

### WORK STATUS REPORT

<b>Employee Name:</b> Anderson, Tiffany K	<b>Date of Visit:</b> 01/31/2005
<b>Social Security No.:</b> 549-23-5133	<b>Time In:</b> 08:00 am <b>Time Out:</b> 08:47 am
<b>Employer:</b> SJ Mosquito and Vector Control	
<b>Date of Injury:</b> 01/21/2005	<b>Guarantor:</b> AIMS - Fresno 8046
<b>Clinic Case Number:</b> 66402	<b>Claim Number:</b> Pending
<b>CLINICAL STATUS</b>	
<b>Diagnosis:</b> Allergic Reaction	
Since the last visit, this patient's condition has:	
<b>EVALUATION AND TREATMENT PLAN</b>	
<b>Physical / Occupational Therapy:</b>	
<b>Recommended Evaluation / Diagnostic Studies:</b>	
<b>WORK STATUS</b>	
<b>Work Status:</b> Full work duties	<b>From:</b> 01/31/2005 <b>To:</b> 02/03/2005
<b>Work Restrictions:</b>	
<b>Estimated return to full duty:</b>	
<b>DISPOSITION</b>	
<b>Disposition:</b>	
<b>Next Scheduled Appointment:</b> 08:00 am	2/ 7/2005
<i>"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."</i>	
<i>Signed,</i> Donald Rossman, (Original signature on file)	<b>Doctor's Phone:</b> (209) 461-3196 opt. 3 <b>Doctor's Fax:</b> (209) 461-7529 <b>Case Coordinator Phone:</b> (209) 461-3196 opt.1