



A Professional Corporation

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February 2, 2016

RE-SCHEDULED
PANEL QUALIFIED MEDICAL RE-EXAMINATION
APPOINTMENT LETTER

Ms. Tiffany Anderson
1900 Lakeshore Drive
Lodi, Ca 95242

RE: Anderson, Tiffany vs. San Joaquin County Mosquito & Vector Control
WCAB NO.: ADJ7004221; ADJ7004227; ADJ7010682; ADJ7976768
FILE NO.: VE0700184

Dear Ms. Anderson:

You are hereby requested to present yourself for examination on:

DATE: May 9, 2016
TIME: 3:30 p.m.
PLACE: Khosrow Tabaddor, M.D.
333 San Carlos Way, Suite B
Stockton, CA 95207
PHONE: (559) 222-2294

←----- Before this appointment, please provide me with a list of all of the scheduled appointments that I have had with you over the past years.

This request for examination is authorized by the provisions of the Labor Code of the State of California and your refusal or failure to comply with this request for examination may cause a suspension of any rights which you otherwise may have to compensation benefits.

If, for any reason, you are unable to keep this appointment, you shall immediately call the doctor's office and make proper arrangements for another appointment.

Very truly yours,

STOCKWELL, HARRIS, WOOLVERTON & MUEHL
A Professional Corporation

By: _____
Sara A. Skolnik

cc: AIMS Insurance
Dr. Khosrow Tabaddor – 8221 N. Fresno St. Fresno, CA 93720

12-15-2015

KHOSROW TABADDOR, M.D.
ORTHOPEDIC SURGERY
EXAMINEE QUESTIONNAIRE

TIFFANY
Anderson

Date of Examination TBD 2016 Office Location Stockton, CA

Name Tiffany Anderson DOB 8/22/70 Age 45 Soc. Sec. # _____
Address 1900 Lakeshore Dr., Lodi, 95242 Telephone Number (209) 331-0208

Height 5 ft. 4 in. Right-handed Left-handed
Weight 120 lbs.

Interpreter yes no

Name and Place of Employment at the time of Injury:
San Joaquin County SJCH VCD, MHCAC, VCIPA, Birkmore

What was the date you began working with this company: 4-19-04

When did you last work? _____

Previous Occupation: Pesticide Applicator, Tech 1,

Date(s) of injury: 6-8-04, 1-21-05, 10-11-05, 6-19-08, 3-29-09, 7-2-09

No. Hour per Day: 8 to 12 Days per Week: 5 to 7

General Job Description/Occupation at the time of Injury:
my job description requires a California State Department of Public Health Certification in Categories A Pesticide Application & Safety Training for Applicators of Public Health Pesticides and Category B The Biology and Control of Mosquitoes in California. To be an expert in Pesticide Application Rates, Record Keeping in Compliance with all governing laws and the agencies that govern over them. Well versed in County agriculture crops, US water ways, irrigation districts, maintain driving safety at night in isolated unknown territory and by day in heavy traffic while reading maps and treating storm drains at 5 to 10 minute intervals getting in and out of a vehicle.
see additional pg 1 b

I was required to treat 5-20 acre pastures on foot holding a 25lb bucket of chemicals or a hand can 2 gallon metal. To work in pastures with wild animals bulls, lambs and horses.

To drive and operate work trucks with 50 gallon tanks and 200 gallon tanks.

To work at the White Slough Fish Hatchery pulling 50 to 100 foot saighs across the clearing ponds for fish to use in our biological attempt of pesticide reduction. At this site Formalin was sprayed and stored from 2004-2010 along with other drugs, Biologics and chemicals used in Aquacultures. These were never disclosed to employees who handled the water & fish daily.

Working in dirty water by pollution, toxic organic chemicals, animal wastewater as well as human waste water was a routine task.

RESPONSE #10

KHOSROW TABADDOR, M.D.
ORTHOPEDSIC SURGERY
EXAMINEE QUESTIONNAIRE

NAME OF EMPLOYER: San Joaquin County Mosquito & Vector Control District

OTHER ALIASES: Mosquito Vector Control Association of California, Vector Control Powers Joint Agency, Bickmore Risk Management Authority, Acclimation Insurance Management, Allied Managed Care

Please have the employer all other names they operate their business under along with their locations

LOCATIONS: Managers Office 7759 S Airport Way Stockton, California 95242,
White Slough Fish Hatchery 12751 Thornton Road, Lodi, CA 95242

What was the date you began working with this Company: 04/19/2004

When did you last work: 11/23/2011

Previous Occupation: Pesticide Applicator

Date of Injury(s):

DWC-1	06/07/2004	Exposure 1
DWC-1	01/21/2005	Exposure 2
DWC-1	10/17/2005	Exposure 3
DWC-1	06/19/2008	Knee Injury 1
DWC-1	03/26/2009	Knee Injury 2
DWC-1	07/02/2009	Knee Injury 3
DWC-1	06/29/2011	Knee Injury 4
DWC-1	06/29/2011	Exposure 4
DWC-1	04/19/04	Cumulative Exposure

No. Hours per Day: Employer is required by Labor Law to produce Monthly Employee Distribution sheets and refuses to do so. I ask that you request these from my Employer for an accurate answer to this question.

At times 15 hour days, 7 days a week when required for West Nile State of Emergency

My employer operates their business

To save financial cost to me I direct you to the website <http://www.mvcac.org/training-certification/certification/> where my job requirements for a Pesticide Applicator is explained.

Please elaborate on this in your report.

In your own words, please describe -

The Injury: I walked into a metal stake that was hidden in the grass while spraying chemical by hand into a dairy lagoon. The point of injury for the metal stake entered my two times post surgical scar. It cut open from my knee to my ankle.

What were you doing: Walking around a dairy pond carrying a 2 gallon hand can filled with BVA 2 Mosquito Larvicide Oil spraying it around the edges of the lagoon. (Photos enclosed of pond)

Employer neglected to enforce Best Management Practices

Did you report the Injury: Yes **If so, to whom:** Immediate Supervisor, Brian Heine
AIMS
WCAB
I and A Officer
Manager, John Stroh
Secretary, Michelle Morgan now suing

your clients as well

Union Rep, Bob Phibbs

When: Immediately and continually

Describe your Medical Treatment:

(Where, when, by whom, what type. Where were you seen first? What Treatment did you receive? Were you referred elsewhere?)

Neglectful, Traumatizing, costly, and fraudulent.

US Healthworks Dr Jon Eck

The treatment I received was fraudulent.

Dr. Jon Eck violated HIPA laws and discussed my medical status with employer representative John Stroh. Dr. Eck ignored my job description requirements and previous medical conditions. He documented my previous injuries of 2008 and 2009 and displayed a total contradiction of care of treatment compared to my June 19, 2008 injury by Dameron Occupational Health. No X-rays were done. Dr. Eck neglected to fully

examine the injury and refused to write my complaints. This injury was documented as a first aid, paid with cash by employer, not reported to OSHA, the insurance company or Department of Labor Standards. I was scheduled a return appointment which I felt was mute because his standard was no care. I was returned to work with no provisions for my injury.

Dr. James Shaw

Dr. Gary Murata
Kaiser

Here is the thing Tabaddor how many reports have you written?

You should know all of this information already. The fact that I need to appear is ludicrous. Please answer your own questionnaire and return it the WCAB facility. I am traumatized by you specifically. The attorney states you make \$1500. for every appointment I attend. Please answer me how many reports have you written?

Why in 2011 did you state I was P&S to an old injury?

Why did you change your answer?

Were you aware I have never been entitled to TTDs as a result of your denial to acknowledge my 6/29/11 injury? Are you aware we are still fighting over medical care and acceptance of the injury and it is almost 2016?

Most of my medical records are on my blog <http://culexpien.com>

There is a section for you as well. Please answer these questions you have all the information I have and you have been paid heavily for the time. I have lost a lot of time time with 13 loved ones now.

In a signed affidavit please provide for the courts that you have no conflict of interests with the opposing counsel. If you have any power to return any of the lost wages in ttd's or P&S awards or get me the medical care I need I ask you do it. You apparently know work comp laws very well as I do not. Do what is wright and what is your job to do in regards to being an evaluator.

As for me I have felt you have treated me with disrespect, bias and neglect. If I am asked to see you one more time please have a valid reason for my appearance. Do not throw me out and treat me with harmful disregard to my health that is the reason I was asked to appear in the first place.

Dr. Tabaddor I ask didn't have the ability to complete this I need an interpreter. Your clients make too many fraudulent statements on their correspondence along with inundating me with paper work. I do not have the resources to compete. I believe I have cancer caused by them and I need medical attention. I do not have the luxury of an attorney let alone anything that compares to a Joint Power.

I have moved 2 times this year due to finical difficulty.

I burred my mother Christmas Eve one year ago this month.

My whole body is out of alignment and I need the service of chiropractic care. I also need regular pain medications due to arthritis.

Your client refuses to produce my medical records in there entirety to me and to you.

I need full medical care and my medical was cut off in 2012.

In 2009 I was forced to use my sick leave for my two knee injuries and have never been reimbursed.

My attorney at the time requested all prima facia tapes be handed over very 30 days and I asked the request be continued. Your clients have refused to comply with my attorneys request and provided nothing to the journals and license numbers I have in my files.

My attorney requested a accountant look over the math which is AIMS accounting and this was ignored. I haver my own accountant that will have the numbers in late December.

In 2011 to 2012 I was forced into disability instead of work comp benefits and my ttds are owed to date.

Your clients do not follow legal requests even when they come from a law firm.

I ask you do what is right by me the injured worker and any questions you have most answers if you truly wanted to know are a lot more readily avail;able to you than me. I am sick. I started to answer your questioner but I couldn't complete it.

Have you Evaluated any employees from SJCM&VCD? Tom Beard? Don Meidinger? Any employees?

Were you able to continue working?

If yes modified or regular

Were you later taken off work? If so, when and by whom?

Were x-rays or other special studies done?

Did you receive Physical Therapy? If so, How often?

Did this Treatment Help?

Did you have Surgery?

Are you still receiving Treatment?

No. All medical request have been denied up to pain medication.

Present Complaints:

Khosrow Tabaddor QME Date of Evaluation: June 8, 2010

Responses to inaccuracies in report.

Aside from the exposures mentioned there are facts that need to be acknowledged in the claims that I am fighting as well as for any employee who is injured by my employer.

**April 19, 2004 I began working as a Pesticide Applicator for SJCM&VCD
June 3, 2005 I Earned My State of California Department of Public Health Vector
Control Technician Certification Number 520003542**

4/19/04 Dameron Occupational Medical Clearance For Respirator Use and Medical Exam Incomplete Records

**4/20/04 Payroll Action Document No. 1 MCT 1 \$1,308.00 BW \$16.35 HR
Passed Physical Date 4/5/04 Medical Records Missing**

5/10/04 Dameron Occupational Medical Records Missing

6/7/04 Supervisor Duane Bridgewater instructed me to fill out a DWC-1 form for a rash that appeared on my person. I was told to write poison oak by Keith Neinuis assigned to me

8/2/04 Evaluation by Duane Bridgewater written 7/19/04 Documents being relocated to a new zone with no mosquito experience. Begin to study for state exam in the fall.

10/14/04 Effective 10/18/04 to Step B \$1,421.60 BW \$17.77 HR Passed Probation

1/18/05 Evaluation by Duane Bridgewater written 1/6/05 Intends to work close with me to learn my new zone. Passed "A" Portion of state test. I need confidence.

3/17/05 General Meeting ERMA Risk Management Training

5/19/05 State Certification Requirement for Pesticide Applicator Category A Given by Sac Yolo Second Time Norm Hopkins and I had to take test Eddie Lucchesi used the wrong study material and we didn't pass with Cert B

6/17/05 State of California Department of Public Health Vector Control Technician Issued Certification Number 520003542

9/2/05 Pay Raise MOU \$1559.70 BW \$19.4963

2006 Don's heart attack inflicted by Bob Durham

AIMS investigation recording my testimony detrimental to the claim being compensable

2007 A sexual harassment complaint I reported to the manager and his Risk Management representative and part of the workers comp insurance benefit

2007 Job Reassignment

1/1/08 Janine Esau is served to have Deposition taken for ADJ Meidinger v AIMS

1/31/08 Retaliation Evaluation by Keith and Bob Durham written and signed same date

2/18/08 Adam Stewart takes Deposition of Janine Esau for ADJ Meidinger v AIMS

4/10/08 ERMA Harassment Whistle Blower Handout, Department of Employment & Fair Housing and Work Comp Training

5/8/08 Employees Agreed to Form SJME Association Bob Phibbs

6/9/08 Manager, Assistant and new supervisor corner me in a meeting without representation resulting in another ERMA Training

6/12/08 ERMA Training for Harassment

I was removed from work on June 19, 2008 by Donald Rossman, M.D. for swelling to my right knee. I remained off work during the time I waited for surgery.

Modified duty was available but I was denied the opportunity to work in the office integrating the new handheld devices being implemented.

June 23, 2008 AIMS is still fighting the validity of my claims. I was referred to a supplemental insurance carrier while struggling to pay my bills.

7/1/08 Complaint Appointment with Department of Fair Employment & Housing Leon Medina Denied

July 28, 2008 MRI performed by Valley MRI Referral by Dr, Rossman. MRI conclusive findings there is a fairly large horizontal tear seen in the anterior horn, with lateral meniscus extending to the mid horn

9/17/08 My care was transferred to Gary Murata, M.D. Orthopedic Surgeon at Alpine Orthopedic for surgery consult.

9/22/08 Operative Report Findings by Gary Murata, M.D.

- 1. Complex tear lateral meniscus**
- 2. Grade 2 chondromalacia femoral condyle**

11/6/08 Tiffany Anderson to John Stroh requesting a updated MOU Map of County for field operations. Informing him I expect to return to a safe work environment free of hostile behavior.

12/17/08 Murata PR-2 Report RTW 1-5-09. I am moving wrong location (from Iris Drive to Sylvan Way) Slowly improving.

1/5/09 Return to work to a new computer system implemented in my absence with no training on how to use it. The system was designed to use in daily recording of pesticide applications.

1/14/09 Duane Bridgewater Died (1949-2009)

1/21/09 Funeral for Duane Bridgewater all employees were not allowed to attend John Stroh

1/21/09 Letter from AIMS Mackenzie Dawson Claims Examiner. "It is to soon to tell if you will have any permanent disability from your injury (6/19/08) I will be checking with your doctor until your condition is permanent and stationary. At that time your doctor will determine whether or not you have any permanent disability and /or need for further care. I expect to have this information by 07/21/2009 and I will notify you of the permanent disability at that time.

Benefits paid in total \$14,892.58 Temporary Total Disability from 7/21/2008 through 01/09/2009

1/28/09 Reporting Hostile Environment to Union Representative Bob Phibbs documents I have a EEOC charge in file at home from a year ago prior to knee injury occurred.

2/2/09 Evaluation January 1, 2008 through December 31, 2008 (I was absent from June through December) Brian was Assistant during the 3 months and transferred from the Lodi yard.

Notes a lack knowledge with my several years to the district and hopes I require less supervision.

Brian ignores crucial content regarding the 6/9/08 meeting documented with John, Eddie and he. During the ambush meeting John Stroh said I don't know what your problems are. I responded with him and the harassment I have endured after ERMA 07 complaint. I informed the 3 I was documenting the actions where I was sent home for having a menstrual cycle by Keith and the office. Time sheet missing. I reminded them of the evaluations they allowed. The yelling and demeaning by Morgan Bennett and the refusal to provide a safe work environment.

2/11/09 Letter to Union Representative Bob Phibbs chronic abandonment by supervisor.

Mary Iverson requested meeting with Bob for protection by manager who created a Hostile Work Environment

3/4/09 General Staff Meeting (30) managers leave board room while Dr. Stacey Bearden is presenting mosquito ID refresh course. Janine Esau publicly asks who the employee is who is responsible for class and stares at me.

The attack followed to the lunch room where Janine became increasingly hostile and I left to cry in my work truck. Mary Iverson followed me. Brian Heine both Janine and my supervisor asked What's going on? Janine wants to file a harassment complaint against you.

3/12/09 Formalin sprayed without disclosing to employees

3/21/09 Removal from work by Dr Murata on 3/25/09 Return to Work on 3/30/09 Assessment aggravated knee with a mild limp

3/23/09 Last day of work

4/3/09 Letter from AIMS Claims Examiner Mackenzie Dawson. Notice Regarding Temporary Disability Benefits Payment Resume. Temporary disability resuming 3/21/09 through 4/3/09 and will continue your become permanent and stationary. Weekly compensation rate is \$602.59 per week based on your earnings of \$903.88 per week.

4/7/09 MRI preformed by Valley MRI Referral by Gary Murata, M.D.

4/10/09 Murata PR-2 Review of MRI show a large horizontal cleavage tear through the lateral meniscus, again without effusion.

4/28/09 Murata PR-2 Pain and swelling about right knee. A slight antalgic gait pattern. Tenderness and mild swelling from the mid thigh down to the proximal calf. No obvious effusion. Continue physical therapy. Plans to return to work 5/18/09 to regular duty. No light duty accommodations.

5/19/09 Murata PR-2 Intermittent swelling although less than 4/28/09. Slight tenderness along the anteromedial joint line. Continue you physical therapy. Return to regular work next week. Return in 3 weeks.

5/24/09 I write AIMS Claims Examiner Mackenzie Dawson in desperate need of money. Check was not received the 15th. Update on knee. Still swollen. Inconclusive MRI finding. Prefer to avoid surgery would appreciate physical therapy. Note the surgery I had should have a year to heal insufficient blood supply.

5/26/09 Return to Work

5/29/09 Letter from AIMS Claims Examiner Mackenzie Dawson. "It is to soon to tell if you will have any permanent disability from your injury (6/19/08) I will be checking with your doctor until your condition is permanent and stationary. At that time your doctor will determine whether or not you have any permanent disability and /or need for further care. I expect to have this information by 11/30/2009 and I will notify you of the permanent disability at that time.

Benefits paid in total \$19,885.47 Temporary Total Disability from 7/21/2008 through 01/09/2009 and 3/21/2009 through 5/17/2009 thought 05/17/2009 at \$602.59 per week.

We agree with the comprehensive medical evaluation of Dr. Murata report dated 4/28/09 of your temporary disability status. I have no clue what that is (TA)

EEOC Charge Number 550-2009-00284N

My Questions

The State's pesticide regulation laws provide special procedures for vector control agencies operating under a cooperative agreement. The application of pesticides by vector control agencies

is regulated by a special and unique arrangement among the California Department of Health Services (DHS), DPR, CACs, and vector control agencies. Vector control agencies are not directly regulated by DPR. Supervisors or applicators of restricted pesticides to control public health pests must be licensed by DHS. Pesticide use by vector control agencies is reported to the CACs in accordance with a 1995 Memorandum of Understanding among DPR, DHS, and the CACs for the Protection of Human Health from the Adverse Effects of Pesticides and with cooperative agreements entered into between DHS and vector control agencies pursuant to Health and Safety Code Section 116180.

E. Aquatic Pesticide Use Requirements

1. License Requirements. Dischargers must be licensed by DPR or DHS if such licensing is required for the aquatic pesticide application project. The pesticide use must be consistent with FIFRA pesticide label instructions and any Use Permits issued by CACs.
 2. Potentially Affected Agencies. Prior to initial discharge under this General

 4. Pesticide Application Log. The discharger shall maintain a log for each aquatic pesticide application. The application log shall contain, at a minimum, the following information:
 - a. Date of application;
 - b. The location of the treatment area (e.g., address, crossroads, or map coordinates);
 - c. Application details including flow rate, surface water area, volume of water treated, aquatic pesticide(s) and adjuvants used, and volume or mass of each component discharged;
 - d. The names of the water bodies treated (i.e., canal, creek, lake, etc.);
- WASTE DISCHARGE REQUIREMENTS
WATER QUALITY ORDER NO. 2004-0008-DWQ
- 7-
- e. Name of applicator; and
 - f. Documentation of BMP activities in compliance with this General Permit.

Activity	Frequency	Number of Hours A Day.										
		Continuous	Intermittent	0	1	2	3	4	5	6	More than 8 hours	
A. Sitting		✓										
B. Walking		✓										
C. Standing		✓										
D. Bending		✓										
E. Squatting		✓										
F. Climbing		✓										
G. Kneeling		✓			5							
H. Twisting		✓										

2 a. Hand Manipulation Required?	NO YES (Check b, c, d) Left YES NO	
2 b. Simple Grasping?	Right <input checked="" type="radio"/> Yes <input type="radio"/> No	Left <input checked="" type="radio"/> Yes <input type="radio"/> No
2 c. Power Grasping?	Right <input checked="" type="radio"/> Yes <input type="radio"/> No	Left <input checked="" type="radio"/> Yes <input type="radio"/> No
2 d. Pushing and pulling?	Right <input checked="" type="radio"/> Yes <input type="radio"/> No	Left <input checked="" type="radio"/> Yes <input type="radio"/> No
2 e. fine Manipulation:	Right <input checked="" type="radio"/> Yes <input type="radio"/> No	Left <input checked="" type="radio"/> Yes <input type="radio"/> No

3. (a) Does the job require working to reach or work above the shoulders?	Yes	No	Frequency
3 (b) Reaching above or below shoulder level?	Yes	No	Frequency

4. Does the job require use of his/her feet to operate foot controls or for repetitive movements	Yes	No
5. Are there Special visual or auditory requirements.	Yes	No

LIFTING	FREQUENCY	CARRYING	FREQUENCY
		A. 10 LBS OR LESS	
		B. 11 TO 25 LBS	
		C. 26 TO 50 LBS	
		D. 51 TO 75 LBS	
		E. 76 TO 100 LBS	
		F. OVER 100 LBS	

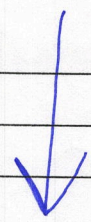
See Attached

Longest Distance Carries: _____

Heaviest item carried and how far? _____

This was answered by me before. If we're going to complete this, then it will be together, with a witness.

7. Driving Cars, Trucks, Forklifts or other moving equipment:	YES	NO	Description
8. Working near hazardous equipment and machinery:	YES	NO	
9. Walking on uneven grounds:	YES	NO	
10. Exposure to dust, gas, or fumes:	YES	NO	
11. Exposure to noise:	YES	NO	
12. Exposure to extremes in temperature or humidity:	YES	NO	
13. Work at Heights:	YES	NO	



HISTORY OF INJURY

In your own words, please describe the injury and include... What were you doing? How did it occur? What part of your body was hurt? (Use other side if necessary)

I WAS WORKING ON A SILEY ON THE^W GRASS OF SUTLIFE HWY 120 (SOUTH) WHERE I HAD PREVIOUSLY BEEN REprimanded FOR BEING TOO SLOW. I HAD ALSO HAD A FLAT TIRE ON THAT PROPERTY A WEEK PRIOR DUE TO OVERGROWN VEGETATION AND NEGLIGENCE OF ENFORCING BEST PRACTICE MAINTENANCE. I WALKED INTO A METAL T-POST (STAKE) WHICH STRUCK MY RIGHT KNEE WHERE I HAD HAD 3 POSITIVE MEIS FOR MEDICAL TREAT

Did you report the injury? Yes If so, to whom? BERNARD HEINEZ When? 6.29.11
(IMMEDIATE SUPERVISOR)

Describe your medical treatment:

(Where, when, by whom, what type. Where were you seen first? What treatment did you receive? Were you referred elsewhere?)

U.S. HEALTH WORKS, 7.6.11, DR. JON ECK, BASIC EXAM

Were you able to continue working? Yes If yes, regular. Were you later taken off work? Yes If so, when and by whom? 7.20.11 BY DR. HANCO GIBSON SICK NOTE

ON 8.31.11 DR. BUCKERFIELD TAKEN OFF SCHOOL FROM 6.29.11 TO 8.8.11
ON 11.23.11 BY DR. HUEBNER

Were x-rays or other special studies done? yes no

SPECIAL STUDIES	Body Part	Date Performed	Location Performed	Result
EMG, NCV				
CT Scan				
MRI	<u>RIGHT KNEE</u>	<u>8.9.11</u>	<u>Kaiser</u>	<u>SEE ATTACHED</u>
Bone Scan				
Myelogram				
Arthrogram				
Other				

Did you receive physical therapy? yes no If yes, for how long? 8.29.11 - WORK KICKED OUT
How often? 2x WEEK

Did this treatment help? yes no

Explain: BUT IT DID NOT RELIEVE MY PAIN PROBLEM
IT WAS SCHEDULED FOR THE SURGERY

Did you have surgery? yes no

If yes, when? 11.28.11

Are you still receiving treatment? yes no

If yes, what type? I WANT IT BUT I CAN'T DUE TO FINANCIAL CIRCUMSTANCES, NEGLIGENCE IN TREATMENT,

1 Please list the names and dates from the first doctor you saw to the present:

Name	Specialty	City	Referred By	Exam Date
DR. JAY ECK		Stockton	JAY SHAW	7-6-11
DR. JAMES SHAW	PAW MGMT.	REVELUNGA	WORK COMP	9-20-11
Kaiser - Multiple	MULTIPLE	Stockton - Maricopa	SELF	7-20-11
DR. MUEATA	ORTHOPEDIC SURGEON	Stockton	DR. SHAW	7-26-11
DR. ORELLANA	INFECTIOUS DISEASE	Stockton	DR. MUEATA	10-28-11
DR. TASAODE	ORTHOPEDIC SURGEON	REVELUNGA	AHS	11-1-11

2 With the treatment provided to date, do you feel your condition is: Fully recovered Improved No change Worse

3 Have you missed any time from work because of the injury? yes no
 If yes, what was your first day of lost time? 7-7-11
 If yes, when did you return to work? Employer Termination
 Were you ever told to return to modified work? yes no
 If yes, did you return to work? yes no When? 8-16-11
 Is modified work available? yes no
 When do you expect to return to your regular work? Not been Termination

4 Are you currently receiving disability as a result of the work injury in question? yes no
 If yes, from whom? Workers' compensation insurance carrier State disability insurance fund for federal denied claim
 For how long? work comp years _____ months _____ see attach does

5 Have you been recommended for, or have you participated in, a vocational rehabilitation program as a result of this injury? yes no I was terminated and all claims have been denied and non compensable 11-15

CURRENT MEDICAL TREATMENT

In immediate need of medical attention PS 4
 6 Are you still seeing a doctor at this time? yes no If yes, date last seen: _____
 Next appointment _____ Doctor's name _____ E MD O
 DC All medical ~~terminated~~ has been denied no insurance

7 Are you taking any medications? yes no
 If yes, name of medications: see attached
 How often do you take them? I do have medical conditions
 Does the medication help you? that warrant them and have been denied.

8 Are you receiving physical therapy? yes no
 Is physical therapy helping? but in need
I was physically ~~not~~ unable to complete the therapy that would have been needed for my recovery. I ~~was~~ expressed this several times to ~~referred~~ ⁴ referred me to and was shared and non-consultant

PRESENT COMPLAINTS

Insurance and medical fraud. I was exposed to formaldehyde by your clients from 2004-2010 and told by the county's OIA's office in 2011. From 2006 to 2010 I was involved in a stress claim your clients were guilty of and fought using unpaid claims money. My claims have been valid and upheld as well. The last appointment I appeared at your office you told me to leave. You should have all of my medical records but the truth is your clients refuse to provide them to me or you because they are in contact with them. I have lost over 1,025,000.00 in wages and benefits because you refuse to abide by an oath and hold behind work comp laws. I am in severe need of medical treatment and have been neglected and you play a pivotal role in preventing my medical care. My mother died a month ago. I saw you last and you have added to my medical needs.

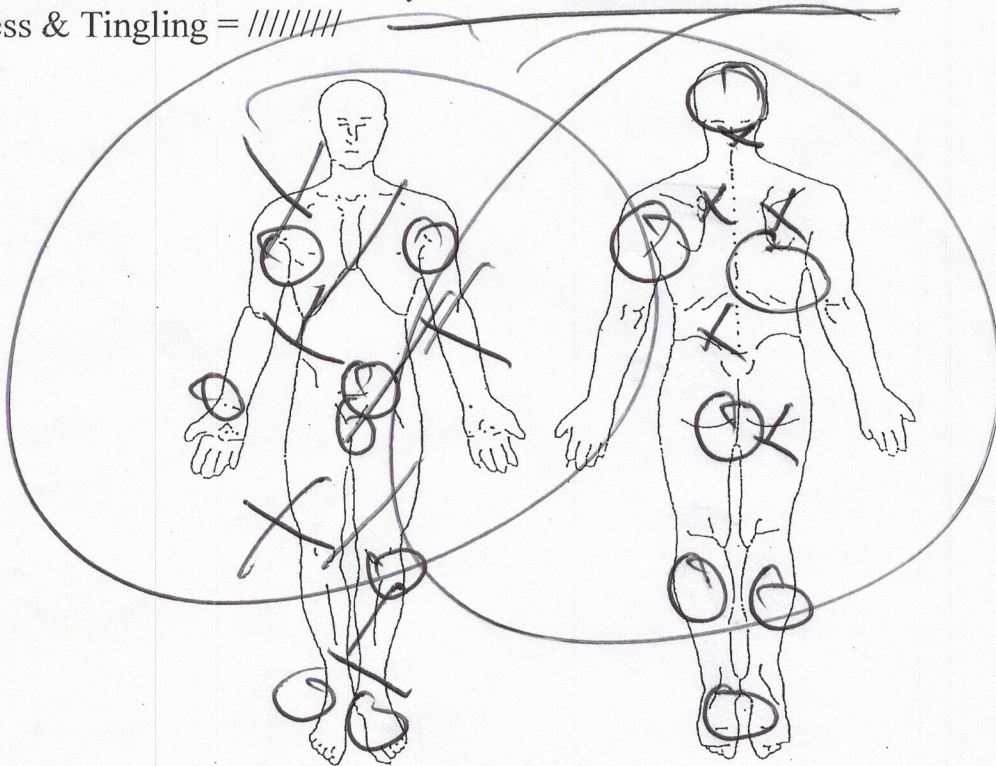
Indicate, with the following symbols, the kind of pain and where it is located:

Sharp pain = XXXXX

Dull pain = OOOOO

Numbness & Tingling = // // // // //

My whole body system is my complaint.



What makes it feel better?

I dont knowed I have not had the privilege of medical care due to denial of my medical health insurance

If you were having previous problems with the same body part involved in this claim, using the scales below, please circle the number that best estimates the amount of pain you were/are having.

work 2 surgeries
Before the work injury: no pain ←-----→ worst pain imaginable
0 1 2 3 4 5 6 7 8 9 10

varies
Your pain now: no pain ←-----→ worst pain imaginable
0 1 2 3 4 5 6 7 8 9 10

Does your present pain travel to other parts of the body? yes If yes, where? Thighs

Is there any stiffness? yes no If yes, where? _____

Is there any numbness? yes no If yes, where? R

Is there any tingling? yes no If yes, where? R Knee

Is there any weakness? yes no If yes, where? _____

Is there any swelling? yes no If yes, where? _____

Any grinding of the joints? yes no If yes, where? _____

Any locking of the joints? yes no If yes, where? _____

Any giving way of joints? yes no If yes, where? _____

How long can you sit: as tolerated stand: same walk: _____

Do you use any assistive device(s)? (cane, support, corset, etc.) NO absolutely

What can't you do now that you could do before? This has changed whole life.

Are you able to work at the present time? yes no
If you can, at what? concrete

If not, why not? I havent had health care for years - 2001 - 2004 - 2015

How much can you lift now, and by what method? What I have to.

How much could you lift before? 150 pounds

PAST MEDICAL HISTORY

Prior to the injury in question, have you ever had similar problems with, or injuries to, the body part or parts involved in this claim? yes no

If yes, please give details (IMPORTANT: Were you having problems at the time of the injury? Give dates, doctors, etc.): NO Proof to employment 2004-2011 2009
I had no prior medical conditions @ pre
enter to all job medical records by
Eric Whiphrey Stockwell Harris
years

Have you had any work or non-work injuries since the injury involved in this claim? yes no

If yes, please explain: True quality of my life has changed
time quality due to lack of medical
care coverage & care health and has cause
us to be depressed emotional & physical failure

* Have you ever had any other work-related injuries? yes no If yes, please explain

This claim and employer is my only

Have you ever been involved in any motor vehicle accidents? yes no If yes, please describe:

at work device care and access
police report

Have you had any other serious accidents, sports injuries, or illnesses? yes no If yes, please describe:

Did you ever receive a permanent disability settlement? yes no

If yes, when? not sure

Do you have any medical problems or serious illnesses you are being treated for? NO disease do

medical cases

Have you had any surgeries? If so, please describe: yes 3

Do you have any allergies yes no If yes, list: che formaldehyde

hermonogal growth regulators
see list of chemicals required to
be exposed to without knowledge
of same, training, medical care

All health care after employment questions due to lack of all conditions began

Check below if you have had any of the following diseases/illnesses as a child or as an adult:

		Diabetes	N	Kidney Disease	N	Epilepsy/Seizures	
Anemia	N	Pneumonia	Y	Fracture	Y	Hepatitis/Jaundice	
Hernia	N	Chicken Pox	Y	Tuberculosis	N	High Blood Pressure	Y
Cancer	N	Skin Problems	Y	Rheumatic Fever	N	Gallbladder	Y
Polio	N	Stool Disorders	N	Thyroid Disorder	N	Bleeding Disorder	
Ulcer	N	Mental Disorder	Subacute	Arthritis	Y	Asthma	Y
Sexually Transmitted Disease			N	Heart Disease		Other	Y

Do you have a personal family doctor or chiropractor? yes no

If yes, name: No medical care

Date last seen: _____ For what? _____

EXAMINEE PROFILE

Marital Status: Married Single Separated Divorced Widowed

Number of children 2

Years of education completed: _____ College Degree(s) See attached

Special Training See attached

Do you smoke cigarettes? yes no If yes, how much? _____

Do you drink alcoholic beverages? yes no If yes, how often? _____

Do you have any history of drug or alcohol habit/dependency/or abuse? yes no

Comment: a backman

Do you have any hobbies, special skills, or interests? yes no If yes, describe: _____

I no longer have a life. Writing posts and telling everyone to fuck off.

Do you participate in a fitness program, or any sports activities? yes no If yes, describe: _____

I just began again.

Has the injury in question hindered or stopped you from doing any of your usual activities? yes no

If yes, please explain your reasons why: _____

A h sown

SYSTEMS REVIEW

Circle below if you have any of the following problems:

Heart/Circulation	Bones/Joints	Stomach/Abdomen	Urogenital
High Blood Pressure	Joint Pain	Nausea/Vomiting	Blood in Urine
Chest Pain	Joint Swelling	Peptic Ulcer Disease	Frequency/Urgency
Heart Attack	Stiffness	Pain	Getting up at Night
Swollen Feet		Sudden Weight Loss	Discharge
Poor Healing		Change in Bowel Habits	
		Hernia	
Neurological			
Numbness/Tingling		Gynecological	
Headaches		Pelvic Pain	
Coordination Problems	Emotional/Psychological		Other
Double Vision	Depression	Thoughts of Suicide	
Memory Loss	Anger	Loss of Appetite	
	Anxiety	Unusual stress	

Activity	Example
Self-care Personal Hygiene	Urination, Defecating, brushing teeth, Combing hair, Bathing, Dressing oneself, eating
Communication	Writing, Typing, Seeing, Hearing, Speaking
Physical activity	Standing, Sitting, Reclining, Walking
Sensory Function	Hearing, seeing, Tactile feeling, Tasting, Smelling
Non-specialized Hand activities	Grasping, lifting, tactile, discrimination
Travel	Riding, driving, flying
Sexual function	Orgasm, ejaculation, lubrication, erection
Sleep	Restful, nocturnal sleep pattern

Period of Total Temporary Disability: I need a full medical eval for the whole application

EXAMINEE STATEMENT

The information given in this history questionnaire was provided by me or () through an interpreter, and is true. I ACKNOWLEDGE THAT THE MEDICAL EVALUATION THAT I AM UNDERGOING TODAY IS STRICTLY FOR EVALUATION PURPOSES AND NOT INTENDED FOR TREATMENT.

Examinee's Signature: [Signature]

Date: 2-5-16

Interpreter: _____ Agency: _____

Please read the following required disclosure notice:

ARTICLE 4. Evaluation Procedures

§40. Disclosure Requirements: Injured Workers

(a) An evaluator selected from a QME panel shall advise an injured worker prior to or at the time of the actual evaluation of the following:

(1) That he or she is entitled to ask the evaluator and the evaluator shall promptly answer questions about any matter concerning the evaluation process in which the QME and the injured worker are involved;

(2) That subject to section 41(g), the injured worker may discontinue the evaluation based on good cause. Good cause includes: (A) discriminatory conduct by the evaluator towards the worker based on race, sex, national origin, religion, or sexual preference, (B) abusive, hostile or rude behavior including behavior that clearly demonstrates a bias against injured workers, and (C) instances where the evaluator requests the worker to submit to an unnecessary exam or procedure.

(b) When required as a condition of probation by the Administrative Director or his/her licensing authority, the QME shall disclose his/her probationary status. The QME shall be entitled to explain any circumstances surrounding the probation. If at that time, the injured worker declines to proceed with the evaluation, such termination shall be considered by the Administrative Director to have occurred for good cause.

(c) If the injured worker declines to ask any questions relating to the evaluation procedure as set forth in section 40(a), and does not otherwise object on the grounds of good cause to the exam proceedings under section 41(a) during the exam itself, the injured worker shall have no right to object to the QME comprehensive medical-legal evaluation based on a violation of this section.

Note: Authority cited: Sections 133, 139.2 and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1, 4062.2, and 4067 Labor Code.

I have read the above notice:

Date: 2/5/2016

Examinee Name: Tiffany Anderson Examinee Signature: [Signature]

I have read the above notice to the examinee and they fully understand what I read to them:

Interpreter Name: _____ Interpreter Signature: _____

6-15-10

Copy used for fall worklog
6-8-1
EG/Chris
300141-090
File

Khosrow Tabaddor, M.D.

Orthopaedic Surgeon
Qualified Medical Evaluator

MAILING ADDRESS
8221 N. Fresno St
Fresno, CA 93720
(559) 222-2294

QUALIFIED MEDICAL EVALUATION

AIMS
PO Box 269120
Sacramento, CA 95826

RE:	ANDERSON, TIFFANY
DATE OF EVALUATION:	June 8, 2010 6-15-10
EMPLOYER:	San Joaquin County
DATE OF INJURY:	Incorrect Date(s)
CLAIM NO:	VE0700184
FILE NO:	86351-0

FEE DISCLOSURE

ML 103-95: This is a Complex Qualified Medical Evaluation, as a result of meeting the requirements of 3 complexity factors, which are listed below:

- 2 hour(s) of record review time (1 factor)
- 60 minutes of face to face time
- Addressing issues of causation (1 factor)
- Addressing issues of apportionment when the physician addresses: (1 factor)
 - 3+ injuries to the SAME body system or region
 - 2+ injuries to 2 DIFFERENT body system or regions

*****This is a medical legal report and does not qualify for a PPO/Network discount.**

Thank you for the opportunity to evaluate Tiffany Anderson on Tuesday, June 15, 2010 in my office at 333 San Carlos Way, Ste. B, Stockton, CA, 95207.

The history and physical examination is not intended to be construed as a general or complete medical evaluation. It is intended for medical legal purposes only and

EBH
300141-040

Khosrow Tabaddor, M.D.

Orthopaedic Surgeon
Qualified Medical Evaluator

MAILING ADDRESS
8221 N. Fresno St
Fresno, CA 93720
(559) 222-2294

QUALIFIED MEDICAL RE-EVALUATION

Incorrect

New Injury ↑

AIMS Acclamation
Po Box 269120
Sacramento, CA 95826

RE:	ANDERSON, TIFFANY
DATE OF REEVALUATION:	November 1, 2011
EMPLOYER:	San Joaquin County
DATE OF INJURY:	June 29, 2011
CLAIM NO:	VE0700184
FILE NO:	86351-3

FEE DISCLOSURE

ML 103-95: This is a Complex Qualified Medical Evaluation, as a result of meeting the requirements of 3 complexity factors, which are listed below:

- 2 hour(s) of record review time (1 factor)
- 45 minutes of face to face time
- Addressing issues of causation (1 factor)
- Addressing issues of apportionment when the physician addresses: (1 factor)
 - 2+ injuries to 2 DIFFERENT body system or regions

This is a medical legal report and does not qualify for a PPO/Network discount.

Thank you for the opportunity to evaluate Tiffany Anderson on Tuesday, November 01, 2011 in my office at 333 San Carlos Way, Ste. B, Stockton, CA, 95207.

The history and physical examination is not intended to be construed as a general or complete medical evaluation. It is intended for medical legal purposes only and