

U.S. HealthWorks MEDICAL GROUP

WORK STATUS REPORT

Name: Last: Anderson First: Tiffany Date of Exam: 7/18/11 Case #: 118268567
 SS#: XXX-XX-5133 Date of Birth: 8/22/70 Date of Injury: 5/29/11 Claim #: _____
 Employer: SJC MOSQUITO & VECTOR Contact: JOHN STROH Tel.: (209) 982-4675 Fax: 209 982-0120
 Claims Administrator: SJC MOSQUITO & VECTOR Tel.: (209) 982-4675 Fax: 209 982-0120

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)

824.11 CONTUSION OF KNEE R

TREATMENT

Office Visit / Injury Treatment Start / Continue Therapy: _____ times / week for _____ weeks. Ergonomic Eval
 Start / Continue Chiro: _____ times / week for _____ weeks. Other _____
 Meds / Supplies Dispensed _____
 Consultation / Referral Requested / Pending. Specialty _____ 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.
 () No / () Limited use of R / L hand to _____ hrs/day () Must wear: () Splint () Immobilizer () Back support () Cage
 () No / () Limited standing or walking to _____ hrs/day () Other _____
 () No / () Limited overhead work to _____ hrs/day () Must keep _____ elevated
 () No / () Limited stooping and bending to _____ hrs/day () Keep wound/bandage clean and dry
 () No / () Limited kneeling or squatting to _____ hrs/day () Must take a _____ minute stretch break every _____ minutes from
 () No / () Limited () Lift () Pull () Push () Keyboard / () _____
 Up to: () 10 lbs () 25 lbs () 50 lbs () _____ lbs () Other _____
 No climbing
 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) 7/18/11 with no limitations or restrictions. Released from care without
 notable 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. # G67857 Date of Exam 7/18/11
 Specialty _____ Signature _____ Signature on File _____

Issued at: USHW of California - Stockton, 3663 E. ARCH ROAD, SUITE # 400, STOCKTON, CA 95215 Tel: (209) 943-2202

Checkin Time 8:44 AM

Checkout Time 10:42 AM