

WORK STATUS REPORT

Employee Name:	Anderson, Tiffany K	Date of Visit:	10/17/2005		
Social Security No.:	549-23-5133	Time In:	07:48 am	Time Out:	08:32 am
Employer:	SJ Mosquito and Vector Control				
Date of Injury:	10/11/2005	Guarantor:	AIMS - Fresno 8046		
Clinic Case Number:	78225	Claim Number:	Pending		

CLINICAL STATUS

Diagnosis: Dermatitis, Contact Allergic

Since the last visit, this patient's condition has:

EVALUATION AND TREATMENT PLAN

Physical / Occupational Therapy:

Recommended Evaluation / Diagnostic Studies:

WORK STATUS

Work Status: Full work duties **From:** 10/17/2005 **To:** 10/20/2005

Work Restrictions:

Estimated return to full duty:

DISPOSITION

Disposition: 8:20 AM 10/20/05 change due to
Next Scheduled Appointment: 3:00 pm 10/20/2005 PDA Training schedule completed

"I have not violated Labor Code Section 139.3, and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury."

Signed,

Donald Rossman, (Original signature on file)

Doctor's Phone: (209) 461-3196 opt. 3
Doctor's Fax: (209) 461-7529
Case Coordinator Phone: (209) 461-3196 opt.1