

Evidence
COPY

PAY PERIOD
8/15-9/11/11

SAN JOAQUIN COUNTY MOSQUITO AND VECTOR CONTROL DISTRICT
TIME OFF RECORD SHEET

DATE: 8/18/11 NAME: Tiffany Anderson Emp. # 306

It is requested that time off on 8/18/11 - 9/20/11

consisting of _____ day(s) _____ hour (s) working time, be approved.

This time off be charged to:

Vacation

Sick Leave

Sick Leave due to family illness _____

I used or wish to use _____ days or _____ hours of accrued and available sick leave to care for an ill family member. The sick leave was or will be used on _____.

The family member is my _____.

Compensation for overtime

Time off without pay

Workers' comp. time off

Jury Duty

Bereavement Leave 1

Bereavement Leave 2

(Emps': aunt, uncle, niece nephew, charged to sick leave)

3RD

X

8/25.050 HR, 8/20/11

1ST

X

8-8/18

2ND

X

8/19, 22, 23, 24.

4TH

X

8/25 - 7.950 HRS

For Office use only

20.855	Vac	/
8	Sick	/
—	F.Sick	
39.950	Comp.Off	/
—	WIC Off	

AS of 8/15/11 Balances

VAC	5.6	Comp
20.855	8.0	39.950

8/30-9/20/11 w/o PAY

Employees' Signature

Date: 9-21-11

Immediate Supervisor's Signature

9/22/11 This sheet was returned by Tiffany w/o her signature. m2

Tiffany Anderson

COPY

8/18 - 9/20/11

WK	VAL	WK	SL	CAMP
8/15	16	17	18	19

Camp	Camp	Camp	Camp/Vac	Vac
8/22	23	24	25	26

7.950
1050V

29

30 31 9/1 2

4.805 Vac
3.195 w/o pay

w/o pay

9/5

6 7 8 9 w/o pay

H-No pay

9/12

13

14

15

16

w/o pay

9/19

9/20

w/o pay

9/21 RETURN TO WK



KAISER PERMANENTE

At the bottom of this page are reminders for some preventive services based on Kaiser Permanente's electronic records. If you have on-going health problems or are at high risk for certain diseases, you may need frequent preventive services and should consult your physician. If an appointment is necessary, please schedule it.

CHECK-IN RECEIPT

MRN: 110007897964

Name: ANDERSON, TIFFANY K

Visit Coverage: KFHP 1000

Appt Date/Time: 8/18/11 11:15 AM

Appt With: JASTI, HYMAVATHY (M.D.)

Dept: STKMED

Check-In Date/Time: 08/18/11 11:10 AM

Amount Due: \$ 15.00

Amount Paid: \$ 15.00

Source: Credit Card

Ref:

Encounter: 32013193945

Acct: 32070238

Receipt: 8431685

Visit your doctor's home page at kp.org/mydoctor to view your Preventive Service reminders, check lab results, request refills, use online tools.

PERSONAL PHYSICIAN(S)

GENERAL: JASTI, HYMAVATHY (M.*OB/GYN PHYSI: OGUNJIMI, ESTHER OLUWAKEM
OB/GYN OTHER: WALKER, KATHRYN GAIL (N.P.)

PREVENTIVE	SERVICES	LAST	DUE
DUE	ADULT TDAP		8/22/81
DUE	MAMMOGRAPHY		8/22/10
Current	CERVICAL SCREEN	9/26/08	9/26/11
Current	CHOLESTEROL SCREEN	10/17/10	10/17/15
Current	PNEUMO VACCINE		8/22/35
Current	COLON CANCER SCREENING		
Current	INFLUENZA VACCINE		NA

Return appointment: _____ days _____ weeks _____ months

You have paid the above amount toward your total charges for services you will receive today or during this hospital admission. If this does not cover your full financial liability, you will receive a bill for additional charges based on the specifics of your health coverage plan, your included benefits, and the actual services you receive. If you have questions or want more information about your benefits, limitations, exclusions, and charges, please call the telephone number on your identification card.

This document contains confidential information about your health and care at Kaiser Permanente.

Visit Information

Appointment Information

Appointment Date	Provider	Department	Dept Phone
8/18/2011 11:15 AM	HYMAVATHY JASTI MD	Stk-Medf >West Lane	

Your Primary Care Providers

Provider	PCP Type
ESTHER OLUWAKEMI OGUNJIMI MD	OB/GYN Physician
KATHRYN GAIL WALKER NP	OB/GYN Other
HYMAVATHY JASTI MD	General

Personal Care Information

Patient Instructions

None

Please visit my home page at kp.org/mydoctor. You can check your test results, refill prescriptions, e-mail me, schedule routine appointments, and view preventive service reminders and past visit information. You can also find valuable health information and links to classes, videos, podcasts and other online health tools. If you also coordinate care for your children, parents, spouse or partner, sign up for Act for a Family Member at kp.org/actforfamily.

Visit Summary

Vital Signs - Last Recorded

Blood Pressure	Pulse	Temperature(Src)	Height	Oxygen
135/83	76	97.3 °F (36.3 °C) (Tympanic)	5' 4"	99%

Vitals History Recorded

Regular physical activity (at least 150 minutes a week) and maintaining a healthy weight can help you reduce your risk for heart disease, stroke, diabetes, and certain cancers. Unless you are pregnant, you should aim for a healthy weight indicated by a Body Mass Index (BMI) of less than 25. Even small increases in physical activity can make a big difference in your overall health. Enjoy healthy eating by adding more fruits and vegetables to your diet, eating smaller portions, and drinking fewer sweetened beverages. Avoiding tobacco and learning to manage stress can also help you thrive. To get help with fitness, weight, stress or quitting tobacco call 1-866-251-4514 to schedule a telephone appointment with a personal Telephonic Wellness Coach.

Tobacco Use (More Information at kp.org/quitsmoking)

Smoking Status Amount

**Former Smoker (Quit Date: 0 packs/day for 0 years
1/1/1989)**

Smokeless Tobacco Status

Unknown

Allergies

Allergies as of 8/18/2011

Date Reviewed: **7/20/2011**

No Known Allergies

Noted

Type

Reactions

Pharmacy Information

PHARMACY PICK UP

To start your medication order, please go to any Kaiser Permanente Pharmacy "check-in" line. When your medication is ready for pick-up, your name will appear on the lighted display board. Most prescriptions are ready within 15 minutes after you check in.

Have your refills mailed to you and get free shipping. Go to kp.org/rxrefill, or call (888) 218-6245. Also use the kp.org My Health Manager - Pharmacy Center to check the status of a refill, set up email refill reminders and review your list of medications.

Pharmacy

Pharmacy Name
STK PHARMACY 1 1ST FL

Pharmacy Address and Hours

Address	Hours
7373 West Lane STOCKTON CA 95210	0800-2200

Orders

Orders Placed During This Visit

Future	Class	Expires
SODIUM, SERUM	Outpatient	4/18/12
POTASSIUM, SERUM	Outpatient	10/18/12
CREATININE, SERUM, WITH GLOMERULAR FILTRATION RATE, CALCULATED	Outpatient	10/18/12
BUN, SERUM	Outpatient	4/18/12
GLUCOSE, RANDOM	Outpatient	4/18/12
CHLORIDE, SERUM	Outpatient	4/18/12
MAGNESIUM, SERUM	Outpatient	4/18/12
URIC ACID, SERUM	Outpatient	4/18/12

Orders (continued)**Orders Placed During This Visit (continued)**

Future	Class	Expires
FERRITIN	Outpatient	4/18/12
IRON AND TIBC	Outpatient	4/18/12
TSH	Outpatient	10/18/12
ALT, SERUM	Outpatient	4/18/12
CREATINE KINASE	Outpatient	4/18/12
CBC + DIFF (AT REG LAB).	Outpatient	4/18/12
ERYTHROCYTE SEDIMENTATION RATE, AUTOMATED	Outpatient	4/18/12
VITAMIN B12	Outpatient	4/18/12
BLOOD CULTURE	Outpatient	4/18/12
BLOOD CULTURE 2	Outpatient	4/18/12
CRYPTOCOCCUS SP ANTIGEN, EIA	Outpatient	4/18/12

Preventive Services

Please see your visit registration slip or View Your Preventive Services on your doctor's home page <http://kp.org/mydoctor> to see if you are due for screening tests or immunizations.

Reason For Today's Visit

FATIGUE - Primary

Future Appointments

Date	Time	Visit Type	Department	Provider	Length
None.					



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MRN: 110007897964

Name: ANDERSON, TIFFANY K

Visit Coverage: KFHP 1000 NOTICE TO PATIENT

Appt Date/Time: 8/18/11 12:10 PM

Appt With: LAB TECH - STK

Dept: STKLAB

Check-In Date/Time: 08/18/11 12:07 PM

Amount Due: \$ 0.00

Amount Paid: \$ 0.00

Source:

Ref:

Encounter: 32013194844

Acct: 32070238

Receipt:

PERSONAL PHYSICIAN(S)

GENERAL: JASTI, HYMAVATHY (M), OB/GYN PHYSI: OOLUNJIMI, ESTHER OLUWAKEM
OB/GYN OTHER: WALKER, KATHRYN GAIL (N.P.)

Applications

PREVENTIVE SERVICES	LAST	DUE
DUE ADULT TDAP		8/22/11
DUE MAMMOGRAPHY		8/22/10
Current CERVICAL SCREEN	9/26/08	9/26/11
Current CHOLESTEROL SCREEN	10/17/10	10/17/15
Current PNEUMO VACCINE		8/22/35
Current COLON CANCER SCREENING		
Current INFLUENZA VACCINE		

Policies

Return appointment: _____ days _____ weeks _____ months

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