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MEDICAL EXAMINATION OF PERSONNEL WITH POSSIBLE EXPOSURE TO
HERBICIDE ORANGE - A PROPOSED PROTOCOL

I. INTRODUCTION

There is little information on the residual or chronic effects of the constituents of Herbicide Orange, 2,4-dichlorophenoxyacetic acid (2,4-D), 2,4,5-trichlorophenoxyacetic acid (2,4,5-T), and 2,3,7,8 tetrachlorodibenzo-p-dioxin (TCDD)^{in man.} Evaluation must, therefore, be based on the acute effects that have been described for these substances or their precursors ^{under private} ~~in normal industrial~~ ^{use, and} ~~usage,~~ ~~industrial accidents~~ ~~or~~ commercial use. The organ systems of primary concern are the skin, central nervous system, peripheral nervous system, liver, kidney and hematopoetic ^{system.} In addition, asthenic and other constitutional symptoms have been described. Prominent among these are headache, malaise, gastrointestinal and sexual dysfunction. There have been unsubstantiated reports of teratogenesis, increased fetal wastage, and lung, liver and mesenchymal tumors.

II. EXPOSURE HISTORY

A careful history to ascertain the time and degree of exposure shall be obtained. Enclosure I is a suggested questionnaire to aid in obtaining this information.

IF This is a proposal should it be directive in nature?

III. MEDICAL HISTORY

A thorough medical history shall be obtained with emphasis on the systems described in paragraph I. It should include information on dysfunction both preceding and following possible exposure, whether the dysfunction was evaluated by a physician, the diagnosis if known, and treatment given. Pertinent family history should be investigated and a thorough work history from the time of the first job should be obtained. A history of chloracne following possible exposure should be carefully

searched for, as evidence indicates that without chloracne other acute disorders are unlikely.

IV. PHYSICAL EXAMINATION

A complete physical examination shall be performed with special emphasis directed towards disorders of the skin, liver, lungs and kidney. A very thorough neurological examination shall be conducted paying particular attention to evidence of peripheral nervous system disease.

V. LABORATORY

Laboratory studies shall include the following. Other studies should be done as indicated by the history and physical examination.

1. Complete hemogram
 - a. Red Blood Cell Count
 - b. Red Blood Cell Indices
 - c. Hemoglobin
 - d. Hematocrit
 - e. White Blood Cell Count
 - f. Differential Count
 - g. Reticulocyte Count
 - h. Platelet Count
2. Urinalysis including microscopic and specific gravity
3. Renal Function Studies
 - a. Serum Creatinine
 - b. Blood Urea Nitrogen (BUN)
4. Liver Function Studies
 - a. Serum Glutamic-oxaloacetic Transaminase (SGOT)
 - b. Serum Glutamic-pyruvic Transaminase (SGPT)

- c. Gamma-glutamyl Transpeptidase (GGT)
 - d. Alkaline Phosphatase
 - e. Serum Bilirubin
 - f. Prothrombin Time
 - g. Serum Uroporphyrins
5. Serum Protein
 6. Serum Triglycerides
 7. Serum Cholesterol
 8. Fasting Blood Sugar
 9. 14"x17" Posterior-Anterior X-ray of the chest
 10. Sputum cytology
 11. Stool for occult blood
 12. Visual Acuity Screening
 - a. near
 - b. far
 13. Air conduction audiogram

VI.

All positive findings in the history, physical examination, or laboratory studies shall result in appropriate follow up investigation. Special consultaion will be liberally utilized. A copy of all examinations will be forwarded to the Office of the Surgeon General and to the ^{USAF} Occupational and Environmental Health Laboratory, Brooks AFB, TX.

PRE-EXAMINATION QUESTIONNAIRE

- 1. Name _____
- 2. Present address _____
- 3. Dates in Vietnam _____
- 4. Units assigned to when in Vietnam _____
- 5. Specific location of units _____
- 6. Your job in the unit: describe _____

7. Which ~~7.~~ Did you work with pesticides? ^(of which herbicides did you work with?) Yes _____ No _____

8. ^{which one} If yes, what pesticide?

- a. Blue _____
- b. White _____
- c. Purple _____
- d. Orange _____
- e. ~~Insecticides~~ _____
- f. Other _____

9. How often did you work with the ^{herbicide?} pesticide? _____

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10. What type of contact occurred?

- a. spray _____
- b. liquid _____
- c. vapor _____
- d. soil _____
- e. plants _____

↓

etc.

- 11. Did you develop symptoms following exposure? _____ Yes _____ No
- 12. If yes, describe _____
- 13. Did you seek help: _____ Yes _____ No
- 14. If yes, was a diagnosis made? _____ Yes _____ No
- 15. If yes, what? _____
- 16. Was treatment given? _____ Yes _____ No
- 17. If yes, what? _____

18. Did symptoms disappear? _____ Yes _____ No

19. If yes, how long did they persist? _____

~~20. Are you having symptoms now? _____ Yes _____ No~~

~~21. If yes, describe _____~~

22. Are you still in service _____ Yes _____ No

23. If NO - when did you leave service _____

24. Are you married?

25. Have you any children? Give birth date & state of health.

26. Where have you worked since leaving service (specify type of work)? _____

27. Who were your crew mates in Rand Hand? _____
What is their Address now _____?
What is their state of health _____?
If you know _____
and he is not attending his reunion.

28. Give a brief statement of your current health, including any significant medical problems since leaving service.

If you need more time ^{or information} to complete this questionnaire, please bring it home, then after completion forward to us in the attached government franked/addressed envelope. We appreciate!