State of California
Division of Workers' Compensation
Disability Evaluation Unit

DEU Use Only

# EMPLOYEE'S DISABILITY QUESTIONNAIRE

This form will aid the doctor in determining your permanent impairment or disability. Please complete this form and give it to the physician who will be performing the evaluation. The doctor will include this form with his or her report and submit it to the Disability Evaluation Unit, with a copy to you and your claims administrator.

**Employee**

**Tiffany**
First Name

**L**
MI

**Anderson**
Last Name

**549-23-5133**
SSN (Numbers Only)

**2 N Avena Ave**
Street Address1/PO Box (Please leave blank spaces between numbers, names or words)

Street Address2/PO Box (Please leave blank spaces between numbers, names or words)

International Address (Please leave blank spaces between numbers, names or words)

**Lodi**
City

**CA**
State

**95240**
Zip Code

Date of Birth **8/22/1970**
MM/DD/YYYY

Date of Injury **6/29/2011**
MM/DD/YYYY

**San Joaquin County MVCK**
Employer

Nature of Employers Business

Claim Number 1 **VE0700184**

Claim Number 2 _____

Claim Number 3 _____

Claim Number 4 _____

Claim Number 5 _____

**PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY:**
**How was your evaluating doctor selected? (check one)**

☒ From a list of doctors provided by the Sate of California, Division of Workers' Compensation

☐ Other (explain) QME Insurance Choice

What is the name of the doctore who will be doing the evaluation? **Khosrow Tabaddor, M.D.**

When is your examination scheduled? **3/27/2012**

What were your job duties at the time of your injury?

appleed pesticides to pastures, dairy ponds ditches

What is the disability resulting from your injury?

right knee

How does this injury affect you in your work?

I cant work right now.

Have you ever had a disability as a result of another injury or illness? yes

If so, when? 2004, 2005, ~~2006~~, ~~2007~~ 2008, 2009, 2011

Please describe the disibility.

4 ~~5~~ ex posures to unknown & 3 right knee surgies

Date 3-27-12
MM/DD/YYYY

Signature _____