

6/30/08

**WORK STATUS REPORT**

Employee: Tiffany Anderson  
Employee ID: 549-23-5133  
Employer: SJ Mosquito & Vector Control  
Date of Injury: 6/19/2008

Exam Date: 06/30/2008  
Time In: 09:55 AM Time Out: 10:51 AM  
Guarantor: AIMS-SACTO 8049  
Claim No:

Work Status: MODIFIED WORK DUTIES  
Effective 06/30/2008 to 07/08/2008

Work Restrictions: WORK RESTRICTIONS: No squatting, kneeling or crawling. No climbing ladders. Wear splint/brace as directed. No prolonged standing or walking.

Diagnosis: Knee effusion, Right  
Sprain/strain knee, cruciate ligament

Evaluating Clinician: Dan Stringari PA-C  
Corky Hull M.D.

Next Scheduled Appointment:

Date	Time	Provider	Specialty
7/8/2008	10:20 AM	Dixon, Mike	Occupational Health Services

- 2 PT left - RTZ 1 wk

~~#~~ Paws unit

- brace

- needs: ftd / pr Dr Stringari @ home