

**DOCTOR'S FIRST REPORT
OF
OCCUPATIONAL INJURY
OR ILLNESS
STATE OF CALIFORNIA**

Immediately after first examination, mail original to insurer or self-insured employer. Failure to file a doctor's report is a misdemeanor (Labor Code 641.5). In addition, in the case of diagnosed or suspected pesticide poisoning, you are required to: Send one copy of this report directly to the Division of Labor Statistics and Research, P.O. Box 603, San Francisco, Ca 94101; send one copy to your local health officer; notify your local health officer by telephone within 24 hours.

A. INSURER

Bierly & Associates 1850 N. Gateway Blvd. Fresno, CA 93727

1. EMPLOYER NAME

S. J. Co Mosq Abate District

DO NOT WRITE IN THIS SPACE

2. Address:

No. and Street

City

Zip

200 N. Beckman Rd. Lodi, CA 95240

3. Nature of business (e.g., food manufacturer, building construction, retailer of women's clothes)

4. PATIENT NAME (First name, middle initial, last name)

Don Meidinger

5. Sex

Male Female

6. Date of birth

7. Address:

No. and Street

City

Zip

8. Telephone number

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9. Occupation (Specific Job Title)

mosq. control tech

10. Social Security Number

11. Injured at:

No. and Street

City

County

12. Date and hour of injury or onset of illness

6/10/88 11:30am

13. Date and hour of first examination or treatment

6/29/88

14. Date last worked

6/29/88

15. Have you (or your office) previously treated patient?

Yes No

16. HISTORY (History of injury or onset of illness. If occupational illness, specify exposures, chemicals and/or compounds.)

I fell through a bridge over water, and I got my knee caught between two planks.

17. MEDICAL FINDINGS (Use reverse side if more space is required and for remarks, if any.)

A. Subjective complaints Bruised his leg when it got caught between 2 boards. He had ecchymoses and swelling. It is now doing some better but he still has soreness in his knee when he tries to walk.

B. Objective findings There is some ecchymoses over the med. aspect of the rt knee. Neg. Drawer McMurray signs. Ligaments stable.

X-ray and laboratory findings (State if none.)

C. Diagnosis (If occupational illness, identify etiologic agent.)

Prob. synovitis post traumatic.

18. Are your findings and diagnosis consistent with history of injury or onset of illness?

Yes No

If "No", please explain.

19. Is there any other current condition that will impede or delay patient's recovery?

Yes No

If "Yes", please explain.

20. TREATMENT

- Office Hospital out-patient
 Hospital in-patient

Treatment Rendered

Exam. Recommended and prescribed Tolectin DS 1 t.i.d. x 10 days
Recheck if not doing better.

Further treatment required?
 Yes No

Physical therapy?
 Yes No

If in-patient, Give Hospital Name and Location

Date admitted

Estimated stay

21. WORK STATUS

Is patient able to perform usual work? Yes No

If no, give date when you estimate patient will be able to return to:

Usual work?

Modified work?

DOCTOR (name and degree) (Type or print)

James J. Grady, M.D.

No. and Street

1200 W. Vine St.

City

Lodi, CA

Zip
95240

Doctor's Signature

IRS Number

94-2411746

Telephone number

(209) 334-3252

Report Date

7/8/88