

University of California Los Alenos, New Mexico

OFFICE MEMORANDUM

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Jack Clark, J-DO

Date: March 7, 1952

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326 US ATOMIC ENERGY

COMMISSION

Front

T. L. Shipman, M. D.

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Subject: Routine Physical Examinations for Test Personnol

A certain amount of confusion and some misunderstanding has recently arisen over what appears to be & change in policy concerning physical exam requirements for those members of the Laboratory staff participating in test operations either at HFG or Eniwatok. This memo is to explain the position adopted by H Division and to outline the procedure which we propose to follow.

It is obvious that physical examination requirements for military personnel, civilian participants, and construction workers who are to participate actively in test operations and who will enter contaminated areas should, in so far as it is reasonable and proper, be uniform. The military has already stated its requirement: which will be found in the Handbook of Atomic Weapons for Medical Officers which was published in June, 1951, and which applies to the Army, the Navy, and the Air Force. In addition to the ordinary physical examination procedures, which are designed to assure that the individual is in average good heelth end without obvious physical disability, the following procedures are also required: (1) urinalysis; (2) complete blood count; (3) chest I-ray. It is stated in this handbook that "if a similar examination has been conducted during the pest three months, a repeat examination will not be necessary, provided a record of such examination is maintained on file." The hendbook goes on to list certain physical requirements, deviation from which would disqualify a person from work involving exposure to radiation. With only one of these requirements can we arbitrarily disagree: it is stated that a total red blood cell count above 6.5 million would disqualify; such a blook count is fairly common at Los Alamos because of the eltitude.

As far as Los Alamo, personnel is concerned, we will also disagree with the stipulation that chast X-rays as often as every three months might be necessary. For Laboratory workers under 45 years of age we do not propose to do routine chest X-rays oftener than once a year, and for those over 45, oftener than once in six menths. We shall also use our discretion in the frequency of blood counts and the completeness of physical exeminations, but in general we will not depert from the spirit of the law; we must be able to assure the test director and a task force commander that those being sent to the test area are presumably and to the best of our knowledge in good health and in

It might be well at this time to digress momentarily to consider the queen Child tion of chest X-rays. The usual chest X-ray taken with standard equipment using the small sized film, delivers to the individual. using the small sized film, delivers to the individual's chest a doso (she) averages from 250 to 300 mr. The exposure with the full sized 14 cm opposite film is slightly less. In both cases the equipment is shielded to the opposite to other perts of the body is minimal and insignificant. exposure to other perts of the body is minimal and insignificant. generally held by the best authorities in the country that such exposures



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once or twice a year are of absolutely no consequence, even to individuals whose lifetime work involves exposure to ionizing radiation. Obviously we still do not wish to require any more of this on a routine basis then is. necessary. Furthermore it is felt that I-rays which are taken to establish a diagnosis necessary to explain symptoms will help the individual more than avoidance of the exposure, even though the total exposure may go as high as 50 r or more. In general it can be stated that requiring routine periodic chest X-rays no oftener than seems reasonable is a justifiable requirement.

Group H-2 maintains careful records of all Laboratory personnel. It is our desire to put those individuals who are to participate in test operations to a minimum of inconvenience. Laboratory workers who will go to NPG but who will not enter the contaminated areas require no examinations at all. Those who do expect to enter the contaminated areas should contact Dr. Grier to ascertain whether or not their records are up to date and whether an appointment for re-examination is necessary. Those who have not undergone this formality may be denied access to the contaminated areas. All workers going to Enivetok must be approved by H-2 and must, in addition, receive whatever immunizations are called for by Government regulation. (so far this has called for immunization against small pox, typhoid-paratyphoid, and tetamus). Those failing to undergo these formalities may find themselves unable to leave the country, and if they do get out, might encounter difficulty in getting back in.

All of the above remarks refer only to LASL personnel. It is certainly our opinion that other civilians, as well as construction workers, should conform to requirements no less rigid.

> THOMAS L. SHIPPAN, M. D. Health Division Leader

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