



EMERGENCY INTERVIEW RETURN CARD STATE OF MARYLAND DEPARTMENT OF HEALTH AND HUMAN SERVICES

Name: Dr. [illegible]
 Address: 1000 [illegible]
 City: MD
 State: MD
 Zip: 21201

Date: 10/1/84
 Time: 10:00 AM
 Interviewer: [illegible]
 Title: [illegible]
 Phone: [illegible]

1. Name of person interviewed
2. Address of person interviewed
3. Name of person interviewed
4. Name of person interviewed
5. Name of person interviewed
6. Name of person interviewed
7. Name of person interviewed
8. Name of person interviewed

[Handwritten notes and signatures]

SL	PERSON	ADDRESS	DATE	TIME	INTERVIEWER
1	MD				
2	MD				
3	MD				
4	MD				
5	MD				
6	MD				
7	MD				
8	MD				
9	MD				
10	MD				
11	MD				
12	MD				
13	MD				
14	MD				
15	MD				

FORM 10-1 (10-1-84)
 DEPARTMENT OF HEALTH AND HUMAN SERVICES

WARNING: This card is for use only in the event of a health emergency. It is not to be used for any other purpose.

