

# DAMERON HOSPITAL OCCUPATIONAL INJURY CLINIC

## WORK STATUS REPORT - WORKSHEET

10-20-05  
~~10-05~~

Employee Name: Anderson, Tiffany K  
Employer: SJ Mosquito and Vector

Date of this Examination: 10/20/2005  
Clinic Case Number: 78225

**DIAGNOSIS:**

**CLINICAL STATUS:** ☐ Q1: Improved, as expected ☐ Q2: Improving slowly ☐ Q3: No significant change ☐ Q4: Worse

**PT/OT:** ☐ W1: Continue as prescribed ☐ W2: 3x/wk - 2 week ☐ W3: 3x/wk - 1 week ☐ W4: One visit ☐ W5: Non-DHA PT

**RECOMMENDED EVALUATION / DIAGNOSTIC STUDIES:**

☐ E1: MRI ☐ E2: CT Scan ☐ E3: NCS ☐ E4: Work Conditioning ☐ E5: Epidurals ☐ E6: Ergo Evaluation

**REFERRAL / CONSULT:**

<input type="checkbox"/> R10: Orthopedist	<input type="checkbox"/> R14: General Surgeon	<input type="checkbox"/> R18: ENT	<input type="checkbox"/> R22: Health Club
<input type="checkbox"/> R11: Ophthalmologist	<input type="checkbox"/> R15: Neurologist	<input type="checkbox"/> R19: Dermatology	<input type="checkbox"/> R23: Urology
<input type="checkbox"/> R12: Neurosurgeon	<input type="checkbox"/> R16: Psych	<input type="checkbox"/> R20: Pain Mgmt	<input type="checkbox"/> R24: Acupuncture
<input type="checkbox"/> R13: Hand Specialist	<input type="checkbox"/> R17: Physiatrist	<input type="checkbox"/> R21: Dentist	<input type="checkbox"/> R25: Podiatrist

**WORK STATUS:** ☐ Full work duties ☒ Off balance of shift, modified work ☐ No work until next appt.  
☐ Modified work duties ☐ Off balance of shift, full work duties ☐ Current WS until Specialist appt.

**WORK RESTRICTIONS:**

No lift / carry >:

☐ A09: 50#  
☐ A10: 10-15#  
☐ A11: 30#  
☐ A12: 5#

No prolonged:

☐ A15: Stand/Walk  
☐ A16: Sitting

Other Back/Neck

☐ A13: No frequent lift, bend, twist, stoop at waist  
☐ A14: Limit twist / bend at neck  
☐ A17: Desk / sedentary only

Lower Extremity

☐ A18: No crawl / kneel / squat  
☐ A19: No climbing ladders  
☐ A20: Use crutches as directed  
☐ A21: Elevate as directed  
☐ A22: Use cane as directed

Miscellaneous

☐ S16: Limited use of injured body part  
☐ S17: May advance work activities as tolerated  
☐ S18: Keep dressing clean and dry  
☐ S19: No operating company vehicles  
☐ S20: No exposure to heat  
☐ S21: No exposure to cold  
☐ S22: No exposure to chemical, vapors, fumes  
☐ S23: No welding  
☐ S24: Avoid physical altercations  
☐ S25: Avoid wearing latex gloves  
☐ S27: Limit keyboarding: 45 min/hr  
☐ S28: Limit keyboarding: 4 hr/day

Upper Extremity

☐ S10: Wear splint / sling as directed  
☐ S11: No frequent / repetitive use of wrist / hand  
☐ S12: No heavy pushing or pulling  
☐ S13: No use of arm above shoulder  
☐ S14: No forceful hand grasp  
☐ S15: No use of injured body part

**PR STATUS:**

<input type="checkbox"/> PR-1: Periodic Report	<input type="checkbox"/> PR-4: Change in Tx Plan	<input type="checkbox"/> PR-7: Discharge
<input type="checkbox"/> PR-2: Change in Work Status	<input type="checkbox"/> PR-5: Referral/Consult	<input type="checkbox"/> PR-8: Request by Adjuster
<input type="checkbox"/> PR-3: Change in Pt. Condition	<input type="checkbox"/> PR-6: Surgery/Hospitalization	<input type="checkbox"/> PR-9: Other: _____

**DISPOSITION:**

☐ D1: Consult ☐ D2: Final Discharge without residuals, PR-2 to follow  
☐ D5: Referral / Transfer of care ☐ D4: Final Discharge with residuals, PR-3 to follow  
☐ D6: Non-occupational, refer to PMD ☐ D3: First Aid

Next scheduled appointment: 11/23

Provider Initial: dlv



## WORK STATUS REPORT

<b>Employee Name:</b>	Anderson, Tiffany K	<b>Date of Visit:</b>	10/20/2005		
<b>Social Security No.:</b>	549-23-5133	<b>Time In:</b>	08:52 am	<b>Time Out:</b>	09:54 am
<b>Employer:</b>	SJ Mosquito and Vector Control				
<b>Date of Injury:</b>	10/11/2005	<b>Guarantor:</b>	AIMS - Fresno 8046		
<b>Clinic Case Number:</b>	78225	<b>Claim Number:</b>	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:** Off balance of shift; return to full w**From:** 10/20/2005 **To:** 10/25/2005

**Work Restrictions:**

**Estimated return to full duty:**

### DISPOSITION

**Disposition:**

**Next Scheduled Appointment:** 07:20 am 10/25/2005

"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