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May 7, 2012

Tiffany Anderson
2 N. Avena Avenue
Lodi, CA 95240

Dear Tiffany:

I hope you are doing well. I would like to set up a time we can talk about your recent note from Dr. Murata dated 4/26/2012 (copy enclosed) and to try to help clarify your limitations and help determine if there is any way we can get you back to work.

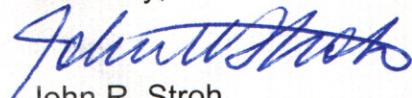
As you know, we have been trying to get updated information from you and your health care provider about your ability to return to work and/or any accommodations we could offer. This is with the intent to try to help you and engage in an interactive process with you. You have refused to have your doctor provide answers to the questions we posed. However, I am glad we received the recent doctor's note with some current information. To appropriately assess if we can accommodate the limitations and/or whether you need an extended leave, we need to discuss your limitations and how they might apply to your specific job functions. It may be that we still need some further information and clarification from your doctor, but let's try to discuss first.

I propose the following three dates and times:

1. Wednesday, May 9th, 9:00 a.m.
2. Thursday, May 10th, 10:00 a.m. or 1:00 p.m.
3. Friday, May 11th, 10:00 a.m. or 1:00 p.m.

Please get back to me as soon as possible. Thank you.

Sincerely,


John R. Stroh
Manager

Enclosure: Copy of 4/26/2012 work status/work limitation note for
Tiffany Anderson from Dr. Murata

February 24, 2012

Gary T. Murata, M.D.
Alpine Orthopaedic Medical Group, Inc.
2488 North California Street
Stockton, CA 95204

Dear Dr. Murata:

My employer has asked that you answer the questions in the enclosed questionnaire in writing and return them on or before March 7, 2012, to my employer at:

San Joaquin County Mosquito and Vector Control District
Attn: John R. Stroh, Manager
7759 S. Airport Way
Stockton, CA 95206-3918
1 (800) 300-4675
(209) 982-4675

By my signature below, I authorize you to disclose the information requested and to discuss any of your responses with District Manager John Stroh. I further authorize District Manager John Stroh to share this information with other personnel within the District only as far as necessary to make decisions regarding my employment status, my entitlement to leave, and to enter into discussions regarding reasonable accommodations, if necessary.

This authorization will expire on February 1, 2013, after which time you will no longer be authorized to submit or discuss my medical information with my employer.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, my employer is asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus

carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

I understand I have a right to receive a copy of this authorization after I sign it. By placing my initials below this clause on the original authorization, I acknowledge I have received a true copy of this authorization.

____ Initials

Thank you for your prompt attention to this matter. Again, it is important your response be timely received because my employer has indicated it must receive adequate and timely medical documentation regarding my requests.

Sincerely,

Tiffany Anderson

MEDICAL CERTIFICATION REQUESTED BY:

*San Joaquin County Mosquito and Vector Control District
Attn: John R. Stroh, Manager
7759 S. Airport Way
Stockton, CA 95206-3918
1 (800) 300-4675
(209) 982-4675*

PATIENT: Tiffany Anderson

"Reasonable Accommodation" Inquiry

To Be Completed by Health Care Provider

THE GENETIC INFORMATION NONDISCRIMINATION ACT OF 2008 (GINA) PROHIBITS EMPLOYERS AND OTHER ENTITIES COVERED BY GINA TITLE II FROM REQUESTING OR REQUIRING GENETIC INFORMATION OF AN INDIVIDUAL OR FAMILY MEMBER OF THE INDIVIDUAL, EXCEPT AS SPECIFICALLY ALLOWED BY THIS LAW. TO COMPLY WITH THIS LAW, WE ARE ASKING THAT YOU NOT PROVIDE ANY GENETIC INFORMATION WHEN RESPONDING TO THIS REQUEST FOR MEDICAL INFORMATION. "GENETIC INFORMATION" AS DEFINED BY GINA, INCLUDES AN INDIVIDUAL'S FAMILY MEDICAL HISTORY, THE RESULTS OF AN INDIVIDUAL'S OR FAMILY MEMBER'S GENETIC TESTS, THE FACT THAT AN INDIVIDUAL OR AN INDIVIDUAL'S FAMILY MEMBER SOUGHT OR RECEIVED GENETIC SERVICES, AND GENETIC INFORMATION OF A FETUS CARRIED BY AN INDIVIDUAL OR AN INDIVIDUAL'S FAMILY MEMBER OR AN EMBRYO LAWFULLY HELD BY AN INDIVIDUAL OR FAMILY MEMBER RECEIVING ASSISTIVE REPRODUCTIVE SERVICES.

Please Do Not Disclose Information Regarding Medical Cause or Diagnosis – Disclose Only Information Regarding the Employee's Functional Limitations and Capabilities

1. On 2/14/2012, you provided Ms. Anderson a note which indicated she could return to work as long as she abided by the work restrictions you identified. These identified restrictions preclude Ms. Anderson from performing the essential functions of her position. Please indicate how long you anticipate each of these restrictions to continue.

2. Are there any possible accommodations that might be provided to Ms. Anderson that would permit her to perform the essential functions of her position? A copy of her job description is attached. For each possible accommodation listed, how would it effect her current restrictions?

3. If Ms. Anderson needs a leave of absence because she cannot work with or without reasonable accommodations, please indicate the length of time you anticipate she will be unable to work.

Physician Signature: _____

Print Name: _____

Name of Medical Group: _____

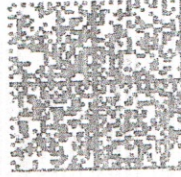
Date: _____

SAN JOAQUIN COUNTY MOSQUITO & VECTOR CONTROL DISTRICT
7759 SOUTH AIRPORT WAY
STOCKTON, CALIFORNIA 95206-3918

CERTIFIED MAIL



7010 0290 0000 8894 5443



US POSTAGE
\$ 05.75

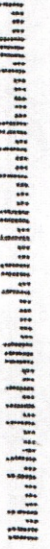


Mailed From 95206
05/07/2012
031A 0004181926

Tiffany Anderson
2 N. Avena Avenue
Lodi, CA 95240

5/16
5/26

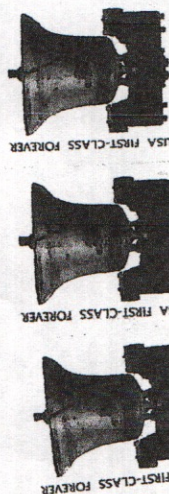
95240+2502



Tiffany Anderson
2 North Avena Avenue
Lodi, CA 95240

Envelope for
T. Anderson to
send signed letter
and job description
to Dr. Murata.

Gary T. Murata, M.D
Alpine Orthopaedic Medical Group, Inc.
2488 North California Street
Stockton, CA 95204



Original letter
for T. Anderson
to sign, initial,
and send to
Dr. Murata,
including job
description.

San Joaquin County Mosquito & Vector Control
District
Attn: John R. Stroh, Manager
7759 S. Airport Way
Stockton, CA 95206-3918

Envelope for
Dr. Murata to
send medical
certification
to Manager
John Stroh

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Tiffany Anderson
2 N. AVENUE AVE.
LODI, CA 95240

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail
- ☐ Registered
- ☐ Insured Mail
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from service label)

7010 0290 0000 8894 5443