

eberline

403052

November 14, 1977

EI-916271

Department of Energy
Nevada Operations Office
P. O. Box 14100
Las Vegas, Nevada 89114

Reference: PRE-ENEWETAK MEDICAL SCREENING: CHECK-IN TIME AT THE MAC
TERMINAL AND CHECK-IN WITH PASO

Attention: Roger Ray, Assistant Manager
for Environment & Safety

Dear Mr. Ray:

Pre-assignment medical screening requirement has been met for the following personnel. We are enclosing copies of the certification.

Jack W. Aeby
Kathy Burnham
Albert Doles
Jeff Hayden
Nels Johnson
Mike Ortiz
Walter Parker
Paul Wilson
L. Fred Zaman

As soon as we receive Richard Powell's copy of certification, we will send it to you.

Very truly yours,

EBERLINE INSTRUMENT CORPORATION

A. E. Doles
A. E. Doles
Vice President

AED:igs

Encls. as cited

| | |
|----------|---------------|
| ACTION | <u>FIN/ES</u> |
| INFO | |
| F. | |
| AMA | |
| AM/DE | |
| AM P & B | |
| OPN. | |

PRIVACY ACT MATERIAL REMOVED

RECEIVED

JUL 15 1977

EBERLINE INSTRUMENT CORP.

MEDICAL EVALUATION

This is to certify that I have determined that Eberline Instrument Corporation employee, _____ has no unusual medical conditions or physical impairments that would limit his normal duties of employment.

Base Line Blood Counts:

White Cell with Differential Normal Abnormal

Hemoglobin Normal Abnormal

Date 7/6/77

Robert E. Cutler, M.D.
Physician's Signature

Please type:

Robert E. Cutler, M.D.
Signature Name

Box D D
Street and No.

Espanola, N.M. 87532
City State Zip

753-7121
Telephone

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CHART COPY

ESPANOLA HOSPITAL LAB
P.O. BOX 177 ESPANOLA, N.M.
ARNOLD W. J. KALIVODA, M.D. DIR.
PHONE (505) 753-7111

23871

DATE ORDERED

TIME ORDERED

REQUEST WRITTEN

Routine

Today

Pre-Op

Stat

Call back

| | |
|----------------------|----------------|
| TECH | DATE DONE |
| COMPLETE BLOOD COUNT | |
| HEMOGLOBIN | 16.6 |
| HEMATOCRIT | 48.7 |
| RBC | 5.30 |
| WBC | 6.9 |
| DIFFERENTIAL | |
| D SEGS | 56 |
| I LYMPHS | 42 |
| F EOSINS | 2 |
| F BASOS | |
| E MONOS | |
| R BANDS | |
| E | |
| N | |
| RBC MORPHOLOGY | |
| HYPOCHROMASIA | ANISOCTOSIS |
| MICROCYTES | POIKILOCYTOSIS |
| MACROCYTES | POLYCHROMASIA |
| PLATELETS | K |

COMMENTS

INDICES

MCHC 34.2

MCV 87.5

MCH 29.2

PLATELET COUNT
150,000-500,000

RETICULOCYTE
COUNT 0.5-1.5%

PROTHROMBIN TIME
CONTROL IN SEC.

PATIENT TIME
IN SEC.

PART THROMBOPLASTIN
TIME CONTROL IN SEC.

PATIENT TIME
IN SEC.

SED. RATE

BLEEDING TIME

LEE & WHITE
COAGULATION TIME

CLOT RETRACTION

Room Number or Address

Room Number and Bed

Age and Sex

Order

9415
Macy-54
Cutter

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PRIVACY ACT MATERIAL REMOVED

MEDICAL EVALUATION

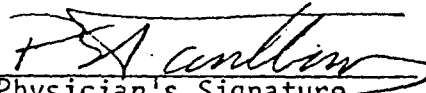
This is to certify that I have determined that Eberline Instrument Corporation employee, _____ has no unusual medical conditions or physical impairments that would limit his normal duties of employment.

Base Line Blood Counts:

White Cell with Differential Normal Abnormal

Hemoglobin Normal Abnormal

Date 2/19/77


Physician's Signature

Please type:

Philip S. Taubee, M.D.
Signature Name
191 N. Usbaum St.
Santa Fe, New Mexico 87501
Street and No. 982-1838
Telephone No.

City State Zip

Telephone

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MEDICAL EVALUATION

This is to certify that I have determined that Eberline
Instrument Corporation employee, _____,
has no unusual medical conditions or physical impairments
that would limit his normal duties of employment.

Base Line Blood Counts:

White Cell with Differential Normal Abnormal

Hemoglobin Normal Abnormal

Date June 15, 1977


Physician's Signature

Please type:

Philip S. Taulbee, M.D.
Signature Name

151 Nichols
Street and No.

Santa Fe, N. M. 87501
City State Zip

982-1888
Telephone

PRIVACY ACT MATERIAL REMOVED

PRIVACY ACT MATERIAL REMOVED

MEDICAL EVALUATION

This is to certify that I have determined that Eberline Instrument Corporation employee, _____ has no unusual medical conditions or physical impairments that would limit his normal duties of employment.

Base Line Blood Counts:

White Cell with Differential Normal Abnormal

Hemoglobin Normal Abnormal

Date 6-22-77

James J. Sharpe MD
Physician's Signature

Please type:

Signature Name

Street and No.

City State Zip

Telephone

JAMES J. SHARPE, M. D.
6612 TEXAS ST. N. E.
ALBUQUERQUE, NEW MEXICO 87116

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H. JAMES J. SHARPE, M. D.
2612 TEXAS N. E.
ALBUQUERQUE, NEW MEXICO 87110
TELEPHONE 299-1021

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DATE 6/20

PATIENT'S NAME _____

ADDRESS _____

| SERVICES RENDERED | FEE |
|------------------------------|-----|
| CONSULTATION <i>OK</i> | 20 |
| X-RAY | |
| INJECTION <i>OK</i> | |
| SURGERY <i>OK</i> | |
| DIATHERMY | |
| LABORATORY <i>WBC 4 diff</i> | 5 |
| ORIS <i>Hem</i> | 5 |
| | |
| | |
| TOTAL | 31 |

NEXT APPOINTMENT _____

PLEASE LEAVE WITH RECEPTIONIST

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John -
Pls put this in my personnel file

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MEDICAL EVALUATION

This is to certify that I have determined that Eberline
Instrument Corporation employee, _____
has no unusual medical conditions or physical impairments
that would limit his normal duties of employment.

Base Line Blood Counts: 6400

White Cell with Differential Normal Abnormal

Hemoglobin Normal Abnormal 14.7

59 N 2 5 L

Date 6-20-77

E. M. Sager, M.D.
Physician's Signature

Please type:

E. M. Sager, M.D.

Signature Name

8401 Constitution Ave
Street and No.

Charmers Hill 87110
City State Zip

505-292-2401
Telephone

PRIVACY ACT MATERIAL REMOVED

PRIVACY ACT MATERIAL REMOVED

MEDICAL EVALUATION

This is to certify that I have determined that Eberline
Instrument Corporation employee, _____,
has no unusual medical conditions or physical impairments
that would limit his normal duties of employment.

Base Line Blood Counts:

White Cell with Differential Normal Abnormal

Hemoglobin Normal Abnormal

Date _____

Physician's Signature

Please type:

Signature Name

Street and No.

City State Zip

Telephone

PRIVACY ACT MATERIAL REMOVED

PRIVACY ACT MATERIAL REMOVED

MEDICAL EVALUATION

This is to certify that I have determined that Eberline Instrument Corporation employee, _____ has no unusual medical conditions or physical impairments that would limit his normal duties of employment.

Base Line Blood Counts:

White Cell with Differential Normal Abnormal

Hemoglobin Normal Abnormal

Date

8/23/77



Physician's Signature

Please type:

Signature Name

Street and No.

City State Zip

Telephone

PRIVACY ACT MATERIAL REMOVED

MEDICAL EVALUATION

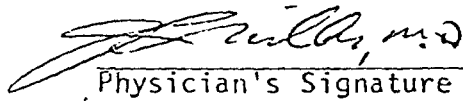
This is to certify that I have determined that Eberline Instrument Corporation employee, _____ has no unusual medical conditions or physical impairments that would limit his normal duties of employment.

Base Line Blood Counts:

White Cell with Differential Normal Abnormal

Hemoglobin Normal Abnormal

Date 9/19/77


Physician's Signature

Please type:

J. L. Miller, M.D.
Signature Name

8401 Constitution NE
Street and No.

Albuquerque, NM. 87110
City State Zip

292-2401
Telephone

MEDICAL EVALUATION

This is to certify that I have determined that Eberline Instrument Corporation employee, _____ has no unusual medical conditions or physical impairments that would limit his normal duties of employment.

Base Line Blood Counts:

White Cell with Differential Normal Abnormal

Hemoglobin Normal Abnormal see attached report

Date 10-31-77

W. H. Petty, Jr., M.D.
Physician's Signature

Please type:

W. H. Petty Jr., J. C.
Signature Name

Box 322 Fairview Station
Street and No.

Farmland, New Mexico 87533
City State Zip

(505) 733-894
Telephone

