

WORK STATUS REPORT

Employee Name: Anderson, Tiffany	Date of Visit: 01/26/2005
Social Security No.: 549-23-5133	Time In: 08:25 am Time Out: 09:57 am
Employer: SJ Mosquito and Vector Control	
Date of Injury: 01/21/2005	Guarantor: AIMS - Fresno 8046
Clinic Case Number: 66402	Claim Number: Pending

CLINICAL STATUS

Diagnosis: Allergic Reaction

Since the last visit, this patient's condition has:

EVALUATION AND TREATMENT PLAN

Physical / Occupational Therapy:

Recommended Evaluation / Diagnostic Studies:

WORK STATUS

Work Status: Off balance of shift; return to full work **From:** 01/26/2005 **To:** 01/27/2005

Work Restrictions:

PTN-1-27-05

Estimated return to full duty:

DISPOSITION

Disposition:

Next Scheduled Appointment: 08:00 am 1/27/2005

"I have not violated Labor Code Section 139.3, and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury."

Signed,

Donald Rossman, (Original signature on file)

Doctor's Phone: (209) 461-3196 opt. 3
Doctor's Fax: (209) 461-7529
Case Coordinator Phone: (209) 461-3196 opt.1