PLAINTIFF'S
EXHIBIT
DUP-1716

SUGGESTED FORMAT

FOR RECORDING

PENSIONER CONTACTS

DUP 0810430

Faxed

PENSIONER NAME _____
ADDRESS _____
_____
PHONE _____

INITIAL PENSIONER CONTACT BY: DATE:

_____	PHONE	_____
_____	LETTER	_____
_____	VISIT	_____
_____	RESPONSE FORM	_____

_____ INTERESTED IN PARTICIPATING IN PROGRAM.
_____ NOT INTERESTED IN PARTICIPATING IN PROGRAM
_____ NOT CERTAIN ABOUT PARTICIPATING IN PROGRAM. CONTACT NEEDED.

PRINCIPAL DU PONT JOB _____
PRINCIPAL DU PONT EMPLOYMENT SITE _____
MOST CONVENIENT LOCATION FOR PENSIONER TO GET X-RAY:

_____
DU PONT SITE

_____
NEAREST MAJOR CITY

HAS PENSIONER HAD A CHEST X-RAY:

IN THE PAST TWELVE MONTHS? _____ YES _____ NO

AT A DU PONT SITE _____ YES _____ NO

BY A PRIVATE PHYSICIAN _____ YES _____ NO

IF SO, CAN IT BE EXAMINED BY A DU PONT APPOINTED RADIOLOGIST?

_____ YES _____ NO

PENSIONER'S PHYSICIAN'S NAME AND ADDRESS:

_____
_____
_____

PENSIONER COMMENTS: _____
_____
_____

PROGRAM DISPOSITION: _____
_____
_____

FOLLOWUP CONTACT BY _____ ON _____.

DUP 0810431

DU 009421