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Department of Commerce

Commerce WorkSafe

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Ototoxic chemicals - chemicals that result in hearing loss

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1. Introduction

It is well documented that occupational noise exposure is a significant health hazard that leads to permanent noise-induced hearing loss (NIHL) and we have the National Exposure Standard for Occupational Noise to deal with this. It is less well known that a substantial number of medications and common industrial chemicals can also cause hearing loss themselves or exacerbate the effects of noise. These chemicals are said to be ototoxic (oto = ear, toxic = poisonous).

They may damage the cochlea in the inner ear and/or the auditory neurological pathways leading to hearing loss, tinnitus and vertigo. Hearing damage is more likely if exposure is to a combination of chemicals or a combination of the chemicals and noise.

Ototoxic chemicals can be divided into two general classes: workplace chemicals and medication. Currently it is thought that more than 750 different groups of chemicals are potentially ototoxic, but only a few of these have been studied in any depth.

2. Workplace chemicals - A risk management approach

Activities where noise and ototoxic chemicals often combine include: painting, printing, boat building, construction, furniture making, manufacture of metal, fibreglass, leather and petroleum products, aircraft maintenance, assay labs, radiator repair, fuelling vehicles and aircraft, fire fighting, pesticide spraying and weapons firing.

Research is still being carried out to establish human exposure-response relationships for workplace ototoxic chemicals, either alone or in combination with noise. Exposure standards for chemicals and noise have not yet been altered to take account of increased risk to hearing. Material Safety Data Sheets in many cases do not contain warnings about potential hearing loss.

Until revised standards are established, it is recommended that the 8-hour equivalent continuous noise level of workers exposed to any of the chemicals listed in Table 1 be reduced to 80 dB(A) or below. They should also undergo audiometric testing and be given information on ototoxic chemicals.

Annual audiograms are highly recommended for workers whose airborne exposures (without regard to respiratory protection worn) are at 50% or more of the exposure standards stated in the Safe Work Australia Hazardous Substances Information System for the chemical in question, regardless of the noise level. If no air monitoring has been carried out, workers should have an annual audiogram if they have frequent, long duration exposure to an ototoxic chemical in circumstances where:

- The efficiency of ventilation is not known or there is no mechanical ventilation; and/or
- Workers have reported health concerns that may be due to the chemical; and/or
- It is difficult to estimate exposure.

Some potentially ototoxic chemicals may be absorbed through the skin (See Table 1). If skin exposures cannot be controlled and are ongoing, annual audiograms are also recommended.

For workers currently participating in an audiometric testing program due to excessive noise, suitably trained reviewers of the audiometric data should be alert to the relationship between the exposure to noise and ototoxic chemicals.

If workers exposed to ototoxic chemicals complain of hearing difficulties, but have normal audiometric test results, they should be referred for more comprehensive audiological tests to evaluate the more central parts of the auditory system.

Control measures such as substitution, isolation and local ventilation should be implemented to eliminate or reduce chemical exposures. Personal protective equipment should be used to prevent skin and respiratory absorption when other controls are insufficient.

3. Medication - A risk management approach

Some medications have been identified as ototoxic such as some anti-cancer, anti-inflammatory, anti-thrombotic, anti-malarial and anti rheumatic drugs, loop diuretics and antibiotics.

Information about the effects of these drugs on hearing should be included in training programs and workers should be encouraged to discuss any concerns they may have about medication with their doctor or pharmacist.

Table 1 Possible workplace ototoxic chemicals

Substances have been included in this table based on the list given in: Morata T.C. (2007) Promoting hearing health and the combined risk of noise-induced hearing loss and ototoxicity, *Audiological Medicine*, Vol.5, Issue 1, pp33-40.

Type	Name	Skin Absorption
Solvents		

	Butanol	√
	Carbon disulphide	√
	Ethanol	
	Ethyl benzene	
	n-heptane	
	n-hexane	
	Perchloroethylene	
	Solvent mixtures and fuels Stoddard solvent (white spirits)	√
	Styrene	
	Toluene	√
	Trichloroethylene	√
	Xylenes	
Metals		
	Arsenic	
	Lead	
	Manganese	
	Mercury	√
	Organic tin	√
Others		
	Acrylonitrile	√
	Carbon monoxide	
	Hydrogen cyanide	√
	Organophosphates	√
	Paraquat	

Notes:

Other substances with similar molecular structures and other heavy metals should not be assumed to have no ototoxic effects. Skin absorption has been listed based on the substance having an 'Sk' notice in the [Safe Work Australia Hazardous Substances Information System](#).

Related information

General downloads

- [Preparing for emergency evacuations-Guidance note](#)
- [Host employers-labour hire](#)
- [Working alone-Guidance note](#)
- [General duty of care in WA workplaces-Guidance note](#)
- [Labour hire industry and duty of care](#)
- [Codes of practice - Information sheet](#)

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Occunet
2535 Broadway
Paducah, Ky 42001

Individual Hearing Evaluation Letter

07/17/2008
Page: 1

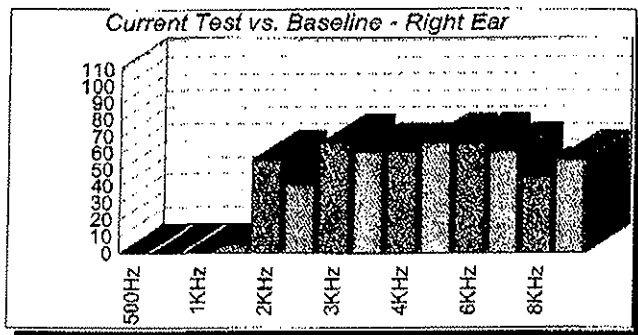
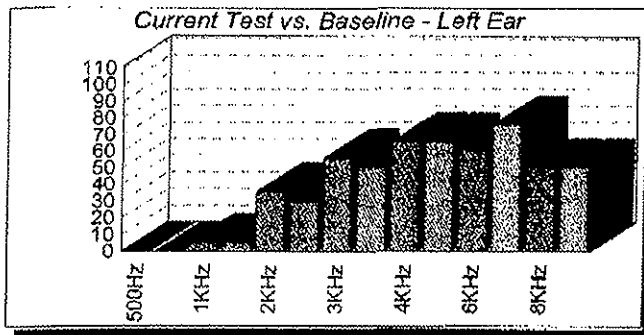
Name **Ladd, Ricky**
DOB **08/11/1956**
Company **Uranium Disposition Services**

SSN/ID
Test Date **07/16/2008**
Location

Your recent hearing test indicates the following.

You have a moderately severe loss in hearing. This occurs when the average level in hearing is greater than 55dB in either ear. If you have not already seen a hearing specialist regarding this matter, you should do so.

There has been no significant change in your hearing since your baseline test.



Current Test Baseline Test

Always wear the appropriate hearing protection when exposed to excessive noise. This will help protect against any future loss of hearing. If you have any questions regarding this matter please speak to your supervisor.

Results of Hearing Test	500Hz	1KHz	2KHz	3KHz	4KHz	6KHz	8KHz
Left Ear	00	05	35	55	65	60	50
Right Ear	00	00	55	65	60	65	45

Employee Signature
R. L. Bolaw, D.
Physician's Signature

Date
7-17-08
Date



2535 Broadway • Paducah, KY 42001 • (270) 575-3001 • Fax (270) 575-0418

PHYSICAL EXAM for Ricky W Ladd

Annual physical, etc., UDS

Position: Field

Procedures to be done this visit:

Physical: Annual

Titmus Vision

Urine Dipstick

Labs: Exec 2

H/M Urine & Blood

EKG

Hearing Conservation

Pulmonary Testing: PFT ONLY

Vision done by JF.

PFT done by AB.

EKG done.

Hearing done by AB.

Labs done.

PAST MEDICAL HISTORY:

Hypercholesterolemia

Denies Past Medical History.

SURGICAL HISTORY:

T & A

No past surgical history.

SOCIAL HISTORY:

Tobacco Use: Does not use tobacco products

Alcohol Use: Never

Noise/Chemical/Radiation Exposure: Chemicals, cleaning fluids, oils, Loud Noise, Asbestos or Cement Dust, and X-Rays or Radioactive Materials

Family Physician Yes, PATRICIA WILIAMS

PMH:

Past History reviewed and discussed with patient. No changes since last visit.

ALLERGIES:

NKDA

MEDICATIONS:

effexor, vitorin, prevacid

REVIEW OF SYSTEMS:

Constitutional:

Negative for chills, fever, fatigue and weight gain/loss.

Eyes:

Negative for blurred vision or any vision changes.

Ears:

Negative for pressure, discharge, hearing loss, vertigo, and tinnitus.

Ricky W Ladd

3

08-12-2009

Nose:

Negative for frequent colds, chronic sinusitis, decreased smell and excessive rhinorrhea.

Mouth/Throat:

Negative for difficulty swallowing, hoarseness, tenderness, change in voice and ulcers.

Neck:

Negative for injury, masses, stiffness and pain.

Respiratory:

Negative for asthma, bronchitis, chronic cough, and shortness of breath.

Cardiovascular:

Negative for any chest pain/angina, dizziness, exertional dyspnea and palpitations

Gastrointestinal:

Negative for history of constipation, diarrhea, indigestion, nausea, vomiting and rectal bleeding.

Musculoskeletal:

Negative for arthritis, joint stiffness/swelling and myalgias.

Neuro:

Negative for dizziness, paresthesias, weakness and tremor.

PHYSICAL EXAM:

Height: 5 ft 9 in

Weight: 264 lbs

BP: 138 / 82

Temp: 97.8

Pulse: 60

General Appearance:

Ricky is a well-developed, well-nourished 53 year old caucasian male in no acute distress.

Eyes:

Conjunctiva - clear.

Pupils - equal and reactive to light and accommodation.

Ears:

Auricles - without deformities or lesions.

External auditory canals - firm, pink and without exudate.

Tympanic membranes - with visible umbo, handle of malleus.

Nasal:

External - No scars, lesions, masses.

Nasal mucosa - pink.

OC and Throat:

Lips - pink; without lesions, scars or masses.

Teeth - intact. Gums - pink.

Oral mucosa - pink and moist.

Soft and hard palates contiguous.

Tongue - moist, without ulcers.

Neck:

Neck - symmetrical with full range of motion; no masses or crepitus.

Trachea mid-line.

Thyroid - non-tender without enlargement or nodules.

Lungs:

Respirations - even and unlabored.

Auscultation - normal breath sounds; no adventitious sounds or rub.

Lung fields clear and equal.

Heart:

Auscultation - normal rate and rhythm; no murmurs, gallops or rubs.

Extremity inspection - no edema or varicosities.

Abdomen:

Palpation - no tenderness or guarding.

Examination - no significant lesions or scars, no masses.

Bowel Sounds - positive all quadrants.

Neurologic:

Cerebellar intact.

Rhomberg negative.

Deep tendon reflexes - 2+ (B) UE and LE.

Sensation - intact to pain and light touch (B) UE and LE.

Ricky W Ladd

4

08-12-2009

Gait - coordinated, steady.

Musculoskeletal:

C-Spine, T-Spine, L-Spine, Bilateral Upper and Lower Extremities are normal.

Palpation/inspection - no misalignment, defects or deformities.

ROM - full ROM, no pain, crepitus.

Stability - joints intact; no subluxation.

Muscle Strength - full resistance to opposition in upper and lower extremities; muscle tone normal.

Digits - normal.

Declined rectal/prostate exam

DATA REVIEW:

Vision - Reviewed, Normal

Audiogram - Reviewed, Abnormal Reviewed, Discussed with patient

EKG - Reviewed, Normal

Pulmonary Function Testing - Reviewed, Normal

ASSESSMENT: Normal Annual physical exam except decreased hearing bilaterally(chronic)

Electronic Signature on 08-12-2009 Wed 10:44:34 AM, by TPOWELL.

Electronic Signature on 08-12-2009 Wed 10:45:58 AM, by TPOWELL.



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5013 Gilbertsville Hwy · Calvert City, KY 42029 · (270) 909-2196 · Fax (270) 909-2204

PHYSICAL EXAM for Ricky W Ladd

Exit physical , UDS

- Drug Screen done by JF.
- PFT done by JF.
- Hearing done by JF.
- Labs done by JF.
- EKG done by JF.

PAST MEDICAL HISTORY:

- indigestion
- Hypertriglyceridemia

SURGICAL HISTORY:

T & A

SOCIAL HISTORY:

- Tobacco Use: Does not use tobacco products
- Alcohol Use: Never
- Noise/Chemical/Radiation Exposure: Chemicals, cleaning fluids, oils, Loud Noise, Asbestos or Cement Dust, and X-Rays or Radioactive Materials

Family Physician Yes, Patricia Williams

Electronic Signature:

Electronic Signature on 06-25-2010 Fri 10:45:02 AM, by Janie Forbis (User Name: JANIEF).

PMH:

Past History reviewed and discussed with patient. No changes since last visit.

ALLERGIES:

NKDA

MEDICATIONS:

effexor, vitorin, prevacid

REVIEW OF SYSTEMS:

Constitutional:

Negative for chills, fever, fatigue and weight gain/loss.

Eyes:

Negative for blurred vision or any vision changes.

Ears:

Negative for pressure, discharge, hearing loss, vertigo, and tinnitus.

Ricky W Ladd

03-22-2012

Nose:

Negative for frequent colds, chronic sinusitis, decreased smell and excessive rhinorrhea.

Mouth/Throat:

Negative for difficulty swallowing, hoarseness, tenderness, change in voice and ulcers.

Neck:

Negative for injury, masses, stiffness and pain.

Respiratory:

Negative for asthma, bronchitis, chronic cough, and shortness of breath.

Cardiovascular:

Negative for any chest pain/angina, dizziness, exertional dyspnea and palpitations

Gastrointestinal:

Negative for history of constipation, diarrhea, indigestion, nausea, vomiting and rectal bleeding.

Genitourinary:

Negative for frequency, urgency, incontinence and dysuria.

Musculoskeletal:

Negative for arthritis, joint stiffness/swelling and myalgias.

Integument:

Negative for rash, lumps, pigmentation change and other lesions.

Neuro:

Negative for dizziness, paresthesias, weakness and tremor.

Psych/Mental Status:

Negative for panic-anxiety, depression and personality/mood changes.

Endocrine:

Negative for polyuria, polydipsia or temperature intolerance.

Hematologic:

Negative for significant bleeding, bleeding that is difficult to control, or anemia.

Allergic/Immunologic:

Negative for hives/rashes, skin sensitivity or allergies to food and external agents.

PHYSICAL EXAM:

Height: 5 ft 7.5 in

Weight: 226 lbs

BP: 140 / 90

Temp: 96.5

Pulse: 72

Medical and Occupational History Questionnaire reviewed and discussed with Ricky.

General Appearance:

Ricky is a well-developed, well-nourished 53 year old caucasian male in no acute distress.

Eyes:

Sclera - white. Conjunctiva - clear. Bilaterally.

Lids - without lag.

Pupils - ERRLA

EOMI.

Optic Discs - flat, margins distinct. Posterior segments - no hemorrhages or exudates evident. Vessels intact.

Ears:

Auricles - without deformities or lesions.
External auditory canals - firm, pink and without exudate.
Tympanic membranes - with visible umbo, handle of malleus.

Nasal:

External - No scars, lesions, masses.
Nasal mucosa - pink.

OC and Throat:

Lips - pink; without lesions, scars or masses.
Teeth - intact. Gums - pink.
Oral mucosa and Throat - pink and moist.
Soft and hard palates contiguous.
Tongue - moist, without ulcers.

Neck:

Neck - symmetrical with full range of motion; no masses or crepitus.
Trachea mid-line.
Thyroid - non-tender without enlargement or nodules.

Lungs:

Respirations - even and unlabored.
Auscultation - normal breath sounds; no adventitious sounds or rub.
Lung fields clear and equal.

Heart:

Palpation - normal pulses, no lifts, heaves or thrills.
Auscultation - normal rate and rhythm; no murmurs, gallops or rubs.
Arterial pulses (carotid, abdominal, femoral) - palpable and normal without bruits.
Extremity inspection - no edema or varicosities.

Abdomen:

Exam: no tenderness or guarding; no masses; positive bowel sounds all quadrants.
Hernia Exam: Bilateral inguinal hernia exam is negative.
Palpation: no hepatomegaly or splenomegaly.

Musculoskeletal:

C-Spine, T-Spine, L-Spine, Bilateral Upper and Lower Extremities are normal.
Palpation/Inspection - no misalignment, defects or deformities.
ROM - full ROM, no pain, crepitus.
Stability - joints intact; no subluxation.
Muscle Strength - full resistance to opposition in upper and lower extremities; muscle tone normal.
Digits - normal.
Nails - no clubbing or cyanosis.

Lymphatic:

Cervical Node Palpation - no lesions, tenderness or masses.
Axillae Node Palpation - no lesions, tenderness or masses.
Groin Node Palpation - no lesions, tenderness or masses.

Skin:

Inspection - warm, dry, without rashes, lesions or ulcerations.
Palpation - normal turgor, no masses or nodules.

Neurologic:

Cranial nerves - II-XII intact.
Sensation - intact to pain and light touch (B) UE and LE.

Cerebellar intact.
Deep tendon reflexes - 2+ (B) UE and LE.
Rhombert negative.
Gait - coordinated, steady.

Psychiatric:

Judgement and insight - intact
Orientation - awake, alert, oriented to time, place and person.
Mood and affect - normal; no depression, anxiety or agitation.
Recent and remote memory - intact.

Refused rectal/prostate exam

DATA REVIEW:

Vision - Reviewed, Normal with reading glasses
Audiogram - Reviewed, Abnormal Reviewed, Discussed with patient. Consider hearing aids
Pulmonary Function Testing - Reviewed, Normal

ASSESSMENT: Normal physical exam pending lab and CXR

Electronic Signature on 06-25-2010 Fri 11:00:31 AM, by Theo Powell, MD (User Name: TPOWELL).

AUDIOLOGY REPORT

NAME: Ricky Ladd
DOB: August 11, 1956
DATE OF VISIT: December 19, 2011
CHART#: 111216

HISTORY: This patient presents to the office today for an audiologic assessment reporting concern regarding reduced hearing sensitivity noted to be more significant over approximately the past 5 years. He reports significant communication difficulty as a result of the hearing loss present, particularly in the presence of background noise such as in restaurants, family gatherings or other group environments. The patient reports significant bilateral tinnitus with no particular pattern identified. The patient perceives that the tinnitus has been present for several years as well. He denies the presence of other otologic symptoms such as balance disturbance, aural pain, fullness or drainage. The patient reports a significant history of occupational noise exposure indicating he worked at a local uranium enrichment facility between 1976 and 1980 where he did not wear hearing protection. He also worked at this facility from 1996 through the present. The patient indicates that since re-joining this organization in 1996 that he has consistently utilized hearing protection. The patient also reports exposure to multiple chemicals and other agents at this facility many of which have been identified as potentially being ototoxic in nature. The reader is referenced to the attached list of known and potential exposures. The patient indicates that he has worked as a maintenance mechanic and operator which required him to work throughout the entire facility. The patient reports previous history of recreational noise exposure including hunting and farming. The patient denies the use of hearing protection for these activities. He also reports a slight family history of hearing loss including his father, however, he reports that this is occupational noise related.

OTOSCOPIC EXAMINATION: Visual inspection revealed patent ear canals with tympanic membranes being clearly visualized bilaterally.

MIDDLE EAR ANALYSIS: Tympanometry revealed ear canal volumes of 1.42 ml and 1.22 ml for the left and right ear respectively with middle ear pressure and compliance within expected limits bilaterally.

OTOACOUSTIC EMISSIONS: Distortion product otoacoustic emissions were absent or reduced bilaterally between the frequencies of 1,500 Hz and 6,000 Hz with the exception of 1,500 Hz in the left ear only.

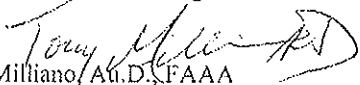
AUDIOMETRIC TEST RESULTS: Pure tone air and bone conduction thresholds revealed low frequency hearing sensitivity within normal limits through 1,000 Hz falling precipitously to a moderately severe to severe high frequency sensorineural loss of hearing sensitivity. Speech thresholds were supportive of pure tone findings given the examiner's live voice presentation. Word recognition in quiet was good bilaterally. Functional speech understanding in the presence of competing noise was reduced with the QuickSIN test revealing a signal to noise ratio loss of hearing of 19.5 dB and 11.5 dB for the right and left ear respectively suggesting effective communication function in noise of approximately 24% and 56% for the right and left ear respectively.

IMPRESSIONS:

1. Bilateral low frequency hearing sensitivity within normal limits up to 1,000 Hz falling precipitously to a moderately severe to severe high frequency bilateral high frequency sensorineural loss of hearing sensitivity. The hearing loss present is most likely multifactorial in nature with contributing factors including but not limited to extensive exposure to occupational noise, extensive exposure to multiple chemicals and agents potentially being ototoxic in nature, presbycusis and family history of hearing loss.
2. Bilateral subjective tinnitus, almost most likely secondary to the factors stated above.
3. Significant abnormal auditory perception and word recognition.

RECOMMENDATIONS:

1. Given the hearing loss present as well as the communication difficulties expressed, the patient was encouraged to consider binaural amplification. Appropriate amplification styles and options were reviewed. The patient deferred this recommendation at this time expressing a desire to further investigate the potential etiologies of this hearing loss.
2. The patient was counseled that it is critical for him to consistently utilize hearing protection when in the presence of excessive noise.
3. Periodic audiologic assessment based on change in symptoms.


Tony Milliano, Au.D., FAAA
Doctor of Audiology

TM:lj

CC: Ricky Ladd

SUMMARY OF CLINICAL FINDINGS

See Problem List

11	MF • HF	Hearing Loss, bilateral
21		Hyperlipidemia
31		Essential Obesity, mild

HEALTH EVALUATION / COMMENTS

11	↓ cholesterol diet on Lipitor 10mg/d
31	WT. Reduction

HEALTH CLASSIFICATION 1. Good – Excellent (may include minor abnormalities)
2. Fair - Good
3. Poor

- Patient given copies of
- CBC
 - Urinalysis
 - Chemistries
 - EKG
 - PFT
 - Audiogram
 - Chest x-ray report
 - Patient declined copies of test results

The employee has been informed of the findings

Signed [Signature] Date 20/8/05

OFFICIAL USE ONLY

LADD, RICKY W

Employee No: 061331

PROBLEM LIST

Group No: C41423

Problem	Comment
JUN 7 2000	
① Family Hx Pancreatic CA, Sarcoma, DM	
② Bilat HF Hearing Loss See Audio w/ STS	
③ Mod Obesity	
④ Hyperlipidemia to see PCP Consider Lipid Rx	
⑤ GERD Hx under Rx probas	
⑥ Leg esp. Hemorrhoids	
⑦ 2+ BPH Firm.	
⑧	
JUN 28 2001	
JUN 25 2002	
④ Hyperlipidemia. To see PCP & Lab Work.	
⑤ GERD under Rx. Provaid.	
MAY 19 2003	
④ - Hypertriglyceridemia 37 under Rx w/ Diet. To see PCP & Lab work	
⑧ - Mod @ knee - pre-tibella tendinitis.	
MAY 12 2004	
④ Hyperlipidemia under Rx lipitor being improved. To check PCP consider 2mg	
JUN 08 2005	
Hyperlipidemia on Rx	

SUMMARY OF CLINICAL FINDINGS

See Problem List

(1) Visual Acuity loss needs reading glasses per
 (2) Bilateral Hearing loss. MF/HTF See Audio.
 (3) Hyperlipidemia under Rx Lipitor 10mg Dr. Elliott.
 (4) Resolving Contusion @ Ant. Rib.

HEALTH EVALUATION / COMMENTS

12/6 wt loss

(3) To see if Lipitor needs to be T to 20mg.
 Copy lab work to pt for PCP.

Craig Fisherman -

HEALTH CLASSIFICATION

2

- 1. Good - Excellent (may include minor abnormalities)
- 2. Fair - Good
- 3. Poor

Patient given copies of

- CBC
- Urinalysis
- Chemistries
- EKG
- PFT
- Audiogram
- Chest x-ray report
- Patient declined copies of test results

The employee has been informed of the findings

Signed Craig Fisherman ^{PR - C}

Date 12/21/04

SUMMARY OF CLINICAL FINDINGS

See Problem List

① Visual Acuity loss - needs reading glasses.
 ② Bilat MF/HF Hearing loss See Audio NOSTS
 ③. mild Obesity.
 ④. Hyperlipidemia.
 ⑤. GERD under Rx.
 ⑥. Ext Hemorrhoids
 ⑦. 2+ BPH.

HEALTH EVALUATION / COMMENTS

4 lb wt gain

Chol 210. HDL 34 Ratio 6:1
 Trig 474 Advised on low lipid diet. To check Lp(a)

HEALTH CLASSIFICATION

2

- 1. Good - Excellent (may include minor abnormalities)
- 2. Fair - Good
- 3. Poor

Patient given copies of

- CBC
- Urinalysis
- Chemistries
- EKG
- PFT
- Audiogram
- Chest x-ray report
- Patient declined copies of test results

The employee has been informed of the findings

Signed Joel [Signature]

Date 25 June 02

SUMMARY OF CLINICAL FINDINGS

See Problem List

① Visual Acuity loss correct reading glasses.
 ②. Per Cent MF/IF Hearing Loss R & L See Audio W. STS.
 ③. Med. Obesity - 10/16 int. gain.
 ④. Hypertensive disease on Lipit on Dr. Elliott
 ⑤. H₂ Sero-negative @ Prevalence Tremoritis.
 ⑥. Multiple Warts - ed. am. changes to see Derm for B.
 ⑦. GERD under Rx - good control per.

HEALTH EVALUATION / COMMENTS

10/16 int. gain.
 Cholesterol 200 HDL 37
 Trig 666 Tachycardia Dr. Elliott

HEALTH CLASSIFICATION

1
 2
 3

1. Good - Excellent (may include minor abnormalities)
2. Fair - Good
3. Poor

Patient given copies of

- CBC Urinalysis Chemistries EKG
 PFT Audiogram Chest x-ray report
 Patient declined copies of test results

The employee has been informed of the findings

Signed John Brown

Date 19 May 03

SUMMARY OF PHYSICAL FINDINGS:

PROBLEM LIST			
PROBLEM	RESOLVED	PROBLEM	RESOLVED
①. BiCat HF Hearing Loss	See Audio Notes		
②. Hyperlipidemia			
③. GERD under Rx.			
④. ⊕ Family Hx pancreatic CA, sarcoma			
⑤. Mod Obesity			
⑥. Lg. Hemorrhoids			
⑦. 2+ BPH Finax			

TOTAL HEALTH EVALUATION

Chol 271 Advised to check: PCP Dr. Elliott. ^{copy lab} _{with to pt.}
 Trig 858 may need lipid Rx. Advised on low lipid diet.

HEALTH CLASSIFICATION

2

- 1. Good - Excellent (may include minor abnormalities)
- 2. Fair - Good
- 3. Poor -
- R - Restriction

RESTRICTION(S)

Employee informed of findings.

Janet Lewis MD-C M.D.

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