

PATIENT QUESTIONNAIRE, Page One

NAME Tiffany Kay Anderson Date of Birth 8-22-1970  
 Age 45; Height 5'4"; Weight 125; SEX: Male       
 Today's Date 12/14/2015 Female X  
 Current Address: 1900 Lakeshore Dr., Lodi, CA 95242 Phone #: 209-331-0208

1. What is your main/most serious medical problem? That I have been exposed to formaldehyde by my employer from 2004-2009 without my knowledge.  
 When did it begin? June 2004 (2 months into my employment)  
 What caused it? Exposure to chemicals, without knowledge or consent  
 Did you have this illness or condition previously? No.  
 What treatment are you receiving? Currently none. The insurance carrier has refused all medical care and my employer forced me out of work.
2. What other medical problems do you suffer from? Emotional duress, trauma, anxiety. I need a full medical physical & cancer screening.
3. What medicines (drugs, pills) do you take? Please list NAMES & DOSES (how often) None. I have no medical coverage.

4. Do you have difficulty with: (please CHECK and DESCRIBE below)
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Lungs (cough, breathing)       | <input type="checkbox"/> Kidneys, urine, bladder            | <input checked="" type="checkbox"/> Eyes   |
| <input type="checkbox"/> Heart (disease, pain)          | <input type="checkbox"/> Liver, cirrhosis                   | <input type="checkbox"/> Ears              |
| <input checked="" type="checkbox"/> High blood pressure | <input type="checkbox"/> Stomach, bowels                    | <input checked="" type="checkbox"/> Skin   |
| <input type="checkbox"/> Diabetes                       | <input type="checkbox"/> Weight loss                        | <input type="checkbox"/> Cancer            |
| <input type="checkbox"/> Circulation                    | <input type="checkbox"/> Blood, anemia                      | <input type="checkbox"/> Hormones          |
| <input checked="" type="checkbox"/> Brain, nerves       | <input checked="" type="checkbox"/> Mood, emotion, behavior | <input checked="" type="checkbox"/> Memory |

COMMENT: I have no medical coverage and I need to be screened for all cancers that are caused by formaldehyde.

5. Do you suffer with arthritis (joint disease or problems)? YES  NO  MAYBE
- Do you suffer from: Pain, stiffness, muscle spasm, trouble moving, weakness, other:  
 DESCRIBE: YES. My neck has severe arthritis and my knees crack & lock.  
 WHERE do you have problems? (Please CIRCLE): Back (upper and lower), head, neck, shoulders, arms, hands, spine, pelvis, hips, legs feet, other: feet cramp

DO YOU HAVE PROBLEMS WITH: (Please CIRCLE): Lying down, sitting, standing, walking, climbing, lifting, bending, reaching, crouching, stooping, kneeling, balancing? After long walks there is knee pain and leg swells, (R)

6. Do you suffer from emotion or psychological problems? Yes. Central nervous system concentration.  
 IF YES, are you troubled by: (please CIRCLE): Nervousness, depression, bad thoughts, trouble sleeping, crying spells, suicidal worries; hallucinations (voices); poor appetite

COMMENT:       
 Are you receiving psychiatric care? No.  
 Where, from whom?       
 Have you required psychiatric hospitalization? No.  
 When, where?       
 What caused your emotional difficulty (illness pressure, alcohol, etc.)? Resulting from exposures

7. What serious injuries have you had? 3 knee surgeries plus exposure to chemicals at work + stress at work
8. What major operations have you had? (Please list OPERATION and YEAR) (R) Knee 3x 9/2008, 3/2010, 11/2011

9. What hospitalization have you had in the last five years? (Please list YEAR and REASON)  
None. Seen at ER in 2011, diagnosed with chronic fatigue and sent home.

10. Who are your regular doctors: Dr. Gary Murata



11. What diseases run in your family? Unknown; Mom had COPD

12. What (if anything) are you allergic to (drugs, metals, etc.)? Unknown, but my immune system has been compromised since 2004; easily sick now.

13. How much do you smoke? None.

How much do you drink (alcohol)? None.

Do you use any drugs? No.

14. In what state or country were you born? CA

How long have you lived in California? 45 years

What is your marital status? (married, single, etc.) Divorced

15. How much education have you had? High School and GED

Do you read and write well? Yes.

What are your occupational skills? Writing, office work, research

15A. List your work history for the past 10 years

San Joaquin County Mosquito & Vector Control District  
Pesticide Applicator

4/2004 - 6/2011 was/had active work duties

16. Are you able to work at the present time? Yes.

If you can, at what? Office work, working from home.

If not, why not? \_\_\_\_\_

17. Do you require CRUTCHES, A CANE OR A BRACE? No.

18. Do you have a valid driver's license? Yes.

19. Are you RIGHT HANDED? ; LEFT HANDED? \_\_\_\_\_; BOTH? \_\_\_\_\_

20. What is the most you can walk on the level without stopping?  
\_\_\_\_\_ less than one block? \_\_\_\_\_ one to four blocks?  five or more blocks?

What makes you stop (pain, shortness of breath, tired, dizzy, other)? arriving at my destination

21. What is the most you can climb without stopping?

\_\_\_\_\_ 2 steps or less \_\_\_\_\_ 10-19 steps (one flight)

\_\_\_\_\_ 3-9 steps  20 steps or more

What makes you stop? n/a

22. What is the most you can lift?

\_\_\_\_\_ 10 pounds or less \_\_\_\_\_ 21-40 pounds

\_\_\_\_\_ 11-20 pounds  more than 40 pounds

What limits you? probably around 50 pounds

23. Have you had to GIVE UP any activities (job, sports, hobbies) because of your illness/injuries? YES  NO \_\_\_\_\_

If yes, which ones? job, gym, family relationships

24. Are you able to vacuum yes; wash car yes; carry grocery sacks yes; do yard-lawn work yes

play sports ← not anymore, lack of me time

Comment: I used to have a well-ordered life and was a reliable family member.

25. Do you require a special diet? (Please list DIET and REASON) \_\_\_\_\_

No.

26. If you are disabled, is it due to (CHECK ONE OR SEVERAL)

\_\_\_\_\_ Health problems \_\_\_\_\_ Physical problems \_\_\_\_\_ Emotional problems

\_\_\_\_\_ Nervous problems \_\_\_\_\_ Family problems \_\_\_\_\_ Personal problems

Who actually filled out this form?  
 Self; \_\_\_\_\_ Nurse; \_\_\_\_\_ Family member or friend; \_\_\_\_\_ Interpreter

Do you have any questions for us? If so, please ask receptionist or doctor.

THANK YOU AGAIN

**MICHAEL BRONSHVAG, M.D.**

**ADDITIONAL COMMENTS TO QUESTIONNAIRE**  
**from Tiffany Kay Anderson**

Let me preface this attachment with the position that you have not been provided all of the medical records as no one has a complete set of medical records. Records are missing and despite repeated requests and attempts to obtain these, from those who had a duty to maintain such, they have still not been produced.

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,

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

**Dates 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

**Number of Hours per Day:** Employer is required by Labor Law to produce Monthly Employee Distribution sheets and refuses to provide a complete record of these. I was required to work 15 hour days, 7 days a week when required. See attached \_\_\_\_\_.



**General Job Description/Occupation at the time of Injury:**

Please see Vector Control Technician Certification Program sheet \_\_\_\_\_.  
Refer to NPDES Pesticides Application Plan (2011) for additional details, \_\_\_\_\_.

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.

**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  
Michelle Morgan  
Union Rep, Bob Phibbs

**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 moot because his standard was no care. I was returned to work with no provisions for my injury. Attached are 17 pages from Dr. Eck / US Healthworks.

## Chemicals Involved:

Pages 5-7 of the NPDES application listing dozens of products in addition to the formaldehyde products listed above.

Memos from 4/21/1998 and 6/3/1998 raising wastewater concerns and pledging to implement testing and programs. These pledges went unfulfilled. The concerned Employee representative that raised many of these safety issues, Duane Bridgewater died at age 59 (in the year 2009), not long after he retired from the Mosquito District.

Please see the February 2011 Guide to Using Drugs, Biologics, and Other Chemicals in Aquaculture (American Fisheries Society, Fish Culture Section); cover is attached here and isn't reproduced in its entirety due to the prohibitive cost of making a complete copy.

Date of Service coversheets for the dates of:

04/02/2004 (Pre-Employment)  
06/07/2004 Date of Injury  
01/21/2005 Date of Injury  
06/29/2011 Date of Injury

DWC form related to the approximate four year wait in being scheduled for an exposure QME.

Five pages of summarized vitals dating from 6/9/04 to 9/12/2011

Summary of Kaiser Permanente records dated from 1/5/2005 to 6/26/2013, fifty pages.

Color copies of a head lesion as well as rashes on the back and chest areas, five pages.

October 2011 timesheet with office notation referencing (interpreting) the fever not being Workers Comp. related.

Three pages of incident reports for Lodi Fire and personal losses from 2009 to 2015 exemplifying the dire financial position and stress that my employer put me into and under.

Two pictures of the dairy farm where I was injured on 6/29/2011 and by which I was left open to an exposure shortly after.

I realize that all of this is a tremendous amount of reading and probably seems too far afield to be pertinent here, but I assure you that it all has value in the complete picture. I'd also refer you to my blog where I've attempted to make all of this as clear as possible,

<http://culexpien.com>.