2-69 REV 12 79

E. I. DU PONT DE NEMOURS & COMPANY
INCORPORATED
WILMINGTON, DELAWARE 19898

POLYMER PRODUCTS DEPARTMENT

*CC: J. C. BESPERKA
J. T. SMITH
S. P. FOSTER
N. J. IRSCH
R. E. JACKSON
J. C. LEITINGER
P. J. MEYERS
R. T. MURRILL
F. D. BROWN
B. W. CULPEPPER - ER
R. A. HARRINGTON - LEGAL

July 31, 1981

PERSONAL & CONFIDENTIAL

SITE MANAGERS - FOR ACTION

G. K. WALKER - AKRON LAB
S. S. LORD - BEAUMONT
H. F. CANFIELD - CIRCLEVILLE
M. R. HARADON - CLINTON
R. P. HADEN - FAYETTEVILLE
M. S. EATON - FLORENCE
J. F. GLEITZ - GERMAY PARK
H. L. DEY - LOUISVILLE
P. E. OTTO - PENCADER/WB
M. S. DEAK - PONTCHARTRAIN
C. F. RIDDICK - SABINE
J. B. SHAFER - SPRUANCE
R. D. PRUETT - TECUMSEH
R. H. HAHNFELD - TULSA
J. H. TODD - WASH. WORKS
J. F. WINSKE - YERKES

TENANT MANAGERS - FOR INFORMATION

K. L. SELIGMAN - CHAMBERS WORKS
D. B. SCHIEWETZ - GLASGOW
J. A. WILSON - HOUSTON
M. M. MARTENS - SENECA
W. E. HURST - WAYNESBORO
D. C. HOPMANN - WURTLAND

FORMER SITES - FOR INFORMATION

C. J. HUGELMEYER

ARLINGTON
CARNEY'S POINT

*No attachment

DUP 0962153

Z-69 REV 12 79

DUPONT

ESTABLISHED 1802

E. I. DU PONT DE NEMOURS & COMPANY
INCORPORATED
WILMINGTON, DELAWARE 19898

POLYMER PRODUCTS DEPARTMENT

July 31, 1981

PERSONAL & CONFIDENTIAL

TO: DISTRIBUTION LIST

DOCUMENTATION OF "NO SMOKING" ADVICE
ASBESTOS SCREENING PROGRAM

Ref: Letter of July 24, 1981

In the subject letter, it was suggested that written documentation be made using Form G-428* Physical Examination Record. Consensus is that for the sake of uniformity, this form be made the method of communication to appropriate employees.

H. E. SERENBETZ
ENERGY & ENVIRONMENTAL AFFAIRS
MANUFACTURING DIVISION

HES/is

*This form number was incorrectly given as G-248 in our letter of July 24. Copy of form is attached for reference.

DUP 0962154

G-428 Rev. 1/61

PERSONAL AND CONFIDENTIAL

DUPONT

PHYSICAL EXAMINATION

DATE	TIME
MEDICAL EXAMINER	

TO: _____

ADDRESS: _____

_____

You are requested to report for your periodic physical examination on the date and at the time noted above. If for any reason you cannot report at the time noted, inform your supervisor immediately.

The medical report you will receive will be based upon the physical findings and the information you give. To aid in detecting physical defects and diseases, you should inform the physician of your complete medical history.

A report of your examination will be sent to your personal physician if you request.

_____

(Authorized By)

DUP 0962155

DU 041613

G-428 Rev. 1/81

DUPONT

PERSONAL AND CONFIDENTIAL

EMPLOYEE/APPLICANT COPY

PHYSICAL EXAMINATION

TO: _____

ADDRESS: _____

_____

DATE	TIME
MEDICAL EXAMINER	

A report of your examination will be sent to your personal physician if you request.

_____

(Authorized By)

PHYSICAL EXAMINATION REPORT

☐ We have no recommendations to make at this time, other than any made at the time of the examination.

☐ Please note the following. _____

_____

_____

_____

_____

_____

We will be glad to discuss this subject with you.

_____ M.D.

EXAMINER

DUP 0962156

DU 041614

G-428 Rev. 1/81

DUPONT

PHYSICAL EXAMINATION

PERSONAL AND CONFIDENTIAL

THIS COPY TO BE RETURNED TO PERSON WHO AUTHORIZED EXAMINATION

TO: _____

ADDRESS: _____

_____

DATE	TIME
MEDICAL EXAMINER	

_____
(Authorized By)

[redacted]

_____ M.D.
EXAMINER

IMPORTANT: PLEASE CHECK APPROPRIATE ITEMS BELOW.

(Medical Division Use)

Work restrictions: None ☐

_____

_____

_____

(Department Use)

☐ Pre-placement	☐ New	☐ Wage	☐ Exempt
☐ Periodic	☐ Transfer	☐ Salary	☐ Non-exempt
☐ Special	☐ Pensioner	☐ LSE	
☐ Re-employment	☐ Other		

DUP 0962157

DU 041615