PROBLEMS.
3/14	DR. WALKER	X						THERE IS NOT REALLY MUCH TO SEE ON THE EXAM BUT I FEEL SHE IS PROBABLY GETTING AN EARLY PARONYCHIA. ADVISED FREQUENT HOT MGSO4 SOAKS. RX: AMCILL #20 1Q4H, RETURN PRN (BL)
2:25PM 8/22	E. LEE						X	FOR CLEARANCE TO RTW FOLLOWING PERSONAL INJURY. (REMOVAL OF BONE SPUR LT. 5TH TOE). HAS BEEN OOW SINCE 8/11/80. BRINGS NOTE FROM DR. WOLHANDLER STATING SHE MAY RTW 8/25/80 WITHOUT LIMITATION. IS NOT TAKING ANY MED. @ PRESENT. NEXT APPT. IS 9/19/80 @ 4:00. STATES FOOT IS SL SWOLLEN AND TENDER. HOWEVER, MUCH IMPROVED. GIVEN CLEARANCE BY J. KAVO, N.C.

DATE	ATTENDANT	INDUSTRIAL INJ.	INDUSTRIAL DIS.	INDUSTRIAL REV.	INDUSTRIAL INJ.	INDUSTRIAL DIS.	INDUSTRIAL REV.	TREATMENT AND REMARKS
1981 3:45 8/24	L.NEVIL	X						PT. BROUGHT TO MEDICAL VIA STRETCHER FOLLOWING PHONE CALL FROM FOREMAN THAT PT. HAD FALLEN DOWN THE STAIRS. PT. PLACED ON BEDREST IN ER. ALERT AND ORIENTED TO TIME AND PLACE. C/O CONTUSION/ABRASION LEFT HAND AND LEFT KNEE. ICE APPLIED TO ALL AREAS. EXAM BY DR. WALKER. COLOR GOOD. BP RIGHT 160/78, P-84 AND REG. SKIN WARM AND DRY TO TOUCH. P.E.R.L. PER EMPLOYEE: "I CAUGHT MY HEEL ON THE STEP GOING DOWN AND I FELL DOWN 4 STAIRS." DID NOT LOSE CONSCIOUSNESS. RE-EXAM BY DR. WALKER. DENI DIZZINESS OR LIGHTHEADEDNESS AT PRESENT.
4:00PM	L.MORRIS							BP RIGHT 160/76, P-88 AND REG. RE-EXAM BY DR. WALKER. V.O DR. WALKER ZOMAX #12 1 Q4H PRN. HEAD SHEET. PSP D TO AREAS. BP 140/80, P-80. PT. TAKEN HOME BY HUSBAND.
8/24	DR. WALKER	X						SEE RN'S NOTE. SHE STATES THAT SHE TRIPPED AND FELL ABOU 4 STEPS BUT WAS NOT UNCONSCIOUS. AFTER OBSERVING HER FOR ½ HR. TO 45 MINS. IN OUR EMERGENCY ROOM AND ICE APPLIED TO THE INJURED AREAS, I DECIDED THAT SHE COULD CONTINUE ON HER WAY HOME. THE NEURO WAS NEG. SHE MOVES ALL HER JOINTS FREELY. I ADVISED HER THAT SHE MIGHT HAVE SOME NECK PAIN TOMORROW AS THE RESULT OF PROBABLY A CERVICAL STRAIN OR SPRAIN FROM THE FALL AND THAT HER KNEE WOULD PROBABLY ALSO BOTHER HER. I GAVE THE RN A VERBAL ORDER TO GIVE HER A HEAD SHEET AND SOME ZOMAX AND ADVISE HER IF SHE COMES INTO WORK TOMORROW SHE PROBABLY OUGHT TO COME DOWN AND LET US RECHECK.
8/25	L.MORRIS			X				PHONE CALL TO PT.'S DEPT. PT. IS NOT WORKING TODAY BECAUSE OF INJURIES 8/24/81 (SEE NOTE 8/24/81).
10:50AM 8/26	L. MORRIS			X				PT'S HUSBAND CAME TO MEDICAL TO REPORT PT IS LOSING TIME BECAUSE OF FALL (SEE NOTE 8/24/81). PT WENT TO DR. OLSO 8/25/81 FOR X-RAYS OF LT KNEE AND RIBS. IS C/O PAIN IN LT UPPER BACK.

CROUSE-HINDS CO.

SYRACUSE, NEW YORK

EMPLOYE CONFIDENTIAL MEDICAL DATA

NAME MABEL HUGHES DEPARTMENT ARK#2

DATE 1981	ATTENDANT	INDUSTRIAL			NON-INDUSTRIAL			TREATMENT AND REMARKS
		INJ.	DIS.	REV.	INJ.	DIS.	REV.	
8:00AM 9/2	E. LEE			X				FOR CLEARANCE TO RTW FOLLOWING COMP INJURY (MULTIPLE CONTUSIONS LT. SIDE OF RIB CAGE AND LT. HIP). HAS BEEN OOW SINCE 8/25/81. BRINGS NOTE FROM DR. OLSON STATING SHE IS NOT TO WORK FOR 1 WK. WILL RTW 9/3/81. STATES SHE IS TO DO LIGHT WORK. HOWEVER, DOES NOT HAVE NOTE STATING THIS. IS TAKING ZOMAX 1 Q4H PRN. NO FURTHER APPTS. AT PRESENT. STATES IS STILL STIFF AND SORE.
9/2	DR. WALKER			X				IS CLEARING TO RTW, BUT WILL NOT WORK TODAY SINCE IT IS HER BIRTHDAY. SHE WILL START TOMORROW. SAYS SHE DOESN'T NEED ANY LIMITATIONS BECAUSE HER WORK IS LIGHT ANYWAY. CLEARANCE SLIP GIVEN.

DATE	ATTENDANT	INDUSTRIAL			NON-INDUSTRIAL			TREATMENT AND REMARKS
		INJ.	DIS.	REV.	INJ.	DIS.	REV.	

CARD 2 — WITH THE ORTHO-RATER

NAME MABEL SCHAT NO. 5543

DEPT. ENAMEL JOB PAINT SPRAYER

AGE 38 M ___ F ✓ ___ ___ EXP ___

% NONE ✓ ALWAYS ___ BI-FOCAL ___ FAR NEAR ONLY ___ MONO-OCULAR ___ JOB SPECIAL ___ SAFETY ___

DATE 1/2/58 TESTER dm CLERK ___

EXAM. IN LAST YEAR No CHANGE IN RX ?

NOTE:

DID YOU FIND THIS EMPLOYEE IN NEED OF CORRECTION OR CHANGE OF CORRECTION? YES ☐ NO ☐ J-R

SUGGESTIONS FOR MAINTAINING VISUAL EFFICIENCY OF THIS EMPLOYEE ___

EXAMINED BY ___

FAR VISUAL PERFORMANCE PROFILE

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

BAUSCH & LOMB OCCUPATIONAL VISION TESTS
WITH THE ORTHO-RATER

CARD 1

NAME MABEL C. SC 4D NO. 4272

DEPT. ENAMAL JOB SPRAY PAINTER

AGE 34 M ___ F ✓ ___ ___ EXP ___

% NONE ✓ ALWAYS ___ BI-FOCAL ___ FAR NEAR ONLY ___ MONO-OCULAR ___ JOB SPECIAL ___ SAFETY ___

DATE 6-3-54 TESTER GR CLERK ___

LAST EXAM. BY EYE DOCTOR ___ CHANGE IN RX ___

NOTE: 3/14/56 Ortetest PAINTER (S) 9

BAUSCH & LOMB OPTICAL CO.
ROCHESTER, N.Y.
CATALOGUE NO. 71-21-61

FAR 2 VISUAL PERFORMANCE PROFILE 1

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

BAUSCH & LOMB OCCUPATIONAL VISION TESTS
WITH THE ORTHO-RATER

CARD 1

NAME Mabel Sch 1 NO. 4272

DEPT. Enamel JOB ___

AGE 34 M ___ F ✓ ___ ___ EXP ___

% NONE ___ ALWAYS ✓ BI-FOCAL ___ FAR NEAR ONLY ___ MONO-OCULAR ___ JOB SPECIAL ___ SAFETY ___

DATE 12-11-56 TESTER ES CLERK ___

LAST EXAM. BY EYE DOCTOR March 1956 CHANGE IN RX ___

Dr. Alkoff

NOTE: Medical Arts Bldg.

Test without glasses

BAUSCH & LOMB OPTICAL CO.
ROCHESTER, N.Y.
CATALOGUE NO. 71-21-61

FAR RX VISUAL PERFORMANCE PROFILE

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

MEDI L DEPARTMENT

INTROLJCTION AND MEDICAL . .MITATION FORM

NAME	ADDRESS	DATE
Mabel Schad	200 Melrose Ave N. Syr	3/12/54

CO[illegible]ON	DEPT.	AGE	SEX		
Gray Painter	Enamel	39	☐ MALE ☒ FEMALE	☒ MARRIED ☐ SINGLE	☐ WIDOW ☐ WIDOWER ☐ DIVORCED ☐ SEPARATED

LIMITATIONS

GROUP I NO HAZARDOUS MACHINERY	☐	GROUP V NO EXTENSIVE WALKING OR STANDING	☐
GROUP II NO HEAVY LIFTING	☐	GROUP VI SPECIAL CONSIDERATION NOISE	☐
GROUP III GROUND LEVEL WORK ONLY	☐	GROUP VII SPECIAL AND MISCELLANEOUS	☒
GROUP IV AVOID CONTACT WITH OR EXPOSURE TO ( )	☐		

SEE EXPLANATION OF GROUPS ON BACK OF FORM

EMPLOYEES WITH LIMITATIONS MUST NOT BE TRANSFERRED WITHOUT CONSULTING THE MEDICAL DEPT.

RESTRICTION COMMENTS

To avoid continued grasping right hand.

FIT ☐ LIMITED TEMPORARY ☒ FOR 2 weeks

SPECIAL CONSIDERATION NOISE ☐ LIMITED PERMANENT ☐ SIGNED Lawrence H. Pope M.D.

I HAVE BEEN INFORMED OF MY LIMITATION DUE TO MY CONDITION. I WILL GUARD AGAINST AGGRAVATION OF MY CONDITION AND WILL REPORT ANY CHANGE TO THE PLANT DOCTOR.

[illegible] PATIENT

PERSONNEL REMARKS:

APPROVED BY EMPLOYMENT MANAGER

SAFETY RECOMMENDATIONS:

APPROVED BY SAFETY DIRECTOR

SUPERINTENDENT'S REMARKS:

APPROVED BY SUPERINTENDENT

NOTE: Employee must present Yellow Copy to new foreman when transferred to another department.

Med

MEDICAL DEPARTMENT

INTRODUCTION AND MEDICAL LIMITATION FORM

NAME	ADDRESS	DATE
Mabel Schad	200 Melrose Dr N. Syr.	3/26/54

CLASSIFICATION	DEPT.	AGE	SEX		
Janitor	Tunnel	39	☐ MALE ☒ FEMALE	☒ MARRIED ☐ SINGLE	☐ WIDOW ☐ WIDOWER ☐ DIVORCED ☐ SEPARATED

LIMITATIONS

GROUP I NO HAZARDOUS MACHINERY ☐

GROUP II NO HEAVY LIFTING ☐

GROUP III GROUND LEVEL WORK ONLY ☐

GROUP IV AVOID CONTACT WITH OR EXPOSURE TO ( ) ☐

GROUP V NO EXTENSIVE WALKING OR STANDING ☐

GROUP VI SPECIAL CONSIDERATION NOISE ☐

GROUP VII SPECIAL AND MISCELLANEOUS ☐

SEE EXPLANATION OF GROUPS ON BACK OF FORM

EMPLOYEES WITH LIMITATIONS MUST NOT BE TRANSFERRED WITHOUT CONSULTING THE MEDICAL DEPT.

RESTRICTION COMMENTS

To avoid continued grasping with right hand

FIT ☐ LIMITED TEMPORARY ☒ FOR Indefinite

SPECIAL CONSIDERATION NOISE ☐ LIMITED PERMANENT ☐ SIGNED [signature] M.D.

I HAVE BEEN INFORMED OF MY LIMITATION DUE TO MY CONDITION. I WILL GUARD AGAINST AGGRAVATION OF MY CONDITION AND WILL REPORT ANY CHANGE TO THE PLANT DOCTOR.

Mabel C. Schad
PATIENT

PERSONNEL REMARKS:

APPROVED BY _____ EMPLOYMENT MANAGER

SAFETY RECOMMENDATIONS:

APPROVED BY _____ SAFETY DIRECTOR

SUPERINTENDENT'S REMARKS:

APPROVED BY _____ SUPERINTENDENT

NOTE: Employee must present Yellow Copy to new foreman when transferred to another department.

MEDICAL DEPARTMENT

INTRODUCTION AND MEDICAL LIMITATION FORM

NAME	ADDRESS	DATE
Mabel Schad	RD#1 Kirkwood Rd. Bridgeport	1/3/61

OCCUPATION	DEPT.	AGE	SEX:	
Spray Painter	Enamel	41	☐ MALE ☒ FEMALE	☒ MARRIED ☐ WIDOW ☐ DIVORCED ☐ SINGLE ☐ WIDOWER ☐ SEPARATED

LIMITATIONS

GROUP I NO HAZARDOUS MACHINERY	☐	GROUP V NO EXTENSIVE WALKING OR STANDING	☐
GROUP II NO HEAVY LIFTING	☒	GROUP VI SPECIAL CONSIDERATION NOISE	☐
GROUP III GROUND LEVEL WORK ONLY	☐	GROUP VII SPECIAL AND MISCELLANEOUS	☐
GROUP IV AVOID CONTACT WITH OR EXPOSURE TO ( )	☐	GROUP VIII LIGHT WORK ONLY	☐

SEE STANDARD PROCEDURE R-03-03-01 FOR EXPLANATION OF GROUPS

EMPLOYEES WITH LIMITATIONS MUST NOT BE TRANSFERRED WITHOUT CONSULTING THE MEDICAL DEPT.

RESTRICTION COMMENTS

LIMITED TEMPORARY ☐ GROUP _____ FOR _____ FIT ☐

LIMITED PERMANENTLY ☒ GROUP II SIGNED [signature] M. D.

I HAVE BEEN INFORMED OF MY LIMITATION DUE TO MY CONDITION. I WILL GUARD AGAINST AGGRAVATION OF MY CONDITION AND WILL REPORT ANY CHANGE TO THE PLANT DOCTOR.

REMARKS:

SIGNED Mabel C. Schad
PATIENT

Medical 17 — 1M — 11-59 NOTE: Employee must present Yellow Copy to new supervisor when transferred to another department.

CLAIM FOR DISABILITY BENEFITS

IMPORTANT: USE THIS FORM ONLY WHEN THE CLAIMANT BECOMES SICK OR DISABLED WHILE EMPLOYED OR WITHIN FOUR (4) WEEKS AFTER TERMINATION OF EMPLOYMENT. OTHERWISE USE GREEN CLAIM FORM DB-300.

DOCTOR'S STATEMENT

The doctor's statement must be filled in completely. For items 6-d and 6-e give approximate date. Make some estimate. Delay in the payment of Disability Benefits may be prevented.

1. Claimant's Name: Mabel (First) C. (Middle) Schad (Last) 2. Age: 3. ☐ Male ☐ Female
4. Diagnosis: LEFT ING HERNIA
   a. Claimant's Symptoms: Pain LLQ
   b. Objective Findings: Left Inguinal herniorrhaphy
5. Operation Indicated? [X] YES [ ] NO a. Type: b. Date: 5/10/61
6. Enter Dates for the Following:

	Month	Day	Year
a. Date of your first treatment for this disability	4	29	61
b. Date of your most recent treatment for this disability	Confined to Hosp.		
c. Date Claimant was unable to work because of this disability	5	8	61
d. Date Claimant will be able to perform usual work	Approx		
e. Date Claimant can perform any other work	7	10	61

7. In your opinion, is this disability the result of injury arising out of and in the course of employment or occupational disease? [ ] YES [X] NO
   Remarks:
8. Physician's Name (please print): ~~[illegible]~~ ~~[illegible]~~ J. ERNEST [illegible] M.D.
   a. Office address: 1605 State Tonawanda (Number, Street, City or Town, Zone, State)
   b. Workmen's Compensation Board Authorization number:
9. Date: 5/12/61 10. Physician's Signature: [illegible] M.D.

CLAIMANT'S STATEMENT

2. My Social Security Number is: 1 3 4 1 0 5 9 3 2

1. My name is (Please Print): Mabel (First) C. (Middle) Schad (Last)
3. Address: RD 1 Kirkville Rd. Baldwinsville (Number, Street, City or Town, Zone, State)
   Tel. No. NE 3-3373 4. My age is 41 5. Married (check one) [X] YES [ ] NO
6. My disability is (If injury, also state how, when and where it occurred):
   LDW 5/8/61
7. I became disabled on: [illegible] (Mo.) [illegible] (Day) 1961 (Year) a. I worked on that day [X] YES [ ] NO
   b. I have since worked for wages or profit [X] YES [ ] NO If "Yes", give dates: [illegible] 1961
8. Give name of last employer. If more than one employer during last eight (8) weeks, name all employers.

Employer's Business Name	Employer's Business Address	Dates of Employment From (Mo. Day Yr.)	Dates of Employment Through (Mo. Day Yr.)	Average Weekly Wages
Crouse Hinds Co	7[illegible] North St Syracuse N.Y.	Nov 10 1950	Sept 1 1956	[illegible]
		Nov 13 1956	May 8, 1961	

9. My job is or was: SPRAY PAINTER (Occupation) 4[illegible] (Badge or Clock No.)
10. For the period covered by this claim, I have received or am claiming:

a. Wages, Salary or Separation Pay [ ] YES [X] NO b. Damage for Personal Injury [ ] YES [X] NO

c. Benefits under a Workmen's Compensation Law or similar Law [ ] YES [X] NO

d. Unemployment Insurance Benefits [ ] YES [X] NO

e. Social Security Benefits (Old Age and Survivors Benefits) [ ] YES [X] NO

If "Yes" is checked in any of the items a, b, c, d or e, fill in the following:

Received or claimed from _____ For the Period _____ (Date) to _____ (Date)

I have received disability benefits for another period or periods of disability within the 52 weeks immediately before my present disability began _____ [ ] YES [X] NO

12. I have read the instructions on the reverse side. I hereby claim Disability Benefits and certify that for the period covered by this claim I was disabled; and that the foregoing statements, including any accompanying statements, are to the best of my knowledge true and complete.

Claim signed on May 9, 1961 (Date) Ofelia R. Ahad (Claimant's Signature)

ADDRESS AND MAIL THIS CLAIM TO YOUR LAST EMPLOYER OR HIS INSURANCE COMPANY

DB-450 (11-54)

SEE IMPORTANT INSTRUCTIONS ON REVERSE SIDE

Rec'd 5-18-61

5/18

JUN 14 1961

CROUSE-HINDS COMPA"Y
Syracuse, New Yo:

SUPPLEMENTARY DISABILITY CLAIM FORM

SECTION I — TO BE COMPLETED BY EMPLOYEE

(1) Name of Employee Mabel C. Schad Clock No. 4272

(2) Are you still unable to work because of total disability? [X] Yes [ ] No

(3) If not disabled when did you return to work? _____ (MONTH DAY YEAR)

(4) If you are not working when will you be able to do so? _____ (MONTH DAY YEAR)

(5) Give dates of physician's attendance since last report. June 13, 1961

(6) If you have undergone surgery since date of last report give date and nature of surgery. No

(7) If you have been hospitalized since date of last report give name and address of hospital and dates of confinement.

Date June 13, 1961 Employee's Signature Mabel C. Schad

SECTION II — ATTENDING PHYSICIAN'S SUPPLEMENTARY STATEMENT

(COMPLETION OF THIS FORM WILL ASSIST YOUR PATIENT IN PRESENTING CLAIM FOR DISABILITY INSURANCE BENEFITS)

(1) Nature of sickness or injury Post operative left inguinal herniorrhaphy

(2) Are there any new complications? no (If yes, please describe)

(3) (A) Date of first treatment 4/29/61 19____

(B) Date of most recent treatment 6/13/61 19____

(C) Frequency of treatments once every two weeks

(4) The patient has been continuously disabled (unable to work) from 4/9 1961 Through to date 19____

If still disabled, when should patient be able to return to work? July 10 1961

(5) Remarks:

Date 6/13 1961 Signed Forest Delmonico, M.D.
(ATTENDING PHYSICIAN) (DEGREE)

Address 160 S State Tower Bldg
Syracuse, N.Y.

6/15/61

DR. J. ERNEST DELMONICO
DR. BERNARD S. PISKOR
STATE TOWER BUILDING
SYRACUSE, NEW YORK

July 5, 1961

To whom it may concern:

This is to certify that Mabelle Allard has been a patient of mine and has undergone surgery. Her prognosis is good - and I feel that she is able to partake of her regular working capacity as of July 10.

Sincerely,

J. Ernest Delmonico D.M.D.

MEDICAL DEPARTMENT

INTRODUCTION AND MEDICAL LIMITATION FORM

NAME	ADDRESS	DATE
Mabel C. Schad	R.D. Kirkville Rd., Bridgeport	7/5/61

OCCUPATION	DEPT.	AGE	SEX:	
	Enamel	41	☐ MALE ☒ FEMALE	☒ MARRIED ☐ WIDOW ☐ DIVORCED ☐ SINGLE ☐ WIDOWER ☐ SEPARATED

LIMITATIONS

GROUP I NO HAZARDOUS MACHINERY ☐

GROUP II NO HEAVY LIFTING ☐

GROUP III GROUND LEVEL WORK ONLY ☐

GROUP IV AVOID CONTACT WITH OR EXPOSURE TO ( ) ☐

GROUP V NO EXTENSIVE WALKING OR STANDING ☐

GROUP VI SPECIAL CONSIDERATION NOISE ☐

GROUP VII SPECIAL AND MISCELLANEOUS ☐

GROUP VIII LIGHT WORK ONLY ☑

SEE STANDARD PROCEDURE R-03-03-01 FOR EXPLANATION OF GROUPS

EMPLOYEES WITH LIMITATIONS MUST NOT BE TRANSFERRED WITHOUT CONSULTING THE MEDICAL DEPT.

RESTRICTION COMMENTS

LIMITED TEMPORARY ☑ GROUP VIII FOR Transfer FIT ☐

LIMITED PERMANENTLY ☐ GROUP _____ SIGNED [signature] M. D.

I HAVE BEEN INFORMED OF MY LIMITATION DUE TO MY CONDITION. I WILL GUARD AGAINST AGGRAVATION OF MY CONDITION AND WILL REPORT ANY CHANGE TO THE PLANT DOCTOR.

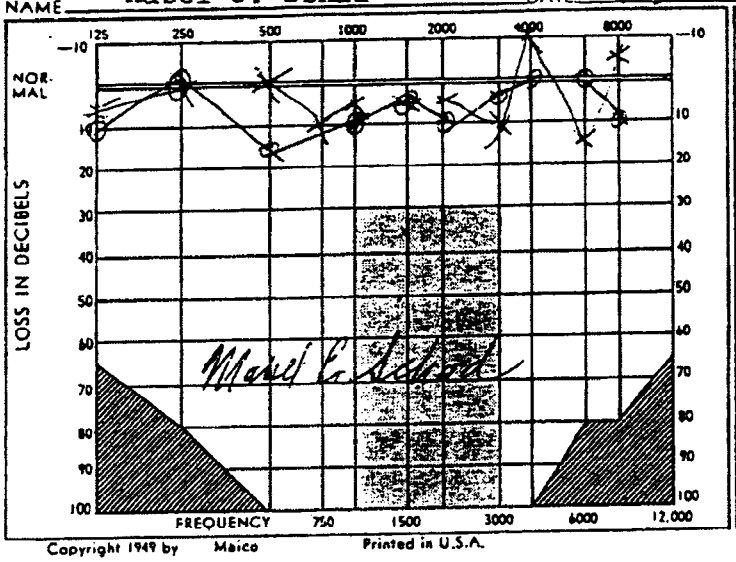
REMARKS: Date of return to work following surgery, 7/10/61.

SIGNED Mabel C. Schad
PATIENT

Medical 17 — 1M — 5-59 NOTE: Employee must present Yellow Copy to new supervisor when transferred to another department.

Maico AUDIOGRAM

NAME Mabel C. Schad DATE 7/5/61 BY



	LEFT EAR	RIGHT EAR
	BLUE	RED
AIR	X	O
AIR WITH MASKING	□	△
BONE COND. W. MASKING	◁	▷
DB EFFECTIVE MASKING		

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

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

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MEDICAL DEPARTMENT

INTRODUCTION AND MEDICAL LIMITATION FORM

NAME	ADDRESS	DATE
Mabel C. Schad	R.D. Kirkville Rd., Bridgeport	7/12/63

OCCUPATION	DEPT.	AGE	SEX:		
	Enamel	43	☐ MALE ☒ FEMALE	☒ MARRIED ☐ WIDOW ☐ SINGLE ☐ WIDOWER	☐ DIVORCED ☐ SEPARATED

LIMITATIONS

GROUP I NO HAZARDOUS MACHINERY ☐

GROUP II NO HEAVY LIFTING ☑

GROUP III GROUND LEVEL WORK ONLY ☐

GROUP IV AVOID CONTACT WITH OR EXPOSURE TO ( ) ☐

GROUP V NO EXTENSIVE WALKING OR STANDING ☐

GROUP VI SPECIAL CONSIDERATION NOISE ☐

GROUP VII SPECIAL AND MISCELLANEOUS ☐

GROUP VIII LIGHT WORK ONLY ☐

SEE STANDARD PROCEDURE R-03-03-01 FOR EXPLANATION OF GROUPS

EMPLOYEES WITH LIMITATIONS MUST NOT BE TRANSFERRED WITHOUT CONSULTING THE MEDICAL DEPT.

RESTRICTION COMMENTS

LIMITED TEMPORARY ☑ GROUP II FOR 2 weeks FIT ☐

LIMITED PERMANENTLY ☐ GROUP _____ SIGNED [illegible] M. D.

I HAVE BEEN INFORMED OF MY LIMITATION DUE TO MY CONDITION. I WILL GUARD AGAINST AGGRAVATION OF MY CONDITION AND WILL REPORT ANY CHANGE TO THE PLANT DOCTOR.

SIGNED Mabel C. Schad
PATIENT

REMARKS:

Medical 17 — 1M — 4-63 NOTE: Employee must present Yellow Copy to new supervisor when transferred to another department.

REQUEST FOR MEDICAL ATTENTION

CROUSE-HINDS COMPANY

Date 4/15/64

1. Name Mabel Schad Clerk No.
2. Home Address Turkville Rd - Dunkirk, NY
3. Department Enamel Occupation Spray Painter
4. Foreman Art Woods Carrier Code No.
5. Age 43 S (M) Male ☐ Female ☒ Employed-Old ☒ New ☐
6. Hours/day 8 Days/week 5 Aver. wage/week 63.32/7
7. Mechanical guards and/or other Provided ☐ Used ☐
8. Date Injured 7/12/63 A.M. P.M. Date reported
9. Report Completed C2.1 ☒ C2 ☐ C4 ☐

Note: Supervisor must complete form Safety 3 if checked above

10. Part or Body Injured Dorsal left groin

11. How Injured (Patient's Statement) "Quite being on nights, I have been doing lea off lifting."

12. I, the undersigned, claim to have received an injury arising out of and in the course of my employment on 7/12/63. I do not wish to use my right to select an authorized physician of my own choice and I hereby request that you select a physician to render treatment and provide me with the necessary medical care in accordance with the provisions of Section 13-a of the Workmen's Compensation Law of the State of New York.

Nothing herein contained shall prevent me from subsequently engaging the services of an authorized physician of my own choice for continuance of any medical treatment or care required.

Witness Helen Valo Signed Employee

13. Treated by physician Date A.M. P.M.
14. Diagnosis Dr J. E. Delmonico

15. Permanent Defect
16. Facial Disfigurement
17. Stopped Work Lost time began
18. Returned to Work Total Day Lost
19. X Ray taken at Days
20. X Ray Findings
21. Treatment

By M. D.

Medical 10 — 1M — 4-62

MEDICAL DEPARTMENT

INTRODUC.IOI AND MEDICAL LIM..A1)N FORM

NAME	ADDRESS	DATE
Mabel Schad	RD#1 Kirkville, N.Y.	9/14/64

OCCUPATION	DEPT.	AGE	SEX:	
	Enamel	45	☐ MALE ☒ FEMALE	☒ MARRIED ☐ WIDOW ☐ DIVORCED ☐ SINGLE ☐ WIDOWER ☐ SEPARATED

LIMITATIONS

GROUP I NO HAZARDOUS MACHINERY ☐

GROUP II NO HEAVY LIFTING ☐

GROUP III GROUND LEVEL WORK ONLY ☐

GROUP IV AVOID CONTACT WITH OR EXPOSURE TO ( ) ☐

GROUP V NO EXTENSIVE WALKING OR STANDING ☐

GROUP VI SPECIAL CONSIDERATION NOISE ☐

GROUP VII SPECIAL AND MISCELLANEOUS ☒

GROUP VIII LIGHT WORK ONLY ☐

SEE, STANDARD PROCEDURE R-03-03-01 FOR EXPLANATION OF GROUPS

EMPLOYEES WITH LIMITATIONS MUST NOT BE TRANSFERRED WITHOUT CONSULTING THE MEDICAL DEPT.

RESTRICTION COMMENTS To avoid heavy use of arm - not to spray paint

LIMITED TEMPORARY ☒ GROUP VII FOR 2 weeks FIT ☐

LIMITED PERMANENTLY ☐ GROUP _____ SIGNED [signature] M. D.

REMARKS:

I HAVE BEEN INFORMED OF MY LIMITATION DUE TO MY CONDITION. I WILL GUARD AGAINST AGGRAVATION OF MY CONDITION AND WILL REPORT ANY CHANGE TO THE PLANT DOCTOR.

SIGNED Mabel Schad PATIENT

Medical 17 — 1M — 4-63 NOTE: Employee must present Yellow Copy to new supervisor when transferred to another department.

GENERAL HOSPITAL OF SYRACUSE

116 EAST CASTLE STREET
SYRACUSE, N.Y. 13205

OFFICE OF
X-RAY DEPARTMENT
WILBUR S. BROOKS, M. D.
RADIOLOGIST

SO 19476

September 13, 1964

Re: Schad, Mrs. Mabel 45
RD #1 Kirkville, N.Y.
X-ray No. B 3699
X-rayed: 9/16/64
Injured: 3 years ago
vs.
Crouse Hinds Company

Dr. Daniel Deyoe
Crouse Hinds Company
Syracuse, New York

Dear Dr. Deyoe:

RIGHT SHOULDER: There is a large calcification in the subdeltoid bursa area and no bone or joint pathological change seen.

RIGHT ELBOW: There is a fairly tiny exostosis, lateral condyle, lower end of the humerus. No soft tissue calcification. Nothing else remarkable noted.

Yours truly,

Wilbur S. Brooks

Wilbur S. Brooks, M.D.

WSB:rjc
cc: WCB
L & H bill/ $24.
Dr. Buerkle

9/21/64

MEDICAL DEPARTMENT

INTROD CTI N AND MEDICAL L IIT TION FORM

NAME	ADDRESS	DATE
Mabel Schad	R.D. #1, Kirkville, N. Y.	10/2/64

OCCUPATION	DEPT.	AGE	SEX:	
	Enamel	45	☐ MALE ☒ FEMALE	☒ MARRIED ☐ WIDOW ☐ DIVORCED ☐ SINGLE ☐ WIDOWER ☐ SEPARATED

LIMITATIONS

GROUP I NO HAZARDOUS MACHINERY ☐

GROUP II NO HEAVY LIFTING ☐

GROUP III GROUND LEVEL WORK ONLY ☐

GROUP IV AVOID CONTACT WITH OR EXPOSURE TO ( ) ☐

GROUP V NO EXTENSIVE WALKING OR STANDING ☐

GROUP VI SPECIAL CONSIDERATION NOISE ☐

GROUP VII SPECIAL AND MISCELLANEOUS ☒

GROUP VIII LIGHT WORK ONLY ☐

SEE STANDARD PROCEDURE R-03-03-01 FOR EXPLANATION OF GROUPS

EMPLOYEES WITH LIMITATIONS MUST NOT BE TRANSFERRED WITHOUT CONSULTING THE MEDICAL DEPT.

RESTRICTION COMMENTS

Avoid heavy use right arm - not to spray paint

LIMITED TEMPORARY ☒ GROUP VII FOR 2 weeks FIT ☐

LIMITED PERMANENTLY ☐ GROUP _____ SIGNED [signature] M. D.

I HAVE BEEN INFORMED OF MY LIMITATION DUE TO MY CONDITION. I WILL GUARD AGAINST AGGRAVATION OF MY CONDITION AND WILL REPORT ANY CHANGE TO THE PLANT DOCTOR.

REMARKS:

SIGNED Mabel C. Schad PATIENT

Medical 17 — 1M — 9-63 NOTE: Employee must present Yellow Copy to new supervisor when transferred to another department.

LAVERACK & HAINES, INC.
BUFFALO, N.Y. ALBANY, N.Y.
INSURANCE SERVICE

DONALD L. HAYES
PRESIDENT
BENEDICT T. MANGANO
VICE PRESIDENT
ALFRED B. HOFTIEZER
VICE PRESIDENT
WILBUR E. DOWDELL
VICE PRESIDENT
HOWARD C. LAVERACK
TREASURER
THOMAS LAPENNA
SECRETARY
RICHARD L. SLOSSON
DIRECTOR

CHAMBER OF COMMERCE BLDG.
236 MAIN STREET
BUFFALO 2, NEW YORK
TL 2-3065

October 7, 1964

Mr. Francis Sill
Crouse-Hinds Company
Wolf St.
Syracuse, New York

Re: Mabel Schad
Vs: Crouse-Hinds Company
Inj: 3/9/59
WCB: 66415076
Carrier: 59-193

Dear Mr. Sill:

We would appreciate receiving Form C-2 at your earliest possible convenience, as same has been requested by the Workmen's Compensation Board.

Thank you for your kind cooperation in this matter.

Very truly yours,

LAVERACK & HAINES, INC.

W. F. McInerney

W. F. McInerney

WFM:af

Filed C-2 dated 10/9/64

ORTHOPEDIC SURGERY

TELEPHONE 476

A. ROY BUERKLE, M. D.
901 HARRISON STREET
SYRACUSE, NEW YORK 13210

October 14, 1964

Mrs. Mabel Schad
R. D. # 1
Kirkville, New York
vs
Crouse Hinds Company
Syracuse, New York

The above named patient was seen in orthopaedic consultation on September 15, 1964 at the request of Dr. Daniel Deyoe of Syracuse, New York.

Four years ago the patient relates that she injured her right elbow at work. Thereafter she had a sling for two to three weeks and was on light duty. Since then she has had intermittent aching pain in the elbow region for which pain pills were taken and there was no loss of time from work.

During the past week the patient had onset of increasingly severe pain in the right shoulder joint and this on occasion radiated into the arm and to the mid forearm. Pain was first noticed while she was operating a spray gun and since then has been aggravated by her work.

On September 14, 1964 she was seen by Dr. Deyoe and referred in orthopaedic consultation. X-rays have not been taken.

Past Medical History: Essentially negative. The patient had bilateral hernia repair four years ago.

Chief complaints at this time are aching pain and stiffness in the right shoulder joint.

Physical examination reveals a cooperative 45 year old woman in moderately acute distress. Examination of the right shoulder reveals motions to be limited to 40 per cent of normal. On palpation there is definite tenderness over the subscapularis muscle region at the shoulder cuff. Motions are restricted especially in forward elevation.

Examination of the right elbow at this time is essentially negative. There is full range of motion. There is no atrophy or deformity.

The impression in this case is that this woman has acute calcific bursitis involving the right shoulder cuff. There is a note to rule out possible undisplaced radial head fracture at the time of her injury four years ago. X-rays have been requested from Crouse Hinds Dispensary.

ORTHOPEDIC SURGERY

TELEPHONE 476-2

A. ROY BUERKLE, M. D.
901 HARRISON STREET
SYRACUSE, NEW YORK 13210

Meanwhile she is treated with 1cc of intra-articular hydrocortisone. She is placed on pendulum exercises, advised to use an ice cap and is on Darvon Compound for pain.

The patient was seen again on September 28, 1964. At that time she stated that her right shoulder was much improved but that she continued to have aching in the right elbow region. X-rays were reviewed at this time and it is felt that the diagnosis at this time is lateral humeral epicondylitis. She was given an injection of ½cc intra-articular hydrocortisone and was told to return in six weeks for re-examination.

Sincerely yours,

A. Roy Buerkle, M. D.

Authorization: 205173
Code: SB

ARB/jb
cc: WCB
Crouse Hinds
Dr. Deyoe

10/19/64

MEDICAL DEPARTMENT

INTRODUCTION AND MEDICAL LIMITATION FORM

NAME	ADDRESS	DATE
Mabel Schad	R.D. #1, Kirkville, N. Y.	11/5/64

OCCUPATION	DEPT.	AGE	SEX:	
	Enamel	45	☐ MALE ☒ FEMALE	☒ MARRIED ☐ WIDOW ☐ DIVORCED ☐ SINGLE ☐ WIDOWER ☐ SEPARATED

LIMITATIONS

GROUP I NO HAZARDOUS MACHINERY ☐

GROUP II NO HEAVY LIFTING ☐

GROUP III GROUND LEVEL WORK ONLY ☐

GROUP IV AVOID CONTACT WITH OR EXPOSURE TO ( ) ☐

GROUP V NO EXTENSIVE WALKING OR STANDING ☐

GROUP VI SPECIAL CONSIDERATION NOISE ☐

GROUP VII SPECIAL AND MISCELLANEOUS ☒

GROUP VIII LIGHT WORK ONLY ☐

SEE STANDARD PROCEDURE R-03-03-01 FOR EXPLANATION OF GROUPS

EMPLOYEES WITH LIMITATIONS MUST NOT BE TRANSFERRED WITHOUT CONSULTING THE MEDICAL DEPT.

RESTRICTION COMMENTS: avoid heavy use of right arm

LIMITED TEMPORARY ☐ GROUP _____ FOR _____ FIT ☐

LIMITED PERMANENTLY ☒ GROUP VII SIGNED David R. Pepe M. D.

REMARKS:

I HAVE BEEN INFORMED OF MY LIMITATION DUE TO MY CONDITION. I WILL GUARD AGAINST AGGRAVATION OF MY CONDITION AND WILL REPORT ANY CHANGE TO THE PLANT DOCTOR.

SIGNED _____ PATIENT

Medical 17 — 1M — 4-63

NOTE: Employee must present Yellow Copy to new supervisor when transferred to another department.

MEDICAL DEPARTMENT

INTRODU TION AND MEDICAL LI TATION FORM

NAME	ADDRESS	DATE
Mabel Schad	R.D. #1, Kirkville, N. Y.	1/28/65

OCCUPATION	DEPT.	AGE	SEX:	
	Illum. Assembly	44	☐ MALE ☒ FEMALE	☒ MARRIED ☐ WIDOW ☐ DIVORCED ☐ SINGLE ☐ WIDOWER ☐ SEPARATED

LIMITATIONS

GROUP I NO HAZARDOUS MACHINERY ☐

GROUP II NO HEAVY LIFTING ☐

GROUP III GROUND LEVEL WORK ONLY ☐

GROUP IV AVOID CONTACT WITH OR EXPOSURE TO ( ) ☐

GROUP V NO EXTENSIVE WALKING OR STANDING ☐

GROUP VI SPECIAL CONSIDERATION NOISE ☐

GROUP VII SPECIAL AND MISCELLANEOUS ☐

GROUP VIII LIGHT WORK ONLY ☐

SEE. STANDARD PROCEDURE R-03-03-01 FOR EXPLANATION OF GROUPS

EMPLOYEES WITH LIMITATIONS MUST NOT BE TRANSFERRED WITHOUT CONSULTING THE MEDICAL DEPT.

RESTRICTION COMMENTS

LIMITED TEMPORARY ☐ GROUP_____ FOR_____ FIT ☑

LIMITED PERMANENTLY ☐ GROUP_____ SIGNED_____ M. D.

REMARKS:

I HAVE BEEN INFORMED OF MY LIMITATION DUE TO MY CONDITION. I WILL GUARD AGAINST AGGRAVATION OF MY CONDITION AND WILL REPORT ANY CHANGE TO THE PLANT DOCTOR.

SIGNED_____ PATIENT

Medical 17 — 1M — 4-63 NOTE: Employee must present Yellow Copy to new supervisor when transferred to another department.

MEDICAL DEPARTMENT

INTROD CTION AND MEDICAL L MITATION FORM

NAME	ADDRESS	DATE
Mabel Schad	RD#1 Kirkwville N.Y.	2/4/65

OCCUPATION	DEPT.	AGE	SEX:	
	Enamel	45	☐ MALE ☒ FEMALE	☒ MARRIED ☐ WIDOW ☐ DIVORCED ☐ SINGLE ☐ WIDOWER ☐ SEPARATED

LIMITATIONS

GROUP I NO HAZARDOUS MACHINERY ☐

GROUP II NO HEAVY LIFTING ☐

GROUP III GROUND LEVEL WORK ONLY ☐

GROUP IV AVOID CONTACT WITH OR EXPOSURE TO ( ) ☐

GROUP V NO EXTENSIVE WALKING OR STANDING ☐

GROUP VI SPECIAL CONSIDERATION NOISE ☐

GROUP VII SPECIAL AND MISCELLANEOUS ☒

GROUP VIII LIGHT WORK ONLY ☐

SEE STANDARD PROCEDURE R-03-03-01 FOR EXPLANATION OF GROUPS

EMPLOYEES WITH LIMITATIONS MUST NOT BE TRANSFERRED WITHOUT CONSULTING THE MEDICAL DEPT.

RESTRICTION COMMENTS: Avoid heavy use of right arm - not to spray plant

LIMITED TEMPORARY ☐ GROUP _____ FOR _____ FIT ☐

LIMITED PERMANENTLY ☒ GROUP VII SIGNED [illegible] M. D.

REMARKS:

I HAVE BEEN INFORMED OF MY LIMITATION DUE TO MY CONDITION. I WILL GUARD AGAINST AGGRAVATION OF MY CONDITION AND WILL REPORT ANY CHANGE TO THE PLANT DOCTOR.

SIGNED Mabel C. Schad PATIENT

Medical 17 — 1M — 9-63 NOTE: Employee must present Yellow Copy to new supervisor when transferred to another department.

MEDICAL DEPARTMENT

INTRODUCTION AND MEDICAL LIMITATION FORM

NAME	ADDRESS	DATE
Mabel Schad	RD #1 Kirkwille, NY	6/1/65

OCCUPATION	DEPT.	AGE	SEX	
	Enamel	45	☐ MALE ☒ FEMALE	☒ MARRIED ☐ WIDOW ☐ DIVORCED ☐ SINGLE ☐ WIDOWER ☐ SEPARATED

LIMITATIONS

GROUP I NO HAZARDOUS MACHINERY ☐

GROUP II NO HEAVY LIFTING ☐

GROUP III GROUND LEVEL WORK ONLY ☐

GROUP IV AVOID CONTACT WITH OR EXPOSURE TO ( ) ☐

GROUP V NO EXTENSIVE WALKING OR STANDING ☐

GROUP VI SPECIAL CONSIDERATION NOISE ☐

GROUP VII SPECIAL AND MISCELLANEOUS ☑

GROUP VIII LIGHT WORK ONLY ☐

SEE, STANDARD PROCEDURE R-03-03-01 FOR EXPLANATION OF GROUPS

EMPLOYEES WITH LIMITATIONS MUST NOT BE TRANSFERRED WITHOUT CONSULTING THE MEDICAL DEPT.

RESTRICTION COMMENTS: Avoid heavy use right arm Not to spray paint

LIMITED TEMPORARY ☐ GROUP _____ FOR _____ FIT ☐

LIMITED PERMANENTLY ☑ GROUP VII SIGNED [illegible] M. D.

I HAVE BEEN INFORMED OF MY LIMITATION DUE TO MY CONDITION. I WILL GUARD AGAINST AGGRAVATION OF MY CONDITION AND WILL REPORT ANY CHANGE TO THE PLANT DOCTOR.

REMARKS: Not to use electric screw driver

SIGNED Mabel C. Schad
PATIENT

Medical 17 — 1M — 9-63 NOTE: Employee must present Yellow Copy to new supervisor when transferred to another department.

ORTHOPEDIC SURGERY

TELEPHONE 476-2933

A. ROY BUERKLE, M. D.
901 HARRISON STREET
SYRACUSE 10, NEW YORK

September 14, 1965

TO WHOM IT MAY CONCERN:

Re: Mabel Schad

The above named patient was seen in re-examination this date.

She has no complaints relative to the left shoulder or right elbow and has full range of motion at these joints.

It is felt she is now able to return to her regular work and should be seen in final examination prior to closing of her case.

Sincerely yours,

A. R. Buerkle

A. Roy Buerkle, M. D.

ARB/jb

MEDICAL DEPARTMENT

INTROD' :TION AND MEDICAL L...ITATION FORM

NAME	ADDRESS	DATE
Mabel Schad	R.D. #1, Kirkville, New York	9/15/65

OCCUPATION	DEPT.	AGE	SEX:	
	Illum. Assembly	45	☐ MALE ☒ FEMALE	☒ MARRIED ☐ WIDOW ☐ DIVORCED ☐ SINGLE ☐ WIDOWER ☐ SEPARATED

LIMITATIONS

GROUP I NO HAZARDOUS MACHINERY ☐

GROUP II NO HEAVY LIFTING ☐

GROUP III GROUND LEVEL WORK ONLY ☐

GROUP IV AVOID CONTACT WITH OR EXPOSURE TO ( ) ☐

GROUP V NO EXTENSIVE WALKING OR STANDING ☐

GROUP VI SPECIAL CONSIDERATION NOISE ☐

GROUP VII SPECIAL AND MISCELLANEOUS ☐

GROUP VIII LIGHT WORK ONLY ☐

SEE, STANDARD PROCEDURE R-03-09-01 FOR EXPLANATION OF GROUPS

EMPLOYEES WITH LIMITATIONS MUST NOT BE TRANSFERRED WITHOUT CONSULTING THE MEDICAL DEPT.

RESTRICTION COMMENTS

LIMITED TEMPORARY ☐ GROUP_____ FOR_____ FIT ☐

LIMITED PERMANENTLY ☐ GROUP_____ SIGNED David H. Kuyper M. D.

REMARKS: Date of return to work following comp. injury, 9/15/65.

I HAVE BEEN INFORMED OF MY LIMITATION DUE TO MY CONDITION. I WILL GUARD AGAINST AGGRAVATION OF MY CONDITION AND WILL REPORT ANY CHANGE TO THE PLANT DOCTOR.

SIGNED_____
PATIENT

Medical 17 — 1M — 4-63 NOTE: Employee must present Yellow Copy to new supervisor when transferred to another department.

MEDICAL DEPARTMENT

INTRODUCTION AND MEDICAL LIMITATION FORM

NAME	ADDRESS	DATE
Mabel Schad	R.D. #1, Kirkville, N. Y.	10/15/65

OCCUPATION	DEPT.	AGE	SEX:	
	Illum. Assem.	45	X ☐ MALE ☐ FEMALE	☐ MARRIED ☐ WIDOW ☐ DIVORCED ☐ SINGLE ☐ WIDOWER ☐ SEPARATED

LIMITATIONS

GROUP I NO HAZARDOUS MACHINERY ☐

GROUP II NO HEAVY LIFTING ☐

GROUP III GROUND LEVEL WORK ONLY ☐

GROUP IV AVOID CONTACT WITH OR EXPOSURE TO ( ) ☐

GROUP V NO EXTENSIVE WALKING OR STANDING ☐

GROUP VI SPECIAL CONSIDERATION NOISE ☐

GROUP VII SPECIAL AND MISCELLANEOUS ☑

GROUP VIII LIGHT WORK ONLY ☐

SEE STANDARD PROCEDURE R-03-03-01 FOR EXPLANATION OF GROUPS

EMPLOYEES WITH LIMITATIONS MUST NOT BE TRANSFERRED WITHOUT CONSULTING THE MEDICAL DEPT.

RESTRICTION COMMENTS: To avoid heavy use of right arm

LIMITED TEMPORARY ☑ GROUP _____ FOR 2 weeks FIT ☐

LIMITED PERMANENTLY ☐ GROUP _____ SIGNED [signature] M. D.

I HAVE BEEN INFORMED OF MY LIMITATION DUE TO MY CONDITION. I WILL GUARD AGAINST AGGRAVATION OF MY CONDITION AND WILL REPORT ANY CHANGE TO THE PLANT DOCTOR.

SIGNED _____ PATIENT

REMARKS: Elbow in cast. Sling.

Medical 17 — IM — 9-63

NOTE: Employee must present Yellow Copy to new supervisor when transferred to another department.

T. MARY'S HOSPITAL
1601 COURT STREET
YRACUSE 8, NEW YORK

DEPARTMENT OF RADIOLOGY

liam A. Stevens, M. D., Director
RADIOLOGIST

PATIENT'S NAME		X-RAY NO.	DATE	DOCTOR
[redacted]	(hg)	65-4963	11/5/65	Buckle/Dayes

RIGHT ELBOW: There is no evidence of recent or old fracture of the bones of the right elbow. There is a small calcium deposit in the region of the insertion of the supinators of the forearm just above the right lateral epicondyle. A calcific tendinitis would best explain the appearance seen. The calcium deposit is noted to be in the exact position of the maximum tenderness of physical examination.

CONCLUSIONS: CALCIFIC TENDINITIS OF THE INSERTION OF THE SUPINATORS OF THE RIGHT FOREARM.

ALLEN NEWCOMB, M.D.(bjw)

THE OPINION EXPRESSED IS BASED ON THE [illegible]

ME. .AL DEPARTMENT

INTRODU. .ION AND MEDICAL LIN TATION FORM

NAME	ADDRESS	DATE
Mabel Schad	R.D. #1, Kirkville, New York	2/15/66

OCCUPATION	DEPT.	AGE	SEX:	
	Illum. Assembly	45	☐ MALE ☒ FEMALE	☒ MARRIED ☐ WIDOW ☐ DIVORCED ☐ SINGLE ☐ WIDOWER ☐ SEPARATED

LIMITATIONS

GROUP I NO HAZARDOUS MACHINERY ☐

GROUP II NO HEAVY LIFTING ☐

GROUP III GROUND LEVEL WORK ONLY ☐

GROUP IV AVOID CONTACT WITH OR EXPOSURE TO ( ) ☐

GROUP V NO EXTENSIVE WALKING OR STANDING ☐

GROUP VI SPECIAL CONSIDERATION NOISE ☐

GROUP VII SPECIAL AND MISCELLANEOUS ☒

GROUP VIII LIGHT WORK ONLY ☐

SEE. STANDARD PROCEDURE R-03-03-01 FOR EXPLANATION OF GROUPS

EMPLOYEES WITH LIMITATIONS MUST NOT BE TRANSFERRED WITHOUT CONSULTING THE MEDICAL DEPT.

RESTRICTION COMMENTS: Avoid heavy use of right arm. Not to rivet.

LIMITED TEMPORARY ☒ GROUP VII FOR 4 weeks FIT ☐

LIMITED PERMANENTLY ☐ GROUP _____ SIGNED David H. Wagoe M. D.

REMARKS:

I HAVE BEEN INFORMED OF MY LIMITATION DUE TO MY CONDITION. I WILL GUARD AGAINST AGGRAVATION OF MY CONDITION AND WILL REPORT ANY CHANGE TO THE PLANT DOCTOR.

SIGNED Mabel C. Schad PATIENT

Medical 17 — 1M — 9-63 NOTE: Employee must present Yellow Copy to new supervisor when transferred to another department.

MEDICAL DEPARTMENT

INTRODUCTION AND MEDICAL LIMITATION FORM

NAME	ADDRESS	DATE
Mabel Schad	RD #1 Kirkwood, N.Y.	3/7/66

OCCUPATION	DEPT.	AGE	SEX:		
	Illum Assmb	45	☐ MALE ☒ FEMALE	☐ MARRIED ☒ WIDOW ☐ SINGLE ☐ WIDOWER	☐ DIVORCED ☐ SEPARATED

LIMITATIONS

GROUP I NO HAZARDOUS MACHINERY ☐

GROUP II NO HEAVY LIFTING ☐

GROUP III GROUND LEVEL WORK ONLY ☐

GROUP IV AVOID CONTACT WITH OR EXPOSURE TO ( ) ☐

GROUP V NO EXTENSIVE WALKING OR STANDING ☐

GROUP VI SPECIAL CONSIDERATION NOISE ☐

GROUP VII SPECIAL AND MISCELLANEOUS ☑

GROUP VIII LIGHT WORK ONLY ☐

SEE. STANDARD PROCEDURE R-03-03-01 FOR EXPLANATION OF GROUPS

EMPLOYEES WITH LIMITATIONS MUST NOT BE TRANSFERRED WITHOUT CONSULTING THE MEDICAL DEPT.

RESTRICTION COMMENTS Avoid heavy use of arm

LIMITED TEMPORARY ☑ GROUP VII FOR _____ FIT ☐

LIMITED PERMANENTLY ☐ GROUP _____ SIGNED [illegible] M. D.

I HAVE BEEN INFORMED OF MY LIMITATION DUE TO MY CONDITION. I WILL GUARD AGAINST AGGRAVATION OF MY CONDITION AND WILL REPORT ANY CHANGE TO THE PLANT DOCTOR.

SIGNED Mabel C. Schad
PATIENT

REMARKS: Heavy try riveting

Medical 17 — 1M — 4-63 NOTE: Employee must present Yellow Copy to new supervisor when transferred to another department.

I DICAL DEPARTMENT

INTRODUC ION AND MEDICAL LIM ATION FORM

NAME	ADDRESS	DATE
Mabel Schock	RD#1 Kirkville N.Y.	5/6/66

OCCUPATION	DEPT.	AGE	SEX:		
	Plum Amnly	45	☐ MALE ☒ FEMALE	☐ MARRIED ☐ WIDOW ☐ SINGLE ☐ WIDOWER	☐ DIVORCED ☐ SEPARATED

LIMITATIONS

GROUP I NO HAZARDOUS MACHINERY ☐

GROUP II NO HEAVY LIFTING ☐

GROUP III GROUND LEVEL WORK ONLY ☐

GROUP IV AVOID CONTACT WITH OR EXPOSURE TO ( ) ☐

GROUP V NO EXTENSIVE WALKING OR STANDING ☐

GROUP VI SPECIAL CONSIDERATION NOISE ☐

GROUP VII SPECIAL AND MISCELLANEOUS ☐

GROUP VIII LIGHT WORK ONLY ☐

SEE STANDARD PROCEDURE R-03-03-01 FOR EXPLANATION OF GROUPS

EMPLOYEES WITH LIMITATIONS MUST NOT BE TRANSFERRED WITHOUT CONSULTING THE MEDICAL DEPT.

RESTRICTION COMMENTS

LIMITED TEMPORARY ☐ GROUP_____ FOR _____ FIT ☑

LIMITED PERMANENTLY ☐ GROUP_____ SIGNED [signature] M. D.

I HAVE BEEN INFORMED OF MY LIMITATION DUE TO MY CONDITION. I WILL GUARD AGAINST AGGRAVATION OF MY CONDITION AND WILL REPORT ANY CHANGE TO THE PLANT DOCTOR.

REMARKS:

SIGNED _____
PATIENT

Medical 17 — 1M — 4-63 NOTE: Employee must present Yellow Copy to new supervisor when transferred to another department.

TELEPHONE 476-2931

ORTHOPEDIC SURGERY

A. ROY BUERKLE, M. D.
901 HARRISON STREET
SYRACUSE, NEW YORK 13210

59-193

August 12, 1966

Mabel Schad
RD#1,
Kirkville, New York

Vs.

Crouse-Hinds Company
Syracuse, New York

The above named patient was seen in orthopedic evaluation July 26, 1966. The patient continues to complain of pain in the right elbow that is aggravated by certain movements. She requires moderate analgesics at least three times daily for the continued pain.

Her diagnosis remains unchanged from that of lateral humeral epicondylitis and, as reported previously, x-rays show an evidence of small calcific deposit in region of the lateral humeral epicondyle.

Continued complaints would necessitate more vigorous treatment than sporadic intra-articular hydro-cortisone injection and plans are being made for this patient to be admitted to the hospital in about four weeks for excision of calcium deposit in region of the lateral epicondyle of the humerus.

Sincerely yours,

A. Roy Buerkle, M. D.
Authorization: 205173
Code: SB

ARB:ld
cc: Crouse-Hinds Co.
Dr.Deyoe
file

MEDICAL DEPARTMENT

INTRODUCTION AND MEDICAL LIMITATION FORM

NAME	ADDRESS	DATE
Mabel Schad	R.D. #2, Kirkville, N. Y.	10/17/66

OCCUPATION	DEPT.	AGE	SEX:	
	Illum. Assem.	47	☐ MALE ☒ FEMALE	☒ MARRIED ☐ WIDOW ☐ DIVORCED ☐ SINGLE ☐ WIDOWER ☐ SEPARATED

LIMITATIONS

GROUP I NO HAZARDOUS MACHINERY ☐

GROUP II NO HEAVY LIFTING ☐

GROUP III GROUND LEVEL WORK ONLY ☐

GROUP IV AVOID CONTACT WITH OR EXPOSURE TO ( ) ☐

GROUP V NO EXTENSIVE WALKING OR STANDING ☐

GROUP VI SPECIAL CONSIDERATION NOISE ☐

GROUP VII SPECIAL AND MISCELLANEOUS ☑

GROUP VIII LIGHT WORK ONLY ☐

SEE STANDARD PROCEDURE R-03-03-01 FOR EXPLANATION OF GROUPS

EMPLOYEES WITH LIMITATIONS MUST NOT BE TRANSFERRED WITHOUT CONSULTING THE MEDICAL DEPT.

RESTRICTION COMMENTS To avoid use of power tools

LIMITED TEMPORARY ☑ GROUP VII FOR Broaden FIT ☐

LIMITED PERMANENTLY ☐ GROUP _____ SIGNED [signature] M. D.

I HAVE BEEN INFORMED OF MY LIMITATION DUE TO MY CONDITION. I WILL GUARD AGAINST AGGRAVATION OF MY CONDITION AND WILL REPORT ANY CHANGE TO THE PLANT DOCTOR.

REMARKS: Date of return to work following comp. surgery, 10/17/66.

SIGNED Mabel C. Schad
PATIENT

Medical 17 — 1M — 4-63 NOTE: Employee must present Yellow Copy to new supervisor when transferred to another department.

ORTHOPEDIC SURG.

TELEPHONE 476-2933

A. ROY BUERKLE, M. D.
901 HARRISON STREET
SYRACUSE, N. Y. 13210

February 2, 1967

TO WHOM IT MAY CONCERN:

Re: Mabel Schad

The above named patient was examined on February 1, 1967. At this time she has no complaints relative to her right shoulder. She has full range-of-motion, no tenderness, and normal strength.

It is felt she is able to return to unrestricted work such as spray painting.

Sincerely,

A. Roy Buerkle, M.D.

A. Roy Buerkle, M.D.

ARB/mb
cc: file

MEDICAL DEPARTMENT

INTRODUCTION AND MEDICAL LIMITATION FORM

NAME	ADDRESS	DATE
Mabel Schad	R.D. #2 Kirkville, New York	2/9/67

OCCUPATION	DEPT.	AGE	SEX:	
	Illum. Assem.	47	☐ MALE ☒ FEMALE	☒ MARRIED ☐ WIDOW ☐ DIVORCED ☐ SINGLE ☐ WIDOWER ☐ SEPARATED

LIMITATIONS

GROUP I NO HAZARDOUS MACHINERY ☐

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GROUP VI SPECIAL CONSIDERATION NOISE ☐

GROUP VII SPECIAL AND MISCELLANEOUS ☐

GROUP VIII LIGHT WORK ONLY ☐

SEE STANDARD PROCEDURE R-03-03-01 FOR EXPLANATION OF GROUPS

EMPLOYEES WITH LIMITATIONS MUST NOT BE TRANSFERRED WITHOUT CONSULTING THE MEDICAL DEPT.

RESTRICTION COMMENTS

LIMITED TEMPORARY ☐ GROUP_____ FOR_____ FIT ☑

LIMITED PERMANENTLY ☐ GROUP_____ SIGNED_____ M. D.

I HAVE BEEN INFORMED OF MY LIMITATION DUE TO MY CONDITION. I WILL GUARD AGAINST AGGRAVATION OF MY CONDITION AND WILL REPORT ANY CHANGE TO THE PLANT DOCTOR.

REMARKS:

SIGNED_____ PATIENT

Medical 17 — 1M — 9-63 NOTE: Employee must present Yellow Copy to new supervisor when transferred to another department.

State of New York
WORKMEN'S COMPENSATION BOARD

NOTICE THAT EMPLOYEE* ELECTS NOT TO CHOOSE OWN PHYSICIAN

If the injured employee* does not desire to select his own physician at this time, and prefers the employer* to provide necessary medical treatment and care, the employee* should sign this form.

The employer* is required to pay the cost of necessary medical treatment and care, and the injured employee* is entitled to be treated by the physician of his "Free Choice" provided:

1. The physician has been authorized by the Chairman to render medical care under the Workmen's Compensation Law; and

2. The employee's* disability is within the provisions of the Workmen's Compensation Law or the Volunteer Firemen's Benefit Law.

To: Employer's* Name and Address [illegible]

The undersigned employee* does not now desire to select his own physician to render medical care for the injury that occurred (date) 4/16/71; but in accordance with Sec. 13-a of the Workmen's Compensation Law and Sec. 16 of the Volunteer Firemen's Benefit Law may later select an authorized physician of his own choice for continuance of medical treatment.

4/16/71
Date

X [illegible]
Employee's Signature

[illegible], N.Y.
Home Address

R.D. #1
13088

[illegible]
Witness

* In Volunteer Firemen's Benefit cases, the liable political subdivision is deemed to be the "EMPLOYER" of the volunteer fireman.

(Spaces below for use by employer)

C.B. Case No.	Carrier Case No.	Date of Accident/Injury	S.S. Acct. No.

C-3.1 (3-59)

MEDICAL

REQUEST FOR MEDICAL ATTENTION

CROUSE-HINDS COMPA.

Date 4/16/71

1. Name Mabel Schad Clock No. 4272
2. Home Address Jerkville, N.Y. - R.D. #1-13082
3. Department Conduit Occupation Spray Painter
4. Foreman Joe Huppman Carrier Code No.
5. Age 50 (S) (M) Male ☐ Female ☒ Employed-Old ☒ New ☐
6. Hours/day 8 Days/week 5 Aver. wage/week $132.80
7. Mechanical guards and/or other Provided ☐ Used ☐
8. Date Injured 4/16/71 A.M. X P.M. Date reported 4/16/71
9. Report Completed C2.1 ☒ C2 ☐ C4 ☐

Note: Supervisor must complete form Safety 3 if checked above

10. Part or Body Injured Burns forehead, chin + neck
11. How Injured (Patient's Statement) — I was air gun & flow grating out of farmers of G.R.B.
12. I, the undersigned, claim to have received an injury arising out of and in the course of my employment on 4/16/71. I do not wish to use my right to select an authorized physician of my own choice and I hereby request that you select a physician to render treatment and provide me with the necessary medical care in accordance with the provisions of Section 13-a of the Workmen's Compensation Law of the State of New York.

Nothing herein contained shall prevent me from subsequently engaging the services of an authorized physician of my own choice for continuance of any medical treatment or care required.

Witness Hilda Todd Signed X Mabel C. Schad Employee

13. Treated by physician Date 4/16/71 A.M. 2:30 P.M.
14. Diagnosis Superficial scattered burns forehead chin + neck
15. Permanent Defect
16. Facial Disfigurement
17. Stopped Work Lost time began
18. Returned to Work Total Day Lost
19. X Ray taken at Days
20. X Ray Findings
21. Treatment Bit. oint. Cool compresses

By [illegible] M. D.

Medical 10 — 1M — 4-62

ST. MARY'S HOSPITAL
1601 COURT STREET
SYRACUSE, N. Y. 132

DEPARTMENT OF RADIOLOGY

William A. Stevens, M. D., Director
RADIOLOGIST

O.P. COMPENSATION

PATIENT'S NAME		X-RAY NO.	DATE	DOCTOR
SCHAD	MABEL (51)	71-3416	6/9/71	Deyoe

LEFT RIBS: (CHEST)

There are no fractures noted in the left rib cage. Costophrenic angle is clear and there is no pneumothorax noted. Spleen is of normal size. Heart and lungs are not remarkable.

CONCLUSIONS: 1. NO FRACTURES NOTED IN THE LEFT RIB CAGE.

2. NORMAL CHEST.

William A. Stevens, M.D./s
St. Mary's Hospital
Authorized Signature

6/10/71

RECEIVED
JUN 11 1971
MEDICAL DEPT.

THE OPINION EXPRESSED IS BASED ON THE X-RAY EXAMINATION ALONE

State of New York
WORKMEN'S COMPENSATION BOARD

NOTICE THAT EMPLOYEE* ELECTS NOT TO CHOOSE OWN PHYSICIAN

If the injured employee* does not desire to select his own physician at this time, and prefers the employer* to provide necessary medical treatment and care, the employee* should sign this form.

The employer* is required to pay the cost of necessary medical treatment and care, and the injured employee* is entitled to be treated by the physician of his "Free Choice" provided:

1. The physician has been authorized by the Chairman to render medical care under the Workmen's Compensation Law; and

2. The employee's* disability is within the provisions of the Workmen's Compensation Law or the Volunteer Firemen's Benefit Law.

To: Employer's* Name and Address Crouse Hinds
7th & Wolf

The undersigned employee* does not now desire to select his own physician to render medical care for the injury that occurred (date)_____; but in accordance with Sec. 13-a of the Workmen's Compensation Law and Sec. 16 of the Volunteer Firemen's Benefit Law may later select an authorized physician of his own choice for continuance of medical treatment.

6/9/71
Date

Mabel L. Schad
Employee's Signature

Kirkville Rd
Home Address

Kirkville, N.Y.

H. Ladd
Witness

* In Volunteer Firemen's Benefit cases, the liable political subdivision is deemed to be the "EMPLOYER" of the volunteer fireman.

(Spaces below for use by employer)

C.B. Case No.	Carrier Case No.	Date of Accident/Injury	S.S. Acct. No.

C-3.1 (3-59)

MEDICAL

REQUEST FOR MEDICAL ATTENTION

CROUSE-HINDS COMPANY

Date 6/9/71

1. Name Mabel Schad Clock No. 1272
2. Home Address Kirkville Rd. Kirkville, N.Y.
3. Department Enamel Occupation Spray Painter
4. Foreman Joe Huppman Carrier Code No. 1680
5. Age 51 S (M) Male ☐ Female ☒ Employed-Old ☒ New ☐
6. Hours/day 8 Days/week 5 Aver. wage/week $132.80
7. Mechanical guards and/or other Provided ☐ Used ☐
8. Date Injured 6/4/71 A.M. P.M. Date reported 6/9/71
9. Report Completed C2.1 ☒ C2 ☐ C4 ☐

Note: Supervisor must complete form Safety 3 if checked above

10. Part or Body Injured Sternum Lt. upper and chest

11. How Injured (Patient's Statement) While pulling a truck out to dump it I strained between back & chest & pain.

12. I, the undersigned, claim to have received an injury arising out of and in the course of my employment on 6/4/71. I do not wish to use my right to select an authorized physician of my own choice and I hereby request that you select a physician to render treatment and provide me with the necessary medical care in accordance with the provisions of Section 13-a of the Workmen's Compensation Law of the State of New York.

Nothing herein contained shall prevent me from subsequently engaging the services of an authorized physician of my own choice for continuance of any medical treatment or care required.

Witness [illegible] Signed Mabel C. Schad Employee

13. Treated by physician Date _____ A.M. P.M.
14. Diagnosis _____
15. Permanent Defect _____
16. Facial Disfigurement _____
17. Stopped Work _____ Lost time began _____
18. Returned to Work _____ Total Day Lost _____
19. X Ray taken at St Marys 6/9/71 Days _____
20. X Ray Findings Neg.
21. Treatment _____

By _____ M. D.

Medical 10 — 1M — 4-62

MEDICAL DEPARTMENT

INTRODUCTION AND MEDICAL LIMITATION FORM

NAME	ADDRESS	DATE
Mabel Schad	R.D. #1 Kirkville, New York	12/2/71

OCCUPATION	DEPT.	AGE	SEX	
Spray Painter	Enamel	52	☐ MALE ☒ FEMALE	☒ MARRIED ☐ WIDOW ☐ DIVORCED ☐ SINGLE ☐ WIDOWER ☐ SEPARATED

LIMITATIONS

GROUP I NO HAZARDOUS MACHINERY ☐

GROUP II NO HEAVY LIFTING OR CONTINUED BENDING ☐

GROUP III GROUND LEVEL WORK ONLY ☐

GROUP IV AVOID CONTACT WITH OR EXPOSURE TO ( ) ☐

GROUP V NO EXTENSIVE WALKING OR STANDING ☐

GROUP VI SPECIAL CONSIDERATION NOISE ☐

GROUP VII SPECIAL AND MISCELLANEOUS ☐

GROUP VIII LIGHT WORK ONLY ☐

SEE "MEDICAL LIMITATION GROUPS" STANDARD PROCEDURE FOR EXPLANATION OF GROUPS.

EMPLOYEES WITH LIMITATIONS MUST NOT BE TRANSFERRED WITHOUT CONSULTING THE MEDICAL DEPT.

RESTRICTION COMMENTS

LIMITED TEMPORARY ☐ GROUP(S) _____ FOR _____ ONLY. REJECT ☐ FIT ☑

LIMITED PERMANENTLY ☐ GROUP(S) _____ SIGNED [signature] M. D.

I HAVE BEEN INFORMED OF MY LIMITATION DUE TO MY CONDITION. I WILL GUARD AGAINST AGGRAVATION OF MY CONDITION AND WILL REPORT ANY CHANGE TO THE PLANT DOCTOR.

REMARKS: Date of return to work (comp.), 12/2/71.

NON-IND. ☐ IND. ☐

SIGNED _____ PATIENT

Medical 17 — (3-68) NOTE: Employee must present Goldenrod Copy to new supervisor when transferred to another department.

"E :AL DEPARTMENT

INTRODUCTION AND MEDICAL LIMITATION FORM

NAME	ADDRESS	DATE
Mabel Schad	R.D. #1 Kirkville, New York	2/10/72

OCCUPATION	DEPT.	AGE	SEX	
	Enamel	52	☐ MALE ☒ FEMALE	☒ MARRIED ☐ WIDOW ☐ DIVORCED ☐ SINGLE ☐ WIDOWER ☐ SEPARATED

LIMITATIONS

GROUP I NO HAZARDOUS MACHINERY ☐

GROUP II NO HEAVY LIFTING OR CONTINUED BENDING ☐

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GROUP V NO EXTENSIVE WALKING OR STANDING ☐

GROUP VI SPECIAL CONSIDERATION NOISE ☐

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GROUP VIII LIGHT WORK ONLY ☐

SEE "MEDICAL LIMITATION GROUPS" STANDARD PROCEDURE FOR EXPLANATION OF GROUPS.

EMPLOYEES WITH LIMITATIONS MUST NOT BE TRANSFERRED WITHOUT CONSULTING THE MEDICAL DEPT.

RESTRICTION COMMENTS

LIMITED TEMPORARY ☐ GROUP(S) _____ FOR _____ ONLY. REJECT ☐ FIT ☑

LIMITED PERMANENTLY ☐ GROUP(S) _____ SIGNED [signature] M. D.

I HAVE BEEN INFORMED OF MY LIMITATION DUE TO MY CONDITION. I WILL GUARD AGAINST AGGRAVATION OF MY CONDITION AND WILL REPORT ANY CHANGE TO THE PLANT DOCTOR.

REMARKS: Date of return to work following comp. injury, 2/14/72.

NON-IND. ☐ IND. ☐

SIGNED _____ PATIENT

Medical 17 — (3-68) NOTE: Employee must present Goldenrod Copy to new supervisor when transferred to another department.

ALFRED M. STRUTHERS, M.D.
407 UNIVERSITY AVENUE
SYRACUSE, N.Y. 13210
PHONE 475-0131

Plastic Surgery *Hand Surgery*

June 24, 1975

Robert Walker, M.D.
Crouse Hinds Company
Wolf-7th North Streets
Syracuse, New York 13208

RE: MABLE SCHAD Date of Exam: May 28, 1975

Dear Doctor Walker:

HISTORY: One year old non-bleeding lesion of right-upper lip.

FINDINGS: 3 mm. in diameter papillomatous, pink lesion on vermillion of right-upper lip.

DIAGNOSIS: Papilloma of the lip.

TREATMENT: On June 9, 1975 excised lesion closing the wound with sutures. Sutures were removed June 16, 1975 and healing good.

PATHOLOGY: Hyperkeratosis with chronic inflammatory reaction.

Thanking you for asking me to see this patient, I remain,

Sincerely yours,

A. M. Struthers, M.D.

AMS/nnh

RECEIVED
1975
MEDICAL DEPT.

Request for
"TANUS TOXOID INOCULATION"

Department Enamel Age 57

Please check:

_____ These will be my first Tetanus Toxoid Inoculations.

✓ This will be a booster shot.

Employee does not fill this in:

Date of First Shot_____

Date of Second Shot_____

I am over / under * the age of 21 years and I voluntarily make request for the series of Tetanus Toxoid Shots to be given to me at the Crouse-Hinds Medical Department. I fully understand that these inoculations are given at such place solely for my own health and convenience and are in no way required by or related to my employment at Crouse-Hinds Company.

Dated 11 JAN 77 Signed Mabel C Hughes

*If under 21 years, parent's consent is required on reverse side of this card.

State of New York
WORKMEN'S COMPENSATION BOARD

NOTICE THAT EMPLOYEE* ELECTS NOT TO CHOOSE OWN PHYSICIAN

If the injured employee* does not desire to select his own physician at this time, and prefers the employer* to provide necessary medical treatment and care, the employee* should sign this form.

The employer* is required to pay the cost of necessary medical treatment and care, and the injured employee* is entitled to be treated by the physician of his "Free Choice" provided:

1. The physician has been authorized by the Chairman to render medical care under the Workmen's Compensation Law; and

2. The employee's* disability is within the provisions of the Workmen's Compensation Law or the Volunteer Firemen's Benefit Law.

To: Employer's* Name and Address Crouse Hinds Company
7th North and Wolf Sts Syracuse

The undersigned employee* does not now desire to select his own physician to render medical care for the injury that occurred (date)_____; but in accordance with Sec. 13-a of the Workmen's Compensation Law and Sec. 16 of the Volunteer Firemen's Benefit Law may later select an authorized physician of his own choice for continuance of medical treatment.

January 18, 1977
Date

X Mark Hughes
Employee's Signature

5220 Brewerport Rd.
Home Address

Fairmeton, N.Y. 13029

D. Lunton
Witness

* In Volunteer Firemen's Benefit cases, the liable political subdivision is deemed to be the "EMPLOYER" of the volunteer fireman.

(Spaces below for use by employer)

C.B. Case No.	Carrier Case No.	Date of Accident/Injury	S.S. Acct. No.

C-3.1 (3-59)

Order #55

MEDICAL

REQUEST FOR MEDICAL ATTENTION

Crouse-Hinds Company
Syracuse, N.Y. 13201

Date January 1977

1. Name Mabel Hughes Clock No. 7347
2. Home Address 5220 Orangeport Rd Brewerton
3. Social Security No. 134-10-5932 Zip Code 13029
4. Department Enamel Occupation Grey iniser
5. Foreman Olson Carrier Code No. 33-117-028
6. Age 57 S (M) Male ☐ Female ☒ Yrs. Employed 9 yrs
7. Hours/day 8 Days/week 5 Aver. wage/week 185.20
8. Mechanical guards and/or other Provided ☐ Used ☐
9. Date Injured 1/17/77 A.M. — P.M. Date reported 1/17/77
10. Report Completed C2.1 ☒ C2 ☐ C4 ☐

Note: Supervisor must complete form Safety 3 if checked above

11. Part or Body Injured Burn (R) Breast

12. How Injured (Patient's Statement) Allegs - Yesterday (1/17/77) I was taking boards off the wall and a stone came off it and fell down my blouse inside my bra

13. I, the undersigned, claim to have received an injury arising out of and in the course of my employment on 1/17/77. I do not wish to use my right to select an authorized physician of my own choice and I hereby request that you select a physician to render treatment and provide me with the necessary medical care in accordance with the provisions of Section 13-a of the Workmen's Compensation Law of the State of New York.
Nothing herein contained shall prevent me from subsequently engaging the services of an authorized physician of my own choice for continuance of any medical treatment of care required.
Witness [illegible] Signed X Mabel Hughes Employe

14. Treated by physician Date 1/18/77 A.M. ✓ P.M.
15. Diagnosis Burn (R) Breast (2°)

16. Permanent Defect
17. Facial Disfigurement
18. Stopped Work Lost Time began NLT
19. Returned to Work Total Days Lost
20. X Ray taken at Date
21. X Ray Findings
22. Treatment Neosporin oint, SD.

By [illegible] M.D.
BK

Medical 10—(06-72)

RICHARD J. GILLIS, M.D., P.C.
ALLAN I. KANTER, M.D.

STATE TOWER BUILDING
SYRACUSE, N. Y. 13202
TELEPHONE 472-5281

NORTH MEDICAL CENTER
LIVERPOOL, N. Y. 13088
TELEPHONE 458-5540

June 17, 1977

Dr. Robert L. Walker
Crouse-Hinds Co.
Wolf and 7th North Sts.
Syracuse, N.Y. 13201

Re: Mabel Hughes

Dear Dr. Walker:

Thank you for letting me see Mrs. Hughes for you.

She reports that she has had a swelling in the left lower eyelid since Tuesday. She was given neo-sporin eyedrops with the result that the lower eyelid has now become somewhat numb and sore.

My examination shows slight crusting of all eyelids and a small marginal chalazion of left lower eyelid. Considering her lack of response to the neo-sporin I have switched her to blephamide and she will return if there is any further problem.

Sincerely,

Allan Kanter, MD

AIK:bbk

Allan I. Kanter, M.D.

RECEIVED
JUN 22 1977
MEDICAL DEPT.

OR DISABLED WITHIN FOUR (4) WEEKS AFTER TERMINATION OF EMPLOYMENT THEREUSE GREEN CLAIM FORM DB

DOCTOR'S STATEMENT

Please Print or Type

The doctor's statement must be filled in completely by a physician or podiatrist. Chiropractors are required to use prescribed Form DB-450.6. For item 7-d, give approximate date. Make some estimate. Delay in the payment of Disability Benefits may be prevented.

1. Claimant's Name ..... (First, Middle, Last) 2. Age ..... 3. ☐ Male ☒ Female

4. Diagnosis:
   a. Claimant's Symptoms:
   b. Objective Findings:

5. Claimant hospitalized? ☐ YES ☐ NO From ..... To .....
6. Operation Indicated? ☐ YES ☐ NO a. Type ..... b. Date .....
7. Enter Dates for the Following:
   a. Date of your first treatment for this disability
   b. Date of your most recent treatment for this disability
   c. Date Claimant was unable to work because of this disability
   d. Date Claimant will be able to perform usual work (Even if considerable question exists, estimate date).

	Month	Day	Year

8. In your opinion, is this disability the result of injury arising out of and in the course of employment or occupational disease? ☐ YES ☐ NO If yes, has Form C-4 or C-4P been filed with the Board? ☐ YES ☐ NO

Remarks (Attach additional sheet, if necessary):

9. Doctor's Signature ..... Date .....
Doctor's Name (Please Print) .....
Office Address ..... (Number, Street, City or Town, State, Zip Code) Tel. No. .....
W.C.B. Authorization Registration No. ..... W.C.B. Rating Code .....

CLAIMANT'S STATEMENT

Please Print or Type

1. My name is (Please Print) ..... (First, Middle, Last)
2. My Social Security Number is: ☐☐☐ ☐☐ ☐☐☐☐
Address ..... (Number, Street, City or Town, State, Zip Code, Apt. No.)
Tel. No. ..... 4. My age is ..... 5. Married (check one) ☐ YES ☐ NO
6. My disability was caused by or arose from the use or operation of a motor vehicle ☐ YES ☐ NO
7. My disability is (If injury, also state how, when and where it occurred) .....
8. I became disabled on ..... (Mo., Day, Year) a. I worked on that day ☐ YES ☐ NO
   b. I have since worked for wages or profit ☐ YES ☐ NO If "Yes", give dates .....
9. Give name of last employer. If more than one employer during last eight (8) weeks, name all employers.

Employer's Business Name	Business Address	Dates of Employment From Mo. Day Yr.	Through Mo. Day Yr.	Average Weekly Wages
CROUSE HINDS CO	7th NORTH & WOLF ST	12 12 56		230

10. My job is or was ..... (Occupation) ..... (Name of Union and Local No., if Member)
11. For the period of disability covered by this claim, I am also receiving, claiming or intending to claim:
   a. Wages, Salary or Separation Pay ☐ YES ☒ NO
   b. Workmen's Compensation for work-connected disability ☐ YES ☒ NO
   c. Unemployment Insurance Benefits ☐ YES ☒ NO
   d. "First party benefits" under New York's no-fault automobile insurance law ☐ YES ☒ NO
   e. Damages for other Personal Injury ☐ YES ☒ NO

   If "Yes" is checked in any of the items a, b, c, d or e, fill in the following:
   Received or claimed from ..... For the Period ..... (Date) to ..... (Date)
12. I have received disability benefits for another period or periods of disability within the 52 weeks immediately before my present disability began ..... ☐ YES ☒ NO
13. I have read the instructions on the reverse side. I hereby claim Disability Benefits and certify that for each claim I was disabled or [illegible]

RECEIVED AUG 11 1980 MEDICAL DEPT

TELEPHONE 471-8608

HOWARD M. WOLHANDLER, D. P. M.

312 WILSON BUILDING SYRACUSE, NEW YORK 13202

NAME Mabel Hughes AGE

ADDRESS 5220 Orangemont Pl DATE 8/20/80

To Whom It May Concern:
Mabel has been being treated for a foot problem since July 28th but will be able to return to work as of Aug 25. 1980 with no limitations.

RECEIVED
AUG 22 1980
MEDICAL DEPT.

Dr. Howard Wolhandler

WHITE — MEDICAL DEPARTMENT
PINK — SAFETY DEPARTMENT
CANARY — EMPLOYMENT MANAGER
GOLDENROD — SUPERVISOR

INTRODUCTION AND MEDICAL LIMITATION FORM

NAME	ADDRESS	DATE
MABEL HUGHES	5220 ORANGE PORT RD., BREWERTON, NY 13029	8/22/80

OCCUPATION	DEPT.	AGE	SEX			
ASSEMBLER	ARKTROL	60	☐ MALE ☒ FEMALE	☐ MARRIED ☐ SINGLE	☐ WIDOW ☐ WIDOWER	☐ DIVORCED ☐ SEPARATED

LIMITATIONS

GROUP I NO HAZARDOUS MACHINERY ☐

GROUP II NO HEAVY LIFTING OR CONTINUED BENDING ☐

GROUP III GROUND LEVEL WORK ONLY ☐

GROUP IV AVOID CONTACT WITH OR EXPOSURE TO ( ) ☐

GROUP V NO EXTENSIVE WALKING OR STANDING ☐

GROUP VI SPECIAL CONSIDERATION NOISE ☐

GROUP VII SPECIAL AND MISCELLANEOUS ☐

GROUP VIII LIGHT WORK ONLY ☐

SEE "MEDICAL LIMITATION GROUPS" STANDARD PROCEDURE FOR EXPLANATION OF GROUPS.

EMPLOYEES WITH LIMITATIONS MUST NOT BE TRANSFERRED WITHOUT CONSULTING THE MEDICAL DEPT.

RESTRICTION COMMENTS

LIMITED TEMPORARY ☐ GROUP(S) _____ FOR _____ ONLY. REJECT ☐ FIT ☒

LIMITED PERMANENTLY ☐ GROUP(S) _____ SIGNED [signature] M. D.

I HAVE BEEN INFORMED OF MY LIMITATION DUE TO MY CONDITION. I WILL GUARD AGAINST AGGRAVATION OF MY CONDITION AND WILL REPORT ANY CHANGE TO THE PLANT DOCTOR.

REMARKS: DATE OF RTW DUE TO PERSONAL INJ

8/25/80 NON-IND. ☒, IND. ☐

SIGNED _____ PATIENT

MEDICAL 17 (09-74) NOTE: Employee must present Goldenrod Copy to new supervisor when transferred to another department.

TELE (458-6003

DEA #A05428699

D. CHARLES OLSON, M.D., P.C.
ORTHOPEDIC SURGERY

7209 BUCKLEY ROAD | NORTH MEDICAL CENTER | LIVERPOOL, N.Y. 13088

NAME Mabel Hughes AGE

ADDRESS DATE 8-27-81

℞

no work 1 week

RECEIVED
SEP 2 1981
MEDICAL DEPT.

REFILL NO.

D. Charles Olson

DISPENSE AS WRITTEN | SUBSTITUTION PERMISSIBLE

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PHYSICIAN SIGNS ON THE LINE STATING "DISPENSE AS WRITTEN."

PINK — SAFETY DEPARTMENT GOLDENROD — SUPERVISOR

INTRODUCT N AND MEDICAL LIMIT TION FORM

NAME	ADDRESS	DATE
MABEL C. HUGHES	5220 ORANGE PORT RD., BREWERTON, NY	9/2/81

OCCUPATION	DEPT.	AGE	SEX			
ASSEMBLER	ARKTROL	62	☐ MALE ☒ FEMALE	☐ MARRIED ☐ SINGLE	☐ WIDOW ☐ WIDOWER	☐ DIVORCED ☐ SEPARATED

LIMITATIONS

GROUP I NO HAZARDOUS MACHINERY ☐

GROUP II NO HEAVY LIFTING OR CONTINUED BENDING ☐

GROUP III GROUND LEVEL WORK ONLY ☐

GROUP IV AVOID CONTACT WITH OR EXPOSURE TO ( ) ☐

GROUP V NO EXTENSIVE WALKING OR STANDING ☐

GROUP VI SPECIAL CONSIDERATION NOISE ☐

GROUP VII SPECIAL AND MISCELLANEOUS ☐

GROUP VIII LIGHT WORK ONLY ☐

SEE "MEDICAL LIMITATION GROUPS" STANDARD PROCEDURE FOR EXPLANATION OF GROUPS.

EMPLOYEES WITH LIMITATIONS MUST NOT BE TRANSFERRED WITHOUT CONSULTING THE MEDICAL DEPT.

RESTRICTION COMMENTS

LIMITED TEMPORARY ☐ GROUP(S) _____ FOR _____ ONLY. REJECT ☐ FIT ☐

LIMITED PERMANENTLY ☐ GROUP(S) _____ SIGNED R. L. Walker M. D.

I HAVE BEEN INFORMED OF MY LIMITATION DUE TO MY CONDITION. I WILL GUARD AGAINST AGGRAVATION OF MY CONDITION AND WILL REPORT ANY CHANGE TO THE PLANT DOCTOR.

REMARKS:

DATE OF RTW FOLLOWING COMP INJ

9/2/81

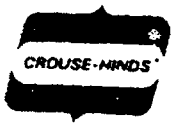
NON-IND. ☐ IND. ☒

SIGNED _____ PATIENT

MEDICAL 17 (09-74)

NOTE: Employee must present Goldenrod Copy to new supervisor when transferred to another department.

CROUSE-HINL ` COMPANY



.ROFFICE MEMO

From: K. A. Beard

Office: Employee Benefits

Phone: 5209

Date: October 14, 1981

Subject: RETIREMENT

To. F. Flynn
F. F. House
J. Kavo
M. Kurtz
B. La France
C. Sharrer

NOTICE OF ANTICIPATED RETIREMENT

NAME: Mabel C. Hughes (Mrs.)

PAYROLL: Factory-Foundry

DEPARTMENT: Arktrol

CLOCK NO: 4272

EFFECTIVE DATE: January 29, 1982

LAST DAY WORKED: December 30, 1981 plus New Year's Holidays plus 25 days 1982 Vacation due

DATE OF BIRTH: September 2, 1919

AGE AT RETIREMENT: 62-4/12

DATE EMPLOYED: April 19, 1952 (Adjusted)

YEARS OF SERVICE: 29-9/12

It is necessary to submit a change of status form on this employee to remove her from the payroll on the effective date of her retirement.

KAB:pc

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OCT 14 1981
MEDICAL DEPT.