

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

WORK STATUS REPORT

Employee Name:	Anderson, Tiffany K	Date of Visit:	02/28/2005
Social Security No.:	549-23-5133	Time In:	09:40 am Time Out: 10:17 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:	Full work duties	From:	02/28/2005 To: 02/28/2005
Work Restrictions:	EL 3/1/05		
Estimated return to full duty:			
DISPOSITION			
Disposition:	Final Discharge, P&S, no residuals PR2 to follow		
Next Scheduled Appointment:			
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,	Doctor's Phone:		(209) 461-3196 opt. 3
Donald Rossman (Original signature on file)	Doctor's Fax:		(209) 461-7529
	Case Coordinator Phone:		(209) 461-3196 opt. 1