

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 preformed 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 your 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 too 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 through 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

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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

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e. Name of applicator; and

f. Documentation of BMP activities in compliance with this General Permit.

Activity	Frequency	Continuous	Intermittent	Number of Hours A Day.								More than 8 hours
				0	1	2	3	4	5	6		
A. Sitting		✓										
B. Walking		✓										
C. Standing		✓										
D. Bending		✓										
E. Squatting		✓										
F. Climbing		✓										
G. Kneeling		✓										
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	No		Left	<input checked="" type="radio"/> Yes	No	
2 c. Power Grasping?	Right	<input checked="" type="radio"/> Yes	No		Left	<input checked="" type="radio"/> Yes	No	
2 d. Pushing and pulling?	Right	<input checked="" type="radio"/> Yes	No		Left	<input checked="" type="radio"/> Yes	No	
2 e. fine Manipulation:	Right	<input checked="" type="radio"/> Yes	No		Left	<input checked="" type="radio"/> Yes	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

See Attached

Longest Distance Carries: _____

Heaviest item carried and how far? _____

7. Driving Cars, Trucks, Forklifts or other moving equipment:

8. Working near hazardous equipment and machinery:

9. Walking on uneven grounds:

10. Exposure to dust, gas, or fumes:

11. Exposure to noise:

12. Exposure to extremes in temperature or humidity:

13. Work at Heights:

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

YES	NO	
YES	NO	
YES	NO	
YES	NO	
YES	NO	

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

Name	Specialty	City	Referred By	Exam Date
Dr. John Cox	Surgeon	Stockton	John Cox	7-6-11
Dr. James Shaw	Plastic Surgeon	Stockton	John Cox	9-20-10
Dr. Michael	Surgeon	Stockton	Self	7-6-11
Dr. Michael	Surgeon	Stockton	Dr. Shaw	7-26-11
Dr. Michael	Surgeon	Stockton	Dr. Michael	10-28-11
Dr. Michael	Surgeon	Stockton	Self	11-1-11

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

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? 8-14-11

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? 11-15-11

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 how long? _____ years _____ months

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

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 bills paid by insurance

Are you taking any medications? ☐ yes ☒ no

If yes, name of medications: _____

How often do you take them? _____

Does the medication help you? ☒ yes ☐ no

Are you receiving physical therapy? ☒ yes ☐ no

Is physical therapy helping? ☒ yes ☐ no

I was physically unable to complete the therapy that would have been needed to my recovery. I am exposed to this injury. 4

PRESENT COMPLAINTS

Insurance and medical fraud. I was exposed to formaldehyde by your clients from 2004-2010 and told by the county's DAs 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 connecting to 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 providing my medical care. My mother died a month ago. I saw you last and you have added to my medical need.

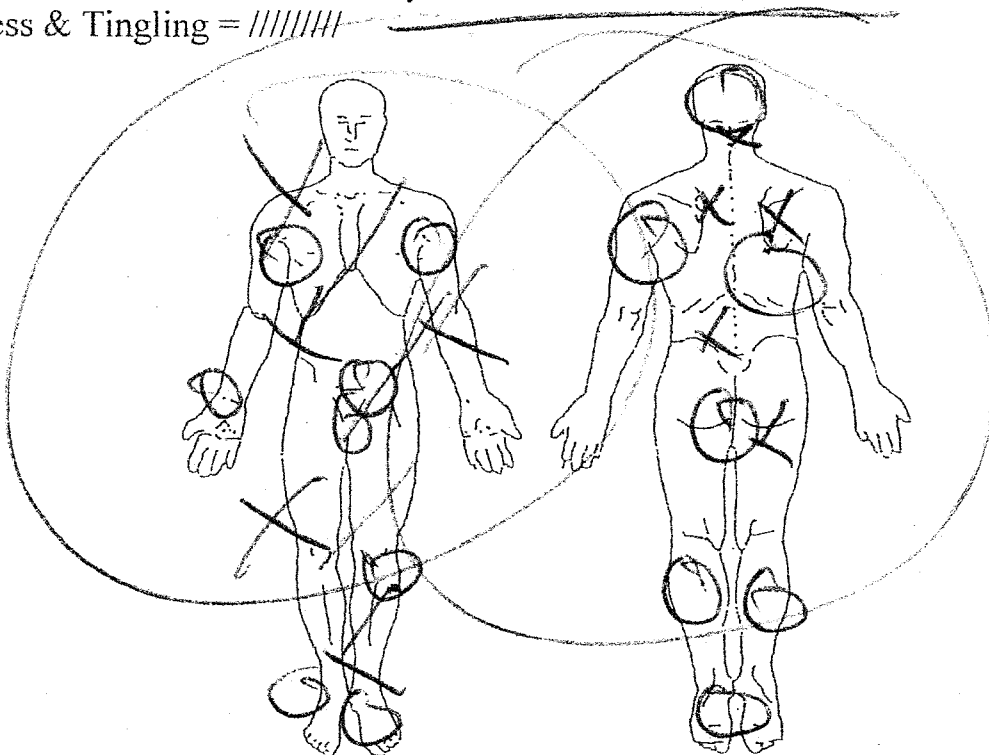
Indicate, with the following symbols, the kind of pain and where it is located:

Sharp pain = XXXXX

Dull pain = OOOOO

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

My whole body sustains my complaint.



What makes it feel better?

I don't know I have not had the package of medical drugs 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.

Before the work injury:

no pain ←

0 1 2 3 4 5 6 7 8 9 10

→ worst pain imaginable

Your pain now:

no pain ←

0 1 2 3 4 5 6 7 8 9 10

→ worst pain imaginable

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

Is there any stiffness? yes ☐ yes ☐ no

If yes, where? _____

Is there any numbness? yes ☐ yes ☐ no

If yes, where? R

Is there any tingling? yes ☐ yes ☐ no

If yes, where? R arm

Is there any weakness? yes ☐ yes ☐ no

If yes, where? _____

Is there any swelling? yes ☐ yes ☐ no

If yes, where? _____

Any grinding of the joints? yes ☐ yes ☐ no

If yes, where? _____

Any locking of the joints? yes ☐ yes ☐ no

If yes, where? _____

Any giving way of joints? yes ☐ yes ☐ no

If yes, where? _____

How long can you sit: as long as I want stand: same walk: _____

Do you use any assistive device(s)? (cane, support, corset, etc.)

NO

What can't you do now that you could do before?

Work like I used to

Are you able to work at the present time? ☐ yes ☒ no

If you can, at what? _____

If not, why not?

Because I haven't had health care for years - 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 prior to employment 2004-2011
I had no prior medical conditions or pre
existing conditions. I was healthy and active
before the injury.

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

If yes, please explain: Total quality of my life has changed
time on job. I have been at medical
care center for a while now. I have been
unable to return to work.

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

This is my only work-related injury.

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

At work, I was involved in a motor vehicle accident.
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? 1994

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

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

Do you have any allergies ☐ yes ☒ no If yes, list: che Stimulants

Heroin Tranquilizers
See list of chemicals / required to
be exposed to without knowledge
of same. I have had medical care.

health care but all conditions begin after surgery

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

Anemia	<input checked="" type="checkbox"/>	Diabetes	<input checked="" type="checkbox"/>	Kidney Disease	<input checked="" type="checkbox"/>	Epilepsy/Seizures	<input checked="" type="checkbox"/>
Hernia	<input checked="" type="checkbox"/>	Pneumonia	<input checked="" type="checkbox"/>	Fracture	<input checked="" type="checkbox"/>	Hepatitis/Jaundice	<input checked="" type="checkbox"/>
Cancer	<input checked="" type="checkbox"/>	Chicken Pox	<input checked="" type="checkbox"/>	Tuberculosis	<input checked="" type="checkbox"/>	High Blood Pressure	<input checked="" type="checkbox"/>
Polio	<input checked="" type="checkbox"/>	Skin Problems	<input checked="" type="checkbox"/>	Rheumatic Fever	<input checked="" type="checkbox"/>	Gallbladder	<input checked="" type="checkbox"/>
Ulcer	<input checked="" type="checkbox"/>	Stool Disorders	<input checked="" type="checkbox"/>	Thyroid Disorder	<input checked="" type="checkbox"/>	Bleeding Disorder	<input checked="" type="checkbox"/>
Sexually Transmitted Disease	<input checked="" type="checkbox"/>	Mental Disorder	<input checked="" type="checkbox"/>	Arthritis	<input checked="" type="checkbox"/>	Asthma	<input checked="" type="checkbox"/>
				Heart Disease	<input checked="" type="checkbox"/>	Other	<input checked="" type="checkbox"/>

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

If yes, name: No illness

Date last seen: _____ For what? _____

EXAMINEE PROFILE

Marital Status: ☒ Married ☒ Single ☒ Separated ☒ Divorced ☒ Widowed

Number of children 2

Years of education completed: see 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: no history

Do you have any hobbies, special skills, or interests? ☒ yes ☒ no If yes, describe: I no longer have a life. I am happy and stilling living on the edge with

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: no

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: 7 months and a full medical
evaluation

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: _____