

WORK STATUS REPORT

Name. Last: Anderson First: Tiffany Date of Exam: 7/18/11 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: 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)  
924.11 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 ratable 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 7/18/11  
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