

**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 6413.5). 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
Keenan And Associates 1760 Creekside oaks drive #220 Sacramento, CA 95833

1. EMPLOYER NAME San Joaquin County Mosquito Abatement Dist.		DO NOT WRITE IN THIS SPACE
2. Address: No. and Street City Zip 5503 S. Airport Way Stockton, CA 95206		
3. Nature of business (e.g., food manufacturer, building construction, retailer of women's clothes)		

4. PATIENT NAME (First name, middle initial, last name) Donald Meidinger		5. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	6. Date of birth
7. Address: No. and Street City Zip		8. Telephone number	
9. Occupation (Specific Job Title) XXXXXXXXXXXXXX . mosquito control tech.		10. Social Security Number	
11. Injured at: No. and Street City		County San Joaquin	
12. Date and hour of injury or onset of illness 9/4/90	13. Date and hour of first examination or treatment 9/24/90	14. Date last worked 9/24/90	15. Have you (or your office) previously treated patient? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

16. HISTORY (History of injury or onset of illness. If occupational illness, specify exposures, chemicals and/or compounds.)
Fell in a three foot ~~hunk~~ hole with left leg. He fell on his right knee.

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

A. Subjective complaints S: See note on chart.

B. Objective findings O: No swelling or effusion about the knee at this time. Neg. Drawer McMurray sign. Ligaments are stable.

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

C. Diagnosis (If occupational illness, identify etiologic agent.)
Inflammatory problem left knee. Rule out torn meniscus.

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 <input type="checkbox"/> Office <input type="checkbox"/> Hospital out-patient <input type="checkbox"/> Hospital in-patient	Treatment Rendered Naprosyn 500 mg. b.i.d. with meals . If not doing better over the next 1-2 weeks will refer for orthopedic consultation.	Further treatment required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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, MD.	No. and Street 999 S. Fairmont Ave.	City Lodi, CA	Zip 95208
Doctor's Signature <i>James J. Grady MD</i>	IRS Number 94-2411746	Telephone number (209) 334-3377	Report Date 9/27/90

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SEP 28 1990