Uniform Assigned Name: STOCKWELL HARRIS SACRAMENTO
EAMS Administrator Name: KALIE WIKEL
EAMS Administrator's Phone: (916) 924-1862
EAMS Administrator's Email:Kalie_Wikel@shww.com

RE: ANDERSON, TIFFANY VS. SAN JOAQUIN COUNTY MOSQUITO & VECTOR CONTROL

WCAB NO.: 1) ADJ7004221; 2) ADJ7004227; 3) ADJ7010682; 4) ADJ7976768; 5) ADJ9066508
CLAIM NO.: VE0700184
OUR FILE NO.: 300141-040

PROOF OF SERVICE

STATE OF CALIFORNIA

COUNTY OF SACRAMENTO

I am in the County of Sacramento, State of California. I am over the age of 18 years and not a party to the within action. My business address is 1545 River Park Drive, Suite 330, Sacramento, California 95815-4616.

On ~~November 25, 2014,~~ June 16, 2015 I served the foregoing document described as: **Vaccination records 6/11/04, 12/1/04, 12/17/04, 2/2/05** on all interested parties in this action by hand delivery/personal service as follows:

Ms. Tiffany Anderson
2 N. Avena Ave
Lodi, CA 95240

I certify, under penalty of perjury, that the foregoing is true and correct.

Executed on ~~November 25, 2014,~~ June 16, 2015, at Sacramento, California.

By: _____
Sara A. Skolnik

PLEASE REMIT TO:

Dameron Hospital Assocation
PO Box 4266
Stockton, CA 95204

Tax ID:94-1201197

Phone : (209) 461-3196
Fax : (209) 461-3123

COPY

INVOICE 889-24
Amount Due: 120.00

Invoice Date: 07/06/2004

SJ Mosquito and Vector Control
7759 S Airport Way
Stockton, CA 95206

Service Date/Total	Description	Code	Charge
06/11/2004	[redacted] [redacted] *Proc - Hepatitis* Case: 55607 Procedures		
	Hepatitis B Vaccine	79320	50.00
	Injection Fee	84566	10.00
Total: $ 60.00			
06/11/2004	**Anderson, Tiffany K** **549-23-5133** *Proc - Hepatitis* Case: 55609 Procedures		
	Hepatitis B Vaccine	79320	50.00
	Injection Fee	84566	10.00
Total: $ 60.00			

Stephanie Lm
7/29/04
7/30/04
Visa Fm

JUL 2004
RECEIVED

U 0630

grpinv_om_noempname_remit#

PLEASE REMIT TO:

Dameron Hospital Assocation Tax ID:94-1201197
PO Box 4266
Stockton, CA 95204

Phone : (209) 461-3196
Fax : (209) 461-3123

INVOICE 889-28
Amount Due: **173.00**

Invoice Date: 01/06/2005

SJ Mosquito and Vector Control
7759 S Airport Way
Stockton, CA 95206

Service Date/Total	Description	Code	Charge
12/01/2004	[redacted] [redacted] *Proc - Hepatitis* Case: 55607 Procedures		
	Hepatitis B HBsAb	34162	10.00
	Specimen Handling Fee	84657	10.00
Total: $ 20.00			
12/01/2004	**Anderson, Tiffany K** **549-23-5133** *Proc - Hepatitis* Case: 55609 Procedures		
	Hepatitis B HBsAb	34162	10.00
	Specimen Handling Fee	84657	10.00
Total: $ 20.00			
12/17/2004	[redacted] [redacted] *Exam - Pre-placement* Case: 65030 Procedures		
	Limited	84129	40.00
	Non-DOT Panel	84517	13.00
	Urine Drug Screen Collection	84459	20.00
	Back Evaluation	87015	60.00
Total: $ 133.00			

Anderson, Tiffany K 02/02/2005

Case#: 55609 DOB: 08/22/1970

SJ Mosquito and Vector Control MRN: 626041

Dameron Hospital
Immune Status and Vaccination Record

Titer Results

	Date	Immune	Non-immune
Rubeola (immune ≥1.0)			
Rubella (immune ≥10)			
Varicella (immune ≥1.1)			

Test Result

	Date	Positive	Negative
HBsAg			
HBsAb (≥10 mIU/ml)			
HBsAb (≥10 mIU/ml)			
HBsAb (≥10 mIU/ml)			
Hepatitis C Ab			
Hepatitis C - RIBA			
Hepatitis C - RNA			
RPR			
PPD - 1st Step			
PPD - 2nd Step			
Chest X-ray			

MMR Vaccination

Date	Manufacturer	Lot #	Exp. Date	Arm	Staff

Varicella Vaccination

Date	Manufacturer	Lot #	Exp. Date	Arm	Staff

Hepatitis B Vaccination

Date	Manufacturer	Lot #	Exp. Date	Arm	Staff
		HEP A			
2/2/05	SK	VHA750A4	1/30/05	R	DB

Tetanus/Diptheria Vaccination

Date	Manufacturer	Lot #	Exp. Date	Arm	Staff
2/2/05	Aventis	U1341AA	10/25/06	L	DB