



Santé et Bien-être social Canada
Services médicaux

OVERSEAS REGION D'OUTRE-MER

SUBJECT-SUJET

C 320

CADIEUX: MARCEL

$$A_n, A$$
[illegible]

959297

07100



DEPARTMENT OF EXTERNAL AFFAIRS
CANADA

REPLY TO BE ADDRESSED TO:
THE UNDER-SECRETARY OF STATE
FOR EXTERNAL AFFAIRS
OTTAWA

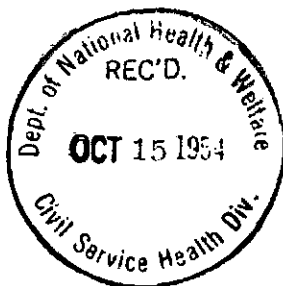
OTTAWA,
October 13, 1954.

The Chief,
Civil Service Health Division,
Department of National Health & Welfare,
OTTAWA.

Re: Medical File No. 15-918755

Reference is made to the medical report dated August 18, 1954, for Mr. M. Cadieux which indicated that he was 'not fit' for posting to Indochina.

Mr. Cadieux underwent a further examination in Montreal and on the basis of the doctor's report and instructions, he was permitted to proceed to Indochina for duty. I am attaching a copy of a letter received from Dr. Dontigny which is forwarded for your records.



J. G. Thompson
Under-Secretary of State
for External Affairs.

C
O
P
Y

LES DOCTEURS

Jules Prevost, M.D.
Leopold Morissette, M.D., M.S.
Jacques Leger, M.D., PH.D.
Albert Joannette, M.D.

Paul Dontigny, M.D., PH.D.
Paul David, M.D.
Andre MacKay, M.D., F.R.C.P.(C)

Plateau 6421

Lancaster 2226

367-69 Est. Rue Sherbrooke,
MONTREAL, 18.

le 6 octobre 1954.

M. L.A.D. Stephens,
Directeur du Personnel,
Ministere des Affaires Exterieures,
Ottawa, Ontario.

A qui de droit,

Re: M. Marcel CADIEUX

Je, soussigne, certifie avoir examine en aout
1954, monsieur Marcel Cadieux.

Après examen, je suis d'avis que monsieur
Cadieux, en suivant les instructions donnees, peut remplir
ses fonctions en Indo-chine.

(signed) Paul Dontigny, M.D., PH.D.

ORIGINAL WHITE—To Department requesting.
DUPLICATE BUFF—To Civil Service Commission.
TRIP TE GREEN—To be retained by C.S.H.D.

Med. File No. 15-918755

CONFIDENTIAL

GOVERNMENT OF CANADA
DEPARTMENT OF NATIONAL HEALTH AND WELFARE
CIVIL SERVICE HEALTH DIVISION

INTERPRETATION OF PHYSICAL EXAMINATION AND EMPLOYMENT RECOMMENDATIONS

1. DEPARTMENT External Affairs	2. BRANCH OR DIVISION Canadian Liaison Office, Saigon, Indo-China.	3. CLASSIFICATION OF POSITION Foreign Service Officer Gr. C.
4. DUTIES INCLUDING ESSENTIAL PHYSICAL AND/OR MENTAL REQUIREMENTS.		

5. NAME OF EMPLOYEE CADIEUX Joseph David Romeo, Marcel (Surname) (Given name or names)	6. DATE OF BIRTH June 17, 1925 (Month by name) (day) (year)	7. SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>
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8. This person is considered qualified for the following type of employment:

☐ Arduous Work

☐ Moderate Work
(excluding severe manual labour)

☐ Light Work
(sedentary or non-laborious)

Should NOT be assigned employment requiring:

On the basis of a physical examination is recommended for:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 1. Anything other than desk work. |
| <input type="checkbox"/> | 2. Heavy lifting. |
| <input type="checkbox"/> | 3. Any lifting. |
| <input type="checkbox"/> | 4. Repeated bending. |
| <input type="checkbox"/> | 5. Continuous walking or standing. |
| <input type="checkbox"/> | 6. Work on ladders or overhead. |
| <input type="checkbox"/> | 7. Exposure to dusts. |
| <input type="checkbox"/> | 8. Exposure to dampness or chilling. |
| <input type="checkbox"/> | 9. Exposure to chemical fumes. |
| <input type="checkbox"/> | 10. Crane operation. |
| <input type="checkbox"/> | 11. Truck, tractor or motor vehicle operation. |
| <input type="checkbox"/> | 12. Operating feeding machinery. |
| <input type="checkbox"/> | 13. Work around traffic. |
| <input type="checkbox"/> | 14. Work around moving machinery. |
| <input type="checkbox"/> | 15. Exposure to eye hazards. |
| <input type="checkbox"/> | 16. Accurate far vision. |
| <input type="checkbox"/> | 17. Accurate near vision. |
| <input type="checkbox"/> | 18. True colour perception. |
| <input type="checkbox"/> | 19. Good hearing. |
| <input type="checkbox"/> | 20. Exposure to solvents or skin irritants. |
| <input type="checkbox"/> | 21. High degree of emotional stability. |
| <input type="checkbox"/> | 22. Other. |

☐ Employment as proposed.

☐ Employment as proposed after meeting following requirements (see remarks).

☐ Alternate employment.

☐ No employment.

REMARKS:

Not fit for posting to Indo-China.

B. B. McEwen, M.D.
(Signature of Reviewing Officer)

August 18, 1954. Ottawa, Ont.
Date Place

DEPARTMENT OF NATIONAL HEALTH AND WELFARE
Civil Service Health Division

REPORT OF LABORATORY EXAMINATION

Dr. Mc Ewen Medical File
Date 9.8.54
Name Cadieux J.D. R.M. Dept. Ext. Affairs

Herewith report of Laboratory Examination:

URINALYSIS	BLOOD COUNT	DIFFERENTIAL COUNT
Sp. Gravity <u>1.022</u>	Hgb.	Neutrophils
Reaction <u>acid</u>	R.B.C.	Stabs
Albumin <u>negative</u>	W.B.C.	Basophils
<u>Sugar</u> <u>1 % 3 plus</u>	Color Index	Eosinophils.....
Acetone <u>negative</u>	Sed. Rate	Juvenils
Micro.....	<u>1 hr.</u>	Lymphocytes
	Wasserman..... YesNo	
	Blood Sugar:	Monocytes.....
	Non-Fasting..... mgs. per 100 cc.	
Color <u>clear straw</u>	Fasting..... mgs. per 100 cc.	

B. Barre
Laboratory Technician
Civil Service Health Division

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

**CIVIL SERVICE
HEALTH DIVISION**

**X-RAY
REPORT**

FILE NO.

SURNAME (USE BLOCK LETTERS)

CADIEUX

GIVEN NAMES IN FULL

Jos. David R. Marcel

DEPT. AND BRANCH

Ext. Affairs

REFERRED BY

Dr. McEwen

FILM NUMBER

54-1190

PART X-RAYED

Chest

READ BY

Dr. McNabb

DATE

9 Aug. 54

VIEW

P.A. 6'

OBSERVATIONS:

Total transverse 12.5 cm.

Inside chest 30.5 "

NEGATIVE

OPINION:

McN/M

SIGNED

N.B. - Employing Department will please complete items 1-9 before presentation for examination.

GOVERNMENT OF CANADA
DEPARTMENT OF NATIONAL HEALTH AND WELFARE
CIVIL SERVICE HEALTH DIVISION
PHYSICAL EXAMINATION RECORD

EXAMINER will please read carefully the instructions below before completing forms.

1. Reason for Examination	<input type="checkbox"/> Permanency <input type="checkbox"/> Pre-employment	<input type="checkbox"/> Reassignment or Promotion <input checked="" type="checkbox"/> Other (Specify) Posting to Indo-China
2. Department External Affairs	3. Branch or Division Canadian Liaison Office, Saigon, Indo-China.	4. Classification of Position Foreign Service Officer Gr. 6
5. Duties including essential physical and/or mental requirements of position. Duties of an executive nature.		
6. Name Cadieux, Joseph David Romeo Marcel (Surname) (Given name or names)	7. Date of Birth June 17, 1915 (Month by name) (day) (year)	8. Sex Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> 9. Marital Status S <input checked="" type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D <input type="checkbox"/> Sep. <input type="checkbox"/>
10. Is there any history in your family Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> of physical or mental disease? If "Yes" please specify.		
11. Have you ever suffered any prolonged Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> illness or disability? If "Yes" please specify.		
12. Are you subject to repeated attacks Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> of any minor ailments (i.e., colds, <i>hay fever</i> , headaches, menstrual cramps, etc.)?		
13. Have you now any disease, disability Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> or infirmity? If "Yes" please specify. Pensionable Due to war services		

I believe the above information to be correct and hereby consent to the results of this examination being furnished to the Department of National Health and Welfare for the purpose of promoting suitable employment and the health of civil servants.

Signature of Applicant *J. Cadieux*
Date *Aug 9 54* Address *10782 St. Laurent Blvd. Montreal, Que.*
(Month by name) (day) (year) (Street and number) (Place) (Province)

APPEAR- ANCE	General health good	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	MOUTH	Teeth good repair	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	ABDOMEN	Scars present		<input checked="" type="checkbox"/>
	Development good	<input checked="" type="checkbox"/>		Dentures partial	<input checked="" type="checkbox"/>		Tenderness present	<input checked="" type="checkbox"/>	
	Nutrition good	<input checked="" type="checkbox"/>		Dentures complete	<input checked="" type="checkbox"/>		Masses or Abnormalities	<input checked="" type="checkbox"/>	
	Skin clear	<input checked="" type="checkbox"/>		Gums and mucosa normal	<input checked="" type="checkbox"/>				
EYES	Pupils equal	<input checked="" type="checkbox"/>	THROAT	Pharynx normal	<input checked="" type="checkbox"/>	INGUINAL REGION	Hernia present	R <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/>	
	Reaction to light	R <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/>		Tonsils normal	<input checked="" type="checkbox"/>		Enlarged glands	<input checked="" type="checkbox"/>	
	Reaction to accommodation	R <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/>	GLANDS	Thyroid normal	<input checked="" type="checkbox"/>	RECTUM	Haemorrhoids present	External <input checked="" type="checkbox"/> Internal <input checked="" type="checkbox"/>	
	Colour vision normal	<input checked="" type="checkbox"/>		Cervical glands normal	<input checked="" type="checkbox"/>				
	Distant vision	OD 20/ <input checked="" type="checkbox"/> OS 20/ <input checked="" type="checkbox"/> ft.	THORAX	Chest normal	<input checked="" type="checkbox"/>	URINE	Albumin		
	Near vision	OD 14/ <input checked="" type="checkbox"/> OS 14/ <input checked="" type="checkbox"/> in.		Breath sounds normal	<input checked="" type="checkbox"/>		Sugar		
	Distant vision	Corrected OD 20/ <input checked="" type="checkbox"/> OS 20/ <input checked="" type="checkbox"/> ft.		Resonance normal	<input checked="" type="checkbox"/>		Spec. Gravity		
	Near vision	Corrected OD 14/ <input checked="" type="checkbox"/> OS 14/ <input checked="" type="checkbox"/> in.	Fremitus normal	<input checked="" type="checkbox"/>	Reaction				
	Free from other disease	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	HEART	Apex within Mid-Clav. Line	<input checked="" type="checkbox"/>		EXTREMI- TIES	Deformities or Amputations:	Upper <input checked="" type="checkbox"/> Lower <input checked="" type="checkbox"/>
	EARS	Free from discharge		R <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/>	Murmur Systolic	Apex Base <input checked="" type="checkbox"/>		Feet normal	<input checked="" type="checkbox"/>
Drums intact		R <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/>		Murmur Diastolic	Apex Base <input checked="" type="checkbox"/>	Veins normal		<input checked="" type="checkbox"/>	
Auditory canal normal		R <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/>		Blood pressure: Systolic 134 Diastolic 98	NEUROL- OGICAL	Patellar reflex present		R <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/>	
Acuity normal		R <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/>		Normal		<input checked="" type="checkbox"/>		Rhomberg present	<input checked="" type="checkbox"/>
NOSE	Airway clear	R <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/>	SPINE	Cervical normal		<input checked="" type="checkbox"/>	Gait normal	<input checked="" type="checkbox"/>	
	Otherwise normal	<input checked="" type="checkbox"/>		Thoracic normal	<input checked="" type="checkbox"/>	Tremors	<input checked="" type="checkbox"/>		
				Lumbar normal	<input checked="" type="checkbox"/>	Autonomic hypersensitivity	<input checked="" type="checkbox"/>		
			Sacral normal	<input checked="" type="checkbox"/>	Emotionally stable	<input checked="" type="checkbox"/>			
					Intelligence high				
					Intelligence average				
					Intelligence low				
			HEIGHT	ins	WEIGHT	lbs.	TEMPERATURE	PULSE	Rate Character

Instructions to Examiner

- Information contained on this form is **confidential** and will be the basis for placement in suitable employment in Civil Service of Canada and conservation of health of applicant.
- Please check appropriate answers to **all** questions and where applicable specify in blank spaces provided.
- When completed the form should **not** be handed to applicant nor returned to the issuing agency but should be mailed directly to **Civil Service Health Division, Department of National Health and Welfare, Ottawa, Canada.** No POSTAGE REQUIRED.
- Any expenses attendant upon this examination will be borne by the applicant.

15. X-RAY EXAMINATION Yes ☒ No ☐ Any evidence of chest pathology Yes ☐ No ☒ Any other abnormality Yes ☐ No ☒

16. Any Abnormality or Disability not enumerated above Yes ☐ No ☒ If "Yes" specify.

17. Date of Last Immunization: Smallpox _____ Diphtheria _____ Others _____

18. In your opinion is applicant mentally and physically fit for duties of position as described in Item 4. Yes ☐ No ☒

19. Summary of Defects and Comments:

Please indicate any features of applicant's condition which warrant special consideration in placement or for conservation of health.

Accompanying notes in Montreal.
Fits fit except severe
allergic reaction to Pen
icillin & ampicillin. Throat
in cold weather. Feels
fit man
Signature of Examiner (Please write plainly) *B.B. McEwen* M.D.

Date *Aug 15/54*
(Month by name) (day) (year)

Address *6 St. H. Dr. W.
Ottawa*

For Use of Department of National Health and Welfare ONLY.

Approved for: Employment as proposed ☐ Alternate Employment ☐ No Employment ☐

Interpretation and Recommendation forwarded: Date *Aug 18/54*
(Month by name) (day) (year)

Remarks: *To fit for Postage
Indo China.*

Disability Code No.

Physical Requirement Code

Signature of Reviewing Officer *B.B. McEwen*

Subsequent Examinations:

Date: *Added to record B.R. recheck
Conducted thro. unit
on 12/54. B.B. McEwen*

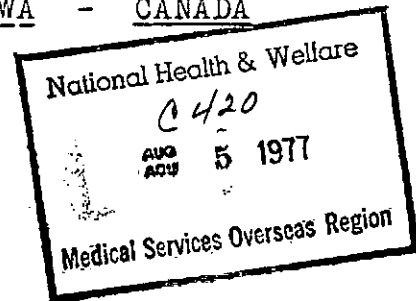
DOCTEUR PATRICK GUÉRISSE

ASSISTANT-RÉSIDENT DES HÔPITAUX

1200 BRUXELLES, LE 22 juillet 1977

AVENUE DES VAILLANTS, 45
TÉL. 762.38.29

Au Docteur PALMER
Ministère de la Santé
OTTAWA - CANADA



Honoré Confrère,

A la demande de Monsieur l'Ambassadeur CADIEUX, je vous adresse ci-dessous un bref rapport concernant son état de santé.

Monsieur Marcel CADIEUX, âgé de 62 ans, présente depuis 1954 un état diabétique traité par sulfamidés hypoglycémiants jusqu'en 1970, époque à laquelle une insulinothérapie a été instituée (20 puis 24 Unités d'Insuline NPH sous-cutanée le matin).

L'état général est excellent; le poids est stable autour de 75 kg, la fonction rénale est normale et il n'y a pas de problème oculaire.

Malgré le traitement actuel par 24 Unités d'Insuline NPH sous-cutanée le matin, les glycémies ne sont pas toujours maintenues à des valeurs satisfaisantes, étant données les difficultés qu'a Monsieur CADIEUX, de par ses fonctions, à suivre un régime alimentaire strict.

Un contrôle de glycémie à jeun le matin et à 16 heures pourrait utilement être pratiqué (avec adaptation si nécessaire de l'insulinothérapie) durant le séjour de Monsieur CADIEUX au Canada; par ailleurs, pendant cette période, je vous saurais gré si vous pouviez assurer la prescription des quantités nécessaires d'Insuline NPH.

En espérant que ces renseignements vous seront utiles, et en restant à votre disposition, je vous prie de croire, Honoré Confrère, à l'assurance de mes sentiments confraternels,

Dr P. Guérissé

*Seen by Dr. Palmer
P.A.
7/21/77*

Health and Welfare Canada / Santé et Bien-être social Canada

GENERAL PHYSICAL EXAMINATION REPORT

SECTION A - TO BE COMPLETED BY THE INITIATING DEPARTMENT

SURNAME: **CADIEUX** GIVEN NAMES: **Marcel**

ADDRESS: **Department of External Affairs** City: **Ottawa** Province: **Ontario** Post Code: **K1P 1B1**

DATE OF BIRTH: **17 JUN 15** MARITAL STATUS: ☒ SINGLE ☐ MARRIED ☐ WIDOWED ☐ DIVORCED ☐ SEPARATED

DATE (DAY, MONTH, YEAR): **18 JUL 75** INITIATING DEPARTMENT: **External Affairs** CODE: **EXT**

PHONE NO. (DEPT.): **214** ADDRESS: **OTTAWA** City: **Ottawa** Province: **Ontario** CODE: **1919**

GROUP LEVEL: **1** T.B. OCC. NO.: **117** JOB LOCATION: **BRUSSELS** City: **Brussels** Province or Country: **Belgium** CODE: **1919**

JOB TITLE: **Diplomat** JOB DESCRIPTION: **Canadian Ambassador to the European Communities (Brussels)**

REASONS FOR EXAMINATION: ☒ PERIODIC ☐ SEPARATION ☐ PRE-EMPLOYMENT ☐ NEW LICENCE ☐ SUPERANNUATION ☐ RENEWAL ☒ RE-ASSIGN/PROMOTION ☐ OTHER (SPECIFY BELOW)

SECTION B - TO BE COMPLETED BY NH&W REVIEWING MEDICAL OFFICER

CLASS A FIT FOR WORK: ☒ CLASS B FIT WITH LIMITATIONS: ☐ CLASS C UNFIT FOR WORK: ☐ NOTE ANY CHANGES OF P.S.H. REFERRAL CATEGORY FROM **1** TO **2** DATE (DAY, MONTH, YEAR): **27 JUL 75** REVIEWING OFFICER'S SIGNATURE: **[Signature]**

REMARKS: **He is fit to work for a 100% w. the first class medical facilities**

DIAGNOSTIC CODES: **1** CATEGORY PROFILE: **P** **E** **V** **CV** **H**

HEALTH QUESTIONNAIRE

SECTION C - TO BE COMPLETED BY THE INDIVIDUAL

FAMILY HISTORY "X" if any of your blood relatives suffered the following			PERSONAL HISTORY "X" appropriate column if you have now, or had in the past any of the following:			PERSONAL HISTORY "X" appropriate column if you have now, or had in the past any of the following:			"X" appropriate column		
	YES	NO		YES	NO		YES	NO		YES	NO
1 Diabetes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9 Mental Disorders Nervous Breakdowns	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18 Stomach or Bowel Disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	27 Are you under treatment for any condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Cancer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10 Epilepsy / Loss of Consciousness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19 Disorders of Kidney, Bladder or Genital Organs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28 Have you any restrictions on your physical activity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Heart Disease / High Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11 Serious Head Injury or Concussion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	20 Chronic Skin Conditions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	29 Were you ever rejected for life insurance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Stroke	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12 Frequent Headaches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	21 Arthritis, Rheumatism Rheumatic Fever	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30 Do you receive disability pension or compensation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Mental Illness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13 Ear, Nose or Throat Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22 Back Pain Spinal Disorders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	31 Were you ever medically rejected or discharged from the Armed Forces?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you take any of the following regularly?	YES	NO	14 Eye Trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>	23 Allergies, Hayfever or Hives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	32 Have you been X-rayed within past 12 months?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Alcohol: more than 6 fl. oz. of spirits / 5 small beers / 1 bottle wine / DAILY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15 Lung Disease, Asthma, Persistent Cough, T.B.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	24 Prolonged Illnesses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	33 Have you any regular exercise schedule?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 Drugs: For any purpose	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16 Heart Disease High Blood Pressure Shortness of Breath	<input type="checkbox"/>	<input checked="" type="checkbox"/>	25 Operations	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
8 Cigarettes: More than 25 cigarettes / 10 cigars 1 oz. pipe tobacco / DAILY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	17 Chest Pain	<input type="checkbox"/>	<input checked="" type="checkbox"/>	26 Have you ever been admitted to hospital?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

I hereby declare that the above information is true and complete. I authorize any physician, laboratory, clinic or hospital to release to the Department of National Health and Welfare any information concerning my health. I also authorize the Department to release an interpretation based on the results to the initiating department as necessary for the purpose of promoting suitable employment and employee health.

INDIVIDUAL'S SIGNATURE

TELEPHONE NO.

AREA CODE

SECTION D - TO BE COMPLETED BY NURSE OR PHYSICIAN

Elaborate on all positive findings in Section C and note any "Change of P.S.H. Referral Category" in Section B.

1) - Grand father (1st degree) died from diabetes at age 70
 2) - He is suffering for herniated disc in 70-40 trouble since -
 23) He is suffering from allergy from 1947 till 1970 -
 25) Appendicectomy - Haemorrhoidectomy - Deviated Septum -
 26) For the above mentioned operations - Had also a cystoscopy in 1963 for infection -
 27) Under insulin therapy for diabetes since 5 years - 20 units daily (insulin) -
 33) Does appropriate exercise for his age and condition: swimming, walking, ping pong - He needs to maintain his weight very well -

SECTION E—TO BE COMPLETED BY NURSE OR PHYSICIAN (METRIC MEASUREMENTS)

HEIGHT	WEIGHT	CHEST EXPANSION INSPIRATION	EXPIRATION	VISUAL ACUITY RIGHT UNC: 20/70 CORR:	LEFT 20/50	PULSE RATE	BLOOD PRESSURE	If results are abnormally high, repeat at rest after 20 min. or at end of examination.	PULSE RATE	BLOOD PRESSURE
169 1/4 cm	77 1/2 K					100?	150/100			150/100

SECTION F—TO BE COMPLETED BY PHYSICIAN

EYES			NOR.	ABN.	HEAD AND NECK			NOR.	ABN.	ABDOMEN			NOR.	ABN.	MENTAL HEALTH			NOR.	ABN.
1	Pupils Equal & Regular	Left	✓		8	Teeth		✓		20	Palpation		✓		31	Intellect		✓	
		Right	✓		9	Tongue, Gums & Mucosa		✓		21	Inguinal Region		✓		32	Emotional Stability		✓	
2	Reaction to Light	Left	✓		10	Nasal Passages Clear		✓		22	Genitalia		✓		33	Job Attitude		✓	
		Right	✓		11	Tonsils, Pharynx, Thyroid		✓		23	Rectal Examination								
3	Accommodation	Left	✓		CHEST AND LUNGS					24	Skin or Lymph Nodes		✓		SECTION G—To be completed by physician if indicated "X"				
		Right	✓		12	Trachea		✓		SKELETAL					✓		✓		✓
4	Optic Fundi	Left			13	Breasts		✓		25	Upper Limbs, Hands and Fingers		✓						
		Right			14	Percussion		✓		26	Lower Limbs, Feet and Veins		✓						
EARS					15	Breath Sounds		✓		27	Spinal Column		✓						
5	External Meatus Clear	Left	✓		CARDIO-VASCULAR					CENTRAL NERVOUS SYSTEM									
		Right	✓		16	Pulse Character: Rhythm & Volume		✓		28	Sensory & Motor Function		✓						
6	Drums Intact & Normal	Left	✓		17	Apex Within Mid-clavicular Line		✓		29	Gait Co-ordination & Tremors		✓						
		Right	✓		18	Arteries & Circulation		✓		30	Reflexes	Left	✓						
7	Hearing: Conversational Voice—20 ft.	Left	✓		19	Heart Sounds		✓				Right	✓						
		Right	✓		In your opinion, is applicant mentally and physically fit for duties of the position described in Section "A"? <i>subject to note below</i>					YES	NO								
										✓									

PHYSICIAN'S ASSESSMENT (Elaborate all abnormal findings)

Fit only for posting offering good medical facilities -
G.O. 6-75 applicant has left for Brussels on June 30th. Was advised prior departure to get in touch with our M.C. in charge in Brussels on arrival in order that investigation and treatment could be organized without delay

PHYSICIAN'S NAME (PRINT) G. M. A. LLOUX	DATE OF EXAMINATION DAY MONTH YEAR 1 18 10 16 1975	PHYSICIAN'S SIGNATURE H. M. Lloux
PHYSICIAN'S ADDRESS Health and Welfare, Overseas Region, Ottawa, Ont	CITY OTTAWA	PROVINCE ONTARIO
AREA CODE & TELEPHONE NUMBER		

Remarks on Positive Lab Findings (for Section "G") Please Attach Reports
Urinalysis: Glucose +++ - Blood glucose: 364 - not fasting -

↑ PLEASE DO NOT WRITE BELOW THIS LINE ↑

— INSTRUCTIONS —

PHYSICIAN—

- Review Health Questionnaire Section "C". Elaborate all Positive findings in Section "D".
- Complete Sections "E" & "F".
- Complete tests indicated by an "X" in Section "G".
- Return this assessment intact to the appropriate medical services office.

INITIATING DEPARTMENT—

- Complete Section "A" by typewriter as indicated.
- If applicant is a dependent, type "Dep" in space provided for group and level.
- If this is a periodic examination, indicate Treasury Board Occupation Number in the appropriate space. (See T.B. Circular 1971-93).
- Omit shaded code area.
- Forward this form intact to the appropriate medical services office.

DR. <i>Mailloux</i>	DATE <i>June 18/75</i>
PATIENT / MALADE <i>Cadieux Marcel</i>	DEPARTMENT - MINISTÈRE <i>E.A.</i>

URINALYSIS - ANALYSE D'URINE

SPECIFIC GRAVITY - DENSITÉ <i>1.043</i>
pH <i>acid</i>
PROTEIN - ALBUMINE <i>neg</i>
GLUCOSE <i>++ & clotted</i>
ACETONE - ACÉTONE
BILIRUBIN - BILIRUBINE
COLOR - COULEUR <i>5 Hbby</i>
MICRO - MICROSCOPIQUE

HEMATOLOGY - HÉMATOLOGIE

H.G.B. <input type="checkbox"/>	POLY <input type="checkbox"/>
H.C.T. <input type="checkbox"/>	STAB <input type="checkbox"/>
R.B.C. - GLOBULES ROUGES <input type="checkbox"/>	LYMPH <input type="checkbox"/>
W.B.C. - GLOBULES BLANCS <input type="checkbox"/>	MONO <input type="checkbox"/>
M.C.V. - V.G.M. <input type="checkbox"/>	EOS <input type="checkbox"/>
M.C.H. - C.H.M. <input type="checkbox"/>	BASO <input type="checkbox"/>
M.C.H.C. - C.G.M.H. <input type="checkbox"/>	SEDIMENTATION 1 HR. - SÉDIMENTATION 1 HRE <input type="checkbox"/>

BIOCHEMISTRY - BIOCHIMIE

BLOODSUGAR (FASTING) - GLYCÉMIE À JEUN HR-PC. <input type="checkbox"/>
BLOODSUGAR - GLYCÉMIE <input type="checkbox"/>
URIC ACID - ACIDE URIQUE <input type="checkbox"/>
V.D.R.L. <input type="checkbox"/>
CHOLESTEROL - CHOLESTÉROL <input type="checkbox"/>
B.U.N. - AZOTE URÉIQUE DU SANG <input type="checkbox"/>
OTHER - AUTRE

REMARKS - OBSERVATIONS

INTERNATIONAL HEALTH & WELFARE

JUN 20 1975

Medical Services

OVERSEAS REGION

S. Soares

LABORATORY TECHNICIAN - TECHNICIENNE DE 001200

PATIENT'S FILE - DOSSIER DU MALADE

SURNAME (BLOCK LETTERS) - NOM DE FAMILLE (EN MAJUSCULES) Cadieux		GIVEN NAMES - PRÉNOMS Marc el		SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>	AGE 60	PERSONAL NUMBER - N° PERSONNEL 1-07-8-G420
HOME ADDRESS - ADRESSE (DOMICILE) Ext-Affaire						DATE OF FILM - DATE DE LA RADIOGRAPHIE June 18 th , 75
ORIGINAL TO - ORIGINAL À Dr. G. Mailloux						FILM NO. - N° DE LA RADIOGRAPHIE 75-1921
Chest x-ray. Negative.						ADMISSION NUMBER - N° D'ACCÈS
RECOMMENDATION - RECOMMANDATION						REFILM - RADIOGRAPHIE DE NOUVEAU
COPIED TO - COPIE ENVOYÉE À		READ BY - LU PAR Dr. A. L. Young			DATE June 18 th , 75.	



Health and Welfare Canada
Medical Services

Santé et Bien-être social Canada
Services Médicaux

MS 8761
(3-72)

Please ensure that details of identification and complaint accompany each film to the reader.

S'assurer que tous détails concernant l'identité du patient et
dont il souffre, sont envoyés au lecteur en même temps que la
radiographie.

X-RAY REPORT RAPPORT DE RADIOGRAPHIE

SURNAME (BLOCK LETTERS) - NOM DE FAMILLE (EN MAJUSCULES) CADIEUX		GIVEN NAMES - PRÉNOMS Marcel		SEX M F	AGE 60	PERSONAL NUMBER - NO PERSONNEL
HOME ADDRESS - ADRESSE (DOMICILE) Dept. - External Affairs						DATE OF FILM - DATE DE LA RADIOGRAPHIE June 18, 1975
ORIGINAL TO - ORIGINAL A Dr. Mortimer MAILLOUX						FILM NO. - NO DE LA RADIOGRAPHIE 75-G-800
ELECTROCARDIOGRAM Regular Sinus Rhythm Rate - 95 Conduction Time - 0.17 sec.						ADMISSION NUMBER - NO D'ACCÈS
<p>The QRS complexes are normal throughout. The ST segments are normal. The T waves are low in lead 3, inverted in aVR, and upright in the remaining leads.</p> <p><u>COMMENTS:</u> The electrocardiogram is normal.</p>						
RECOMMENDATION - RECOMMANDATION						REFILM - RADIOGRAPHIE DE NOUVEAU
COPIED TO - COPIE ENVOYÉE A				READ BY - LUEUR JTF/pp J.T. Fraser, M.D.		DATE June 20, 1975

Please ensure that details of identification and complaint accompany each film to the reader.

S'assurer que tous détails concernant l'identité du patient et les plaintes dont il souffre, sont envoyés au lecteur en même temps que la radiographie.

Health and Welfare Canada
Medical Services

Santé et Bien-être social Canada
Services Médicaux

X-RAY REPORT
RAPPORT DE RADIOGRAPHIE

SMA-12 REPORT

NAME: *Carole M. Mailloux*
 TESTS: *mod fasting*

TESTS	UNITS
SGOT	41 mU/ml
ALKALINE PHOSPHATASE	84 mU/ml
TOTAL BILIRUBIN	1.0 mg/dl
CREATININE	1.2* mg/dl
URIC ACID	5.1 mg/dl
BUN	17 mg/dl
GLUCOSE	36.4 HI mg/dl
CHOLESTEROL	219 mg/dl
INORGANIC PHOSPHATE	3.2 mg/dl
CALCIUM, <i>about</i>	10.4 HI mg/dl
ALBUMIN, <i>about</i>	5.1 HI g/dl
TOTAL PROTEIN	7.3 g/dl

COMMENTS

371

039

DAY - MONTH

1906

INSTRUCTIONS TO WARD STAFF

1. ATTACH THIS REPORT TO THE BIOCHEMISTRY CUMULATIVE REPORT AS PER INSTRUCTIONS.

JUN 20 1975

Medical Services Overseas Region

MEDICAL CONFIDENTIAL

Bonaventure Building,
301 Elgin Street,
Ottawa, Ontario.
K1A 0L3

May 23, 1975

107-8-C420 (T15)

Mr. G.R. Harman,
Director,
Department of External Affairs,
Personnel Operations Division,
Lester B. Pearson Building,
125 Sussex Drive,
Ottawa, Ontario.
K1A 0G2

Dear Sir:

Mrs. Marcel CADIEUX

We wish to advise that a medical statement has been received from the physician of Mrs. Cadieux in Washington which shows that she is in good health and fit for the proposed posting to Brussels.

Yours sincerely,

Original signed by
DR. R. STUBBING

R. W. Robertson, M. D.,
Regional Director,
Overseas Region,
Medical Services.

T418

Canadian Embassy



Ambassade du Canada

2450 Massachusetts Ave., N.W.
Washington, D.C. 20008

MAY 22 1975

Health and Welfare Canada
Services Overseas Region

May 20, 1975

Dear Sir:

For your information, we attach
a self-explanatory letter from Dr. Garo S. Matossian
with regard to Mrs. A. Cadieux, the wife of the
Ambassador. Mr. and Mrs. Cadieux will be leaving
Washington in June to assume similar duties in
Brussels.

Yours sincerely,

A handwritten signature in dark ink, appearing to read "R. J. Edington".

(for) The Embassy

Regional Director,
Health and Welfare Canada
Medical Services Overseas Region
Ottawa, Ontario. K1A 0L3

YATER CLINIC
1780 MASSACHUSETTS AVENUE, N. W.
WASHINGTON, D. C. 20036

TELEPHONE: (202) 785-2400

May 14, 1975



Accredited Member

Wallace M. Yater, M.D.
Director Emeritus

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Bertram F. Schaefer, M.D.
T. Tayloe Perry, M.D.
Arthur Burgerman, M.D.
Garo S. Matossian, M.D.
Enrique A. Robles, M.D.

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ADMINISTRATION

Ian M. Gower
Business Manager

Mrs. Anita Cadieux
2825 Rock Creek Drive, N.W.
Washington, DC 20008

Dear Mrs. Cadieux:

My office has received a request from the Embassy to send you this statement in regard to your health.

As you know, I had the privilege of attending you since February 1970. You have had periodic comprehensive medical evaluations in our Clinic under my supervision. Your last general examination was completed on February 21, 1975 and I found you in excellent health. Your blood pressure has remained normal. Your various laboratory tests revealed no significant aberrations from the normal.

In my opinion you are physically fit for any new assignment. It was a pleasure to attend to your medical needs and I will be most happy to forward additional details of your laboratory reports to your new physician in Brussels should he request them.

Sincerely yours,

A handwritten signature in dark ink, appearing to read 'G. Matossian', is written over the typed name.

Garo S. Matossian, M.D.

GSM:av

15-918755

Ottawa, Ontario,
January 19, 1961.

Under-Secretary of State
for External Affairs,
O t t a w a.

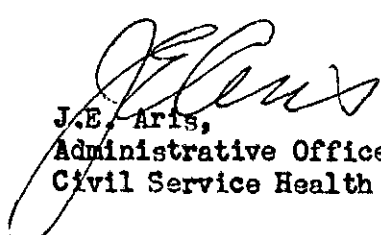
Re: Mr. Marcel Cadieux - Account

Dear Sir:

This will acknowledge receipt of your letter dated January 5th, 1961 with attached account submitted by Mr. Marcel Cadieux covering the treatment of throat illness due to over-work and professional activity in the amount of \$43.48 Canadian.

As there is insufficient medical evidence to indicate that this disorder could be attributable to conditions of his posting, accordingly this Division has no authority to recommend payment of claim at public expense.

Yours truly,


J.E. Aris,
Administrative Officer,
Civil Service Health Division.

Encl.
/gc



TRANSLATION
LR/cp

I, the undersigned physician, certify having treated Mr. Cadieux for acute laryngeal disorders. His condition requires care and absolute vocal rest for about a month.

Such disorders are no doubt related to his professional activities.

(Sgd) Pierre Vachey, M.D.

Follow a receipt for medical fees and a list of medical prescriptions. (3) — If possible, absolute silence during 48 hours.



REPLY TO BE ADDRESSED TO:
THE UNDER-SECRETARY OF STATE
FOR EXTERNAL AFFAIRS
OTTAWA

EXTERNAL AFFAIRS
CANADA

Ottawa, January 5, 1961.

The Civil Service Health Division,
Department of National Health
and Welfare,
O t t a w a.

Attention: Administrative Officer

The attached account has been submitted by Mr. Marcel Cadieux, of this Department, covering treatment of throat illness due to overwork and professional activity, in the amount of \$43.48 Canadian.

I should be grateful if you would tax the enclosed account and, if in order, return it with your approval so that we may arrange reimbursement of the expenditure.

J. M. Hughes

Under-Secretary of State
for External Affairs.

001209



13-918-133
to Dr. McEwen.

LES DOCTEURS

JULES PRÉVOST, M.D.
LÉOPOLD MORISSETTE, M.D., M.S.
JACQUES LÉGER, M.D., PH.D.
ALBERT JOANNETTE, M.D.

PAUL DONTIGNY, M.D., PH.D.
PAUL DAVID, M.D.
ANDRÉ MACKAY, M.D., F.R.C.P. (C)
LANCASTER 2226

PLATEAU 6421

367-69 EST, RUE SHERBROOKE, MONTRÉAL 18

November 12, 1954.

E. L. Davey, M.D., D.P.H., Chief,
Civil Service Health Division,
National Health and Welfare,
Ottawa, Ontario.

Dear Doctor Davey:

re: Mr. Marcel Cadieux
10782 St. Laurent, Mtl.

I saw Mr. Cadieux the 13th of August
1954.

A glucose tolerance test made at
that time revealed a mild diabetes. He was ins-
tructed accordingly.

Yours very truly,

*rechecked
Nov 22/54*

PD/ds

Paul Dontigny
Paul Dontigny, M.D., P.H.D.

15-918755

OTTAWA, November 8th, 1954.

Dr. Paul Dontigny,
53 Oakland Avenue,
Westmount, P.Q.

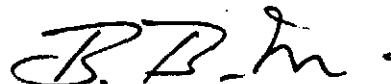
Re - Mr. Marcel Cadieux
10782 St. Laurent, Montreal

Dear Doctor Dontigny:

The above noted employee of the Department of External Affairs was examined at this Health Centre on the 9th of August, 1954, prior to posting to Indochina.

I understand that Mr. Cadieux reported to you for further examination shortly after this date. We would appreciate hearing from you regarding your findings at that time so that our records can be completed.

Yours very truly,


E. L. Davey, M.D., D.P.H.,
Chief,
Civil Service Health Division.

EEH/HC

*B.L.D. for 36/11/54
for reply
H.C.*



DEPARTMENT OF EXTERNAL AFFAIRS
CANADA

November 3, 1954.

REPLY TO BE ADDRESSED TO:
THE UNDER-SECRETARY OF STATE
FOR EXTERNAL AFFAIRS
OTTAWA

Your file 15-918755

53
Oakland Ave.
Westmount,
P.Q.

Dear Dr. Davey,

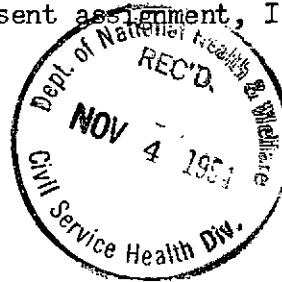
Re: Marcel Cadieux

Thank you for your letter of October 21 drawing to our attention the fact that Mr. Cadieux was allowed to proceed to Indochina without a medical clearance from your division.

I regret to say that the decision to send Mr. Cadieux to Indochina without your formal clearance was the result of a misunderstanding of the arrangements by which Mr. Cadieux was examined by Dr. Paul Dontigny in Montreal. As you will recall, Mr. Cadieux's departure for Indochina was a matter of considerable urgency and it was my understanding at the time that you had agreed to his taking further tests in Montreal which, if satisfactory, would permit his posting. There was obviously a misunderstanding on our part of the arrangements and I am sorry that the proper procedure was not carried out. I can assure you that it was not our intention to change the very effective and satisfactory arrangements which we have with you for pre-posting medical clearances.

When we received your medical report after Mr. Cadieux's departure, we immediately asked him to request his doctor in Montreal to provide a suitable report in order to keep the records straight. I agree that, under the circumstances explained in your letter, Dr. Dontigny's report does not contain sufficient information. Since I would like to clear up any misunderstanding concerning Mr. Cadieux's fitness for his present assignment, I wonder

Dr. E. L. Davey,
Chief, Civil Service Health Division,
Department of Health and Welfare,
Ottawa.



... 2

001213

- 2 -

whether you would think it appropriate to ask Dr. Dontigny for the supplementary information you require in order to arrive at a final decision?

Yours sincerely,



for Under-Secretary of State
for External Affairs.

15-918755

Attention: Mr. L.A.D. Stephens

Ottawa, October 21, 1954.

The Under-Secretary of State for
External Affairs,
OTTAWA, Ontario.

Re - Mr. J.D.R.M. Cadieux
Posting to Indochina

Dear Sir:

This will acknowledge receipt of your letter of the 13th of October, 1954, in connection with the posting of the above-mentioned Foreign Service Officer to Indochina.

Mr. Cadieux was examined at this Health Centre by Dr. B. B. McEwen of this division on the 9th of August, 1954. As a result of certain findings disclosed at the time of the examination, it was the opinion of this division that Mr. Cadieux's posting to Indochina should be withheld pending further medical investigation. Following the examination Mr. Cadieux, presumably, went to Montreal and was not available for further investigation by this division. He submitted a certificate dated the 6th of October, 1954, signed by Dr. Paul Dontigny who recommended that Mr. Cadieux was fit for posting to Indochina provided he followed his physician's instructions.

It has been the understanding of this division that the Department of External Affairs would not post F.S.O.'s and other employees abroad until they had received complete medical clearance from this division. Indochina is a particularly unhealthy post and it is considered inadvisable to send personnel abroad to such posts unless they are completely physically fit. It is felt that before Mr. Cadieux was permitted to proceed abroad further medical investigation should have been carried out either by this division or at our direction. In this case the results of Dr. Dontigny's investi-

.....(2)

- 2 -

gation should have been available to this division, as well as his instructions to Mr. Cadieux, in order that we could come to a final decision and so notify the Department of External Affairs.

It is not considered that the certificate submitted by Dr. Dontigny contains sufficient information to warrant this man's posting abroad.

I would appreciate your comments in this case, and on similar cases which may occur in the future.

Yours very truly,



E. L. Davey, M.D., D.P.H.,
Chief,
Civil Service Health Division.

ELD/HC