

U.S. HealthWorks MEDICAL GROUP

WORK STATUS REPORT

Name Last: Anderson First: Tiffany Date of Exam: 7/06/11 Case #: 118168567
SS#: XXX-XX-5133 Date of Birth: 8/22/70 Date of Injury: 6/29/11 Claim #:
Employer: SJC MOSQUITO & VECTOR Contact: JOHN STROH Tel.: (209) 982-4675 Fax: 209 982-0120
Claims Administrator: AJMS Tel.: (800) 444-6157 Fax: 816 563-1919

PATIENT STATUS Since the last exam, this patient's condition has:
Improved as expected Improved, but slower than expected Work status pending PR2
Worsened Reached plateau and no further improvement is expected Not improved significantly
Been determined to be non-work related

DIAGNOSES (Include ICD-9 code, if possible)
924.11 CONTUSION OF KNEE R

TREATMENT

Office Visit / Injury Treatment Start / Continue Therapy: times / week for weeks. Ergonomic Eval
Medic / Supplies Dispensed TDAP
Consultation / Referral Requested / Pending. Speciality Work status to be determined by specialist.
Estimated length of treatment is now weeks

WORK STATUS

First Aid Case
Return / Continue... to work without restrictions.
Off work until (Date) Estimated period of total temporary disability days.
Off the balance of this shift only. Then RTW on (Date) to Full / Modified duty. Re-evaluate work status before next shift.
Return to work as of (Date) with the restrictions indicated below. Estimated duration of modified duty is days.
No work near moving machinery Sit down job.
Must wear: Splint Immobilizer Back support Cage
Other
Must keep elevated
Keep wound/bandage clean and dry
Must take a minute stretch break every minutes from
Keyboard /
Other
Medical status was discussed with employer representative. Name

If no modified work is made available, employer must keep employee off work unless, and until, such modified work is made available.

DISCHARGE STATUS

Return to full duty on (Date) with no limitations or restrictions. Released from care without
returnable disability or need for future medical care.
Patient discharged as permanent and stationary with either impairment, work restrictions and/or need for future
medical care. A PR-4 to follow.
NON-INDUSTRIAL. Patient instructed to see private physician at own expense.

TREATING PROVIDER

Name ECK, JON L., M.D. Lic. # G67867 Date of Exam 7/06/11
Specialty Signature Signature on File

Issued at: USHW of California - Stockton, 3663 E. ARCH ROAD, SUITE # 400, STOCKTON, CA 96215 Tel: (209) 943-2202

Checkin Time 9:50 AM Checkout Time 11:18 AM Next Visit Date 7/13/11 Time 9:30 AM