DAMERON HOSPITAL
Occupational Injury Clinic

Name: Anderson, Tiffany K **Date:** 6/ 9/2004

SSN: 549-23-5133 **Case No.:** 56808 **Employer:** SJ Mosquito and Vector Control

VITAL SIGNS AND NURSES NOTES

Date	Time	Blood Pressure	Pulse	Resp.	Temp.	Notes	Initials
6/9/04	0805	128/74	72	14	95.9	itching @ L leg, pt. stepped on something	
6/21/04	1008	—	—	—	98.6	rev rash. Better	