

Dameron Hospital Occupational Health Services
 525 W. Acacia St., Stockton, CA 95203

WORK STATUS REPORT

Employee Name: Anderson, Tiffany K Social Security No.: 549-23-5133 Employer: SJ Mosquito and Vector Control Date of Injury: 01/21/2005 Clinic Case Number: 66402	Date of Visit: 02/07/2005 Time In: 09:04 am Time Out: 09:32 am Guarantor: AIMS - Fresno 8046 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: Full work duties Work Restrictions: Estimated return to full duty:	From: 02/07/2005 To: 02/14/2005
DISPOSITION	
Disposition: Next Scheduled Appointment: 09:40 am	EC. 2/7/05 2/28/2005
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