

SHAWMUT MINING COMPANY  
Pre-Employment Medical Examination and History

PERSONAL HISTORY

|  |                                      |               |
|--|--------------------------------------|---------------|
| Name   |                                      |               |
| Address  |                                      |               |
| Date of Birth  | Place of Birth                       | Age           |
| Nationality  | Color: White ( ) Negro ( ) Other ( ) |               |
| Naturalized: Yes ( ) No ( )                              | First Papers                         | Second Papers |
| Resident of U. S.  | Married ( ) Single ( ) Widowed ( )   |               |
| Dependents: Children ( )                                 | Other                                |               |
| Social Security No.                                      | Miner's Certificate No.              |               |
| Previous Employer  | Name of Mine                         |               |
| Occupation   | No. Years Experience                 |               |
| Reason for Leaving                                       |                                      |               |
| Were you ever rejected for employment? ( ) If so by whom |                                      |               |
| Give Reasons   |                                      |               |
| Applying at Mine No.                                     | Occupation                           |               |

PHYSICAL HISTORY

|                      |   |                |                             |
|----------------------|---|----------------|-----------------------------|
| WEIGHT               |   | HEIGHT         |                             |
| AFFLICTIONS:         | Have you had Hay Fever ( ) Asthma ( ) Fits ( )        |                |                             |
|                      | Back Ache or Lumbago ( ) Abdominal Pains ( ) Lameness |                |                             |
|                      | in Knee Joints ( ) Rheumatism ( ) Spit Blood ( )      |                |                             |
| PREVIOUS INJURIES:   | Date  | Place & Nature | Character Duration & Result |
|                      |   |                |                             |
|                      |   |                |                             |
|                      |   |                |                             |
| PREVIOUS ILLNESS:    |   |                |                             |
|                      |   |                |                             |
|                      |   |                |                             |
|                      |   |                |                             |
| PREVIOUS OPERATIONS: |   |                |                             |
|                      |   |                |                             |

I hereby certify that my answers to all the above named questions are true and correct to my best knowledge and belief.

Witness Applicant

DOCTOR'S EXAMINATION AND OBSERVATIONS

|              |  |
|--------------|--|
| NUTRITION:   | Emaciated ( ) Obese ( ) Normal ( ) Other         |
| DEVELOPMENT: | Good ( ) Perverted ( )                           |
| SKIN:        | Specify  |
| HEAD:        | Abnormalities of Skull                           |
| FACE:        | Disfigurements                                   |
| EYES:        | Wear Glasses ( ) Pupils, Equal React to L&A      |
| EARS:        | Hearing, Good ( ) Poor ( ) Deaf ( )              |
| NOSE:        | Abnormalities                                    |
| GUMS:        | Pyorrhea ( )                                     |
| TEETH:       | Good ( ) Fair ( ) Bad ( )                        |
|              | Upper 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8            |
|              | Cavities: Lower 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8  |
| TONSILS:     | Diseased ( ) Enlarged ( ) Normal ( ) Removed ( ) |
| THYROID:     | Prominent ( ) Toxic ( ) Normal ( )               |
| LUNGS:       |  |
| HEART:       |  |
| ABDOMEN:     |  |
| HERNIA:      | Right Left                                       |
|              | Rings- Relaxed Tight                             |
| GENITALIA:   |  |
| LEGS:        | Varicose Veins Edema                             |
| ULCERS:      |  |
| FEET:        |  |
| HANDS:       |  |
| BACK:        |  |
| BLOOD:       | Pressure Pulse                                   |
| RECTAL:      |  |
| URINALYSIS:  |  |
| WASSERMAN:   |  |

EXAMINER'S RECOMMENDATIONS AND OPINIONS

|   |
|---|
| Condition for Employment: Excellent ( ) Fair ( ) Poor ( )                       |
| Operations: Would operation render applicant a good subject for employment? ( ) |
| If so, give nature of operation   |
| Do you recommend that applicant be accepted ( ) or rejected ( )                 |
| Date M. D.  |
| REMARKS:  |
|   |
|   |
|   |