THE STATE OF TEXAS

COUNTY OF SABINE

On this the 11th day of September, 1984, the Honorable Commissioners Court met in Special session with the following members present, to-wit:

| | |
|---|---|
| Royce C. Smith | County Judge |
| Billy Joe McGee | Commissioner, Precinct No. 2 |
| Chester D. Cox, Sr. | Commissioner, Precinct No. 4 |
| Minnie Gooch | Clerk of the Court |

On a motion by Commissioner Billy Joe McGee, and seconded by Commissioner Chester D. Cox, Sr., the county gave Thomas D. Coffman Oil Company permission to re-locate a small portion of county road commonly called Green Acres, location being east of 2928 at Fin & Feathers. " See Exhibit Attached".

Motion by Commissioner Billy Joe McGee, seconded by Commissioner Chester D. Cox, Sr. that the attached Physical Examination record by filled out by a medical doctor on all employees being hired by the County. motion carried.

There being no further business, the court adjourned.

Royce C. Smith
COUNTY JUDGE

Billy Joe McGee
COMMISSIONER, PRECINCT NO. 2

Chester D. Cox Sr.
COMMISSIONER, PRECINCT NO. 4

Minnie Gooch
CLERK OF THE COURT

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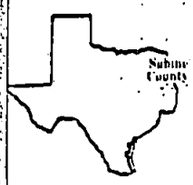


THE STATE OF TEXAS

**County of Sabine**
P.O. BOX 716
HEMPHILL, TEXAS


September 11, 1984

To: Thomas Coffman Oil Company
c/o Kenneth Smith

On September 11, 1984 at a Special call meeting of the Commissioners Court on motion by Commissioner McGee and second by Commissioner Cox, the above addressed was given permission to re-locate small portion of County road commonly called Green Acres east of 2928 of Fin and Feathers. South end of the County.

The portion of the re-located road shall meet the specification of the U.S. Forest Service with no less than 3 inches of white rock.

If the well is not productive the original road will be restored with the same specification of the U.S. Forest Service with no less than 3 inches of white rock.

The portion of the road from F.M. road 2928 shall be kept and restored to original surface.

Sincerely,

Kenneth Smith for
Coffman Oil Company

Royce C. Smith
County Judge

Billy Joe McGee, Comm. Pct. #2

Chester Cox, Comm. Pct. #4

I, Minnie Gooch, County Clerk, Sabine County, Texas do hereby certify that the foregoing instrument was filed for record _____, 1984 at _____ O'Clock _____ M. and duly recorded 9-20 1984 at 9:00 O'Clock A M.

Minnie Gooch, Clerk

BY: Linda Chambers, Deputy

TO BE COMPLETED BY EXAMINING PHYSICIAN

# PHYSICAL EXAMINATION RECORD

NAME

HEIGHT FT. IN. WEIGHT AGE

**GENERAL APPEARANCE**

| APPEARANCE | YES | NO |
|---|---|---|
| PALLOR | | |
| CYANOSIS | | |
| JAUNDICE | | |
| SKIN DISEASE | | |

| EYES | RIGHT YES | RIGHT NO | LEFT YES | LEFT NO |
|---|---|---|---|---|
| PUPILS — Regular | | | | |
| — Equal | | | | |
| — React to Light | | | | |

| VISION | Without Lens | With Lens |
|---|---|---|
| RIGHT | 20/ | 20/ |
| LEFT | 20/ | 20/ |
| BOTH | 20/ | 20/ |
| GLASSES | YES | NO |
| COLOR VISION NORMAL | YES | NO |
| D. P. | YES | NO |
| PERIPHERAL R ° L ° | | |

Near vision

| EARS | RIGHT YES | RIGHT NO | LEFT YES | LEFT NO |
|---|---|---|---|---|
| PURULENT DISCHARGE | | | | |
| IMPACTED CERUMEN | | | | |
| DRUMS INTACT | | | | |
| AUDITORY CANAL—Normal | | | | |

Technician:

Audiogram

| | 500 | 1000 | 2000 | Avg. | 3000 | 4000 | 6000 | 8000 |
|---|---|---|---|---|---|---|---|---|
| RIGHT | | | | | | | | |
| LEFT | | | | | | | | |

| NOSE | | YES | NO |
|---|---|---|---|
| ENLARGED TURBINATES | R L | | |
| DEVIATED SEPTUM WITH OBSTRUCTION | R L | | |
| PERFORATION OF SEPTUM | | | |
| MUCOUS MEMBRANE — Normal | | | |
| — Congested | | | |
| — Ulcerated | | | |
| — Pale | | | |

| MOUTH | YES | NO |
|---|---|---|
| GOOD REPAIR | | |
| DENTURES — Partial | | |
| — Complete | | |
| GUMS — Normal | | |
| — Infected | | |
| — Retracted | | |

| THROAT | YES | NO |
|---|---|---|
| TONSILS — Absent | | |
| — Normal | | |
| — Infected | | |
| THROAT — Normal | | |
| — Infected | | |

| THORAX | YES | NO |
|---|---|---|
| CHEST — SHAPE — Normal | | |
| BREATH — SOUNDS — Normal | | |
| RESONANCE — Normal | | |
| RALES (Note Type and Location) | | |

| BREAST | RIGHT YES | RIGHT NO | LEFT YES | LEFT NO |
|---|---|---|---|---|
| BREAST — Normal | | | | |
| — Tenderness | | | | |
| — Tumor | | | | |

**CIRCULATORY SYSTEM**

| | |
|---|---|
| PULSE — (Sitting) | |
| BLOOD PRESSURE (Sitting) | |
| — Systolic | |
| — Diastolic | |

| | YES | NO |
|---|---|---|
| APEX BEAT — Palpable | | |
| APEX WITHIN MIDCLAVICULAR LINE | | |
| LOCATION 5th INTERSPACE | | |
| RHYTHM REGULAR | | |
| HEART SOUNDS — Normal | | |
| — Forceful | | |
| — Distant | | |
| EXTRA SYSTOLE | | |
| FIBRILLATION | | |
| THRILLS | | |
| MURMUR — Systolic | | |
| — Diastolic | | |
| — Presystolic | | |
| PERIPHERAL VESSELS — Normal | | |
| PERIPHERAL VESSELS — Sclerotic | | |

| SPINE | YES | NO |
|---|---|---|
| CERVICAL SPINE — Abnormal (Specify) | | |
| THORACIC SPINE — Abnormal (Specify) | | |
| LUMBAR SPINE — Abnormal (Specify) | | |
| SACRAL SPINE — Abnormal (Specify) | | |

| ABDOMEN | YES | NO |
|---|---|---|
| POST-OPERATIVE SCARS | | |
| TENDERNESS | | |
| TUMOR (Specify) | | |
| LIVER — Enlarged | | |
| SPLEEN — Palpable | | |
| KIDNEY — Palpable R L | | |
| INCISIONAL HERNIA | | |
| UMBILICAL HERNIA | | |

| INGUINAL REGION | | YES | NO |
|---|---|---|---|
| INGUINAL HERNIA | R L | | |
| HERNIORRHAPHY | R L | | |
| RELAXED RINGS | R L | | |
| FEMORAL HERNIA | R L | | |
| VARICOCELE | R L | | |
| HYDROCELE | R L | | |
| ABNORMAL TESTICLE (Specify) | | | |

| RECTUM | | YES | NO |
|---|---|---|---|
| HEMORRHOIDS | Ext. Int. | | |
| PROSTATE — Normal | | | |
| — Hypertrophy | | | |
| — Tumor | | | |
| OTHERS — (Specify) | | | |

| MISCELLANEOUS | YES | NO |
|---|---|---|
| PILONIDAL CYST OR DIMPLING | | |
| VARICOSE VEINS | | |

**Describe Any DEFORMITY or LIMITATION of MOTION in Extremities**

**List All POSITIVE FINDINGS or Any DIAGNOSES**

**RECOMMENDATIONS:**

**CLASSIFICATION**

A. (NO DEFECTS)
B. (MINOR DEFECTS — NO RISK)
C. (DEFECTS CORRECTABLE)
D. (REJECT)

**LABORATORY AND OTHER TESTS:**

| URINALYSIS: | ALBUMIN | SUGAR | SPEC. GRAVITY | MICROSCOPIC | COLOR | REACTION | BLOOD TYPE: ____ Rh____ |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| BLOOD: | WHITE COUNT | HEMOGLOBIN | SUGAR | BUN | URIC ACID | CHOLESTEROL | SEROLOGY: NEG. ☐ POS. ☐ |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

ECG: (If Requested) Normal_____ See Report_____

CHEST X-RAY: (Attach Radiologist Report)

CHEST X-RAYS: AP and LATERAL
(Attach Radiologist Report)

## Medical Examiner's Certificate

I certify that I have examined _____ and a complete examination form is on file
Name of Examinee

in my office. I find that the examinee **DOES DOES NOT** meet the medical requirements of

_____ M.D.

# MEDICAL RECORD

Flee Press/237

EXAMINEE'S NAME (Last, First, Middle Initial) | DATE

EXAMINEE'S ADDRESS | Marital Status | SOC. SEC. NO.

SEX | BIRTH DATE

TYPE OF EXAMINATION | Position Examinee applied for or holds

## I. WORK HISTORY

HAVE YOU EVER WORKED IN AN AREA WHERE EXPOSED TO DUST, CHEMICALS, NOISE, FOUNDRY, RADIATION, ETC.? YES ☐ NO ☐ — IF YES, EXPLAIN:

## II. FAMILY HISTORY

TO YOUR KNOWLEDGE, HAS ANYONE IN YOUR FAMILY HAD DIABETES, TUBERCULOSIS, EPILEPSY, MENTAL DISEASE, HEART DISEASE OR HIGH BLOOD PRESSURE?

YES ☐ NO ☐ — IF YES, EXPLAIN:

## III. MEDICAL HISTORY

HAVE YOU EVER HAD OR DO YOU NOW HAVE:

| Check each item | Yes | No | Check each item | Yes | No | Check each item | Yes | No |
|---|---|---|---|---|---|---|---|---|
| ANEMIA | | | EAR TROUBLE OR DEAFNESS | | | RHEUMATISM OR NEURITIS | | |
| ARTHRITIS | | | EXCESSIVE BLEEDING | | | RUPTURE (HERNIA) | | |
| ASTHMA | | | EYE TROUBLE | | | SEVERE OR PERSISTENT HEADACHES | | |
| BACKACHE | | | FOOT TROUBLE | | | " " " INDIGESTION | | |
| BACK INJURY | | | HEAD INJURY | | | " " " NAUSEA or VOMITING | | |
| BRONCHITIS | | | HEART TROUBLE | | | SHORTNESS OF BREATH | | |
| BROKEN BONE(S) | | | HIGH OR LOW BLOOD PRESSURE | | | SINUS TROUBLE | | |
| CHEST PAIN | | | JAUNDICE | | | SKIN TROUBLE (RASH) | | |
| CHRONIC FATIGUE | | | KIDNEY TROUBLE | | | STOMACH TROUBLE OR ULCERS | | |
| CONVULSIONS OR FITS | | | LOSS OF APPETITE | | | SWELLING OR PAINFUL JOINTS | | |
| COUGH | | | LOSS OF CONSCIOUSNESS | | | "TRICK" KNEE OR SHOULDER | | |
| DEFORMITY | | | LUNG TROUBLE | | | TUBERCULOSIS | | |
| DIABETES | | | MARKED GAIN OR LOSS OF WEIGHT | | | VARICOSE VEINS | | |
| DISLOCATION | | | NERVOUS BREAKDOWN | | | VENEREAL DISEASE | | |
| DIZZINESS OR FAINTING SPELLS | | | NUMBNESS OR WEAKNESS | | | | | |
| DRUG OR OTHER ALLERGY | | | RHEUMATIC FEVER | | | | | |

HAVE YOU HAD ANY ILLNESSES OR INJURIES OTHER THAN THOSE LISTED ABOVE? YES ☐ NO ☐ IF YES, DESCRIBE:

WHAT ILLNESSES, INJURIES OR OPERATIONS HAVE YOU HAD IN THE PAST FIVE YEARS?

ARE YOU NOW UNDER A DOCTOR'S CARE FOR ANY CONDITION? YES ☐ NO ☐ IF YES, EXPLAIN:

WHAT MEDICATIONS ARE YOU NOW TAKING (INCLUDING NARCOTIC DRUGS)?

HAVE YOU EVER RECEIVED WORKMEN'S COMPENSATION AND/OR DISABILITY BENEFITS FOR ANY ILLNESS OR INJURY? YES ☐ NO ☐
IF YES, GIVE DATES, COMPANY NAMES, AND EXPLAIN:

MILITARY SERVICE DATA:
IN SERVICE FROM TO
MILITARY BRANCH

HAVE YOU EVER BEEN REJECTED BY A MILITARY PHYSICAL EXAMINATION? ☐ YES ☐ NO
☐ MEDICAL DISCHARGE ☐ OTHER

HAVE YOU EVER BEEN REJECTED ON A LIFE INSURANCE EXAMINATION? ☐ YES ☐ NO
INJURIES IN MILITARY

HAVE YOU EVER BEEN VACCINATED FOR THE FOLLOWING? *(Check Yes or No)*

| | YES | DATE | NO | | YES | DATE | NO | | YES | DATE | NO |
|---|---|---|---|---|---|---|---|---|---|---|---|
| SMALLPOX | | | | TETANUS | | | | POLIO | | | |
| TYPHOID | | | | INFLUENZA | | | | | | | |

FOR WOMEN ONLY — DO YOU STILL MENSTRUATE? ☐ YES ☐ NO | MENSTRUAL CYCLE: PERIOD EVERY ____ DAYS, DURATION ____ DAYS | DATE OF LAST MENSTRUAL PERIOD | PAINFUL PERIOD? ☐ YES ☐ NO

DO YOU USE ALCOHOLIC BEVERAGES? YES ☐ NO ☐ IF YES, HOW MUCH:

DO YOU SMOKE? YES ☐ NO ☐ IF YES, HOW MUCH:

*I certify that the above answers are true and I understand that misrepresentation or omission of facts called for is cause for dismissal.*

SIGNATURE OF EXAMINEE:

To insure proper identification, please have Examinee sign in presence of examining physician and compare with signature above.

Signature of Examinee

Signature and Title of Person authorizing examination

NOTED:

M.D.

IN CASE OF EMERGENCY PLEASE NOTIFY | Relationship

ADDRESS | Telephone No.

NAME AND ADDRESS OF FAMILY PHYSICIAN | Telephone No.

(over)

I, Minnie Gooch, County Clerk, Sabine County, Texas do hereby certify that the foregoing instrument was filed for record_____,198⁴ at_____O'Clock_____M. and duly recorded 9-20 1984 at 9:00 O'Clock A M.

Minnie Gooch, Clerk BY: Linda Chambers, Deputy