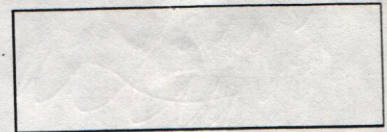




State of California
Division of Workers' Compensation
Disability Evaluation Unit



DEU Use Only

EMPLOYEE'S DISABILITY QUESTIONNAIRE

This form will aid the doctor in determining your permanent impairment or disability. Please complete this form and give it to the physician who will be performing the evaluation. The doctor will include this form with his or her report and submit it to the Disability Evaluation Unit, with a copy to you and your claims administrator.

Employee

Tiffany

First Name

MI

Anderson

Last Name

549-23-5133

SSN (Numbers Only)

2 N Avena Ave

Street Address1/PO Box (Please leave blank spaces between numbers, names or words)

Street Address2/PO Box (Please leave blank spaces between numbers, names or words)

International Address (Please leave blank spaces between numbers, names or words)

Lodi

City

CA

State

95240

Zip Code

Date of Birth

8/22/1970

MM/DD/YYYY

Date of Injury

6/29/2011

MM/DD/YYYY

San Joaquin County Mosquito

Employer

Nature of Employers Business

Claim Number 1 VE0700184

Claim Number 2 _____

Claim Number 3 _____

Claim Number 4 _____

Claim Number 5 _____

PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY:

How was your evaluating doctor selected? (check one)

☐ From a list of doctors provided by the State of California, Division of Workers' Compensation

☒ Other (explain) The Insurance Adjuster

What is the name of the doctor who will be doing the evaluation? Khosrow Tabaddor, M.D.

When is your examination scheduled? 11/1/2011

What were your job duties at the time of your injury?

Pesticide applicator in escalon

What is the disability resulting from your injury?

Right knee swelling and pain to my upper thigh
and a undiagnosed exposure to a chemical

How does this injury affect you in your work?

I have been unable to perform my usual tasks

Have you ever had a disability as a result of another injury or illness? yes

If so, when? 2008, 2009

Please describe the disability.

Right knee orthoscopy

Date 11-1-11
MM/DD/YYYY

Signature [Signature]