

**AVERA WORTHINGTON SPECIALTY CLINICS  
GENERAL EMPLOYEE PHYSICAL**

Patient Name: Carlos Cintron Maldonado DOB: 11/4/83

DATE: 3/3/08

Physical Exam: Wt 146 Ht 67 B/P 112/78 P 68

General Appearance:  Normal  Abnormal

Head:  Normal  Abnormal

Eyes:  Normal  Abnormal

Distance Vision R 20/100 L 20/100 with/ without corrective lenses Both 20/50 *very difficult*

Titmus Vision Color Pass Fail

Ears:  Normal  Abnormal

Nose:  Normal  Abnormal

Mouth/Teeth:  Normal  Abnormal

Throat:  Normal  Abnormal

Neck:  Normal  Abnormal

Chest/Lungs:  Normal  Abnormal

Heart Vascular:  Normal  Abnormal

Abdomen:  Normal  Abnormal

Skeletal:  Normal  Abnormal

Lymphoid:  Normal  Abnormal

Skin:  Normal  Abnormal

PERI: L 85  
R 85

**UPPER EXTREMITY:**

Inspection:  Normal  Abnormal

Strength testing:  Normal  Abnormal

Abductor pollicis brevis:  Normal  Abnormal

Opponens pollicis:  Normal  Abnormal

Shoulder range of motion:  Normal  Abnormal

**SPINE:**

Inspection:  Normal  Abnormal

Range of motion:  Normal  Abnormal

**LOWER EXTREMITIES:**

Inspection:  Normal  Abnormal

Heel/Toe walk strength:  Normal  Abnormal

Proximal strength:  Normal  Abnormal

Deep tendon reflex symmetry:  Normal  Abnormal

Achilles:  Normal  Abnormal

Patellar:  Normal  Abnormal

Knee:  Normal  Abnormal

Collateral stability, Lachman's:  Normal  Abnormal

Inflammation or effusion:  Normal  Abnormal

AudiScope™ Screening Results  20db HL  25db HL  40db HL

Patient \_\_\_\_\_ Tested by \_\_\_\_\_ Date \_\_\_\_\_



4341 State Street Road  
P.O. Box 220  
Skaneateles Falls, NY 13153-0220  
USA

		N = No Response			
		500	1000	2000	4000
Y = Response		Frequency (Hz)			
Right Ear		Y	Y	X	Y
Left Ear		Y	Y	Y	Y

Form 55230 Rev. D

Yes  No - Able to perform functions of attached job description.

Physician's Signature: [Signature] Date: 3/3/08

I authorize the release of my records from this visit to my employer.

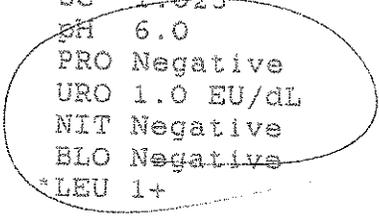
[Signature] 3/3/08  
(Patient Signature) (Date)

Jesus interp



=====URINALYSIS=====

#1-010 03-03-08  
Color: Yellow  
Clarity: Clear  
GLU Negative  
BIL Negative  
KET Negative  
SG 1.025  
pH 6.0  
PRO Negative  
URO 1.0 EU/dL  
NIT Negative  
BLO Negative  
\*LEU 1+



*an*

=====NORMALS=====

GLU - Neg NIT - Neg SG - 1.003-1.030  
BIL - Neg BLO - Neg URO - 0.2-1.0  
KET - Neg LEU - Neg  
PRO - Neg pH - 5-8

=====MICROSCOPIC=====

7-8 0-1  
RBC/hpf  
WBC/hpf  
CASTS/pf  
EPITH  
MUCOUS THREAD  
BACTERIA  
AMOR. URATES  
AMOR. PHOSPHATES  
CRYSTALS  
YEAST  
TRICHOXONAS  
OTHER  
HANGING DROP  
FLUERY  
KOH  
OCCULT BLOOD  
POST VAS CHECK

*Small  
Small*

\*\* REPRINT \*\* REPRINT \*\*

3/03/08 1130 CARLOS G CINTRONMALOONAO PR EXAM/LIMITED  
TX: 5328976 1041 CLARK RD AVERA WORTHINGTON SPE 110483 24  
RX: 0812541WC CARLOS G CINTRONMALOONA 507 343 1302 CLARK RD  
507 562 5704

PAY .00  
INS .00  
LMP:  
EDC:  
DIAGNOSIS CODES  
"FIRST DX MUST MATCH FIRST LINE OF DICT."  
1.  
2.  
3.  
4.

X 1711 S HWY 75 PIPSTONE MN 55164  
SUZLON ROTOR COMPANY  
.00 .00 .00 .00 .00 000 10 0

Reasons: SUZLON PHYSICAL  
DRUG SCREEN DONE PFT#1 10:30  
EXAM TO FOLLOW AT 11:30  
JESUS TO INTERP JLS  
next App. 3/03/08, 1030

CONVERSION INSURANCE X E 584973200 X  
Notes THIRD PARTY SUZLON ROTOR .00

(SN#: 7806067 V4M Version: 4.1.0)

Calibration Date: 03/03/2008

Name: CARLOS CINTRONMALDONADO

Test Date: 03/03/2008

ID: 008-12-541 Age: 24 Sex: M

Technician: L. BRANDT

Temperature: 21.5 C

Height: 67.0 in Race: Hispanic

Physician: G. CLARK

Pressure: 760.0 mm Hg

Weight: 146.5 lb BMI: 22.9

BTPS: 1.09

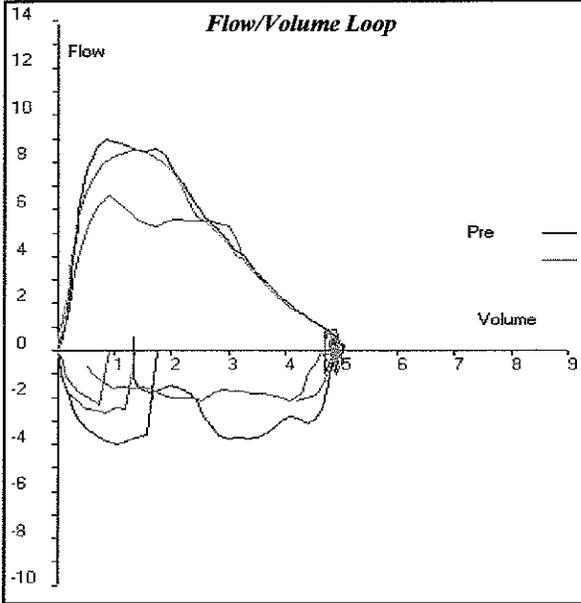
Comments: SUZLON PRE EMPLOY EXAM

Predicted Set: Knudson-1983

Pre-Interpretation: Modified Test Quality: 4 of 4 Effort/Position: Maximal/Sitting Criteria Met: Yes

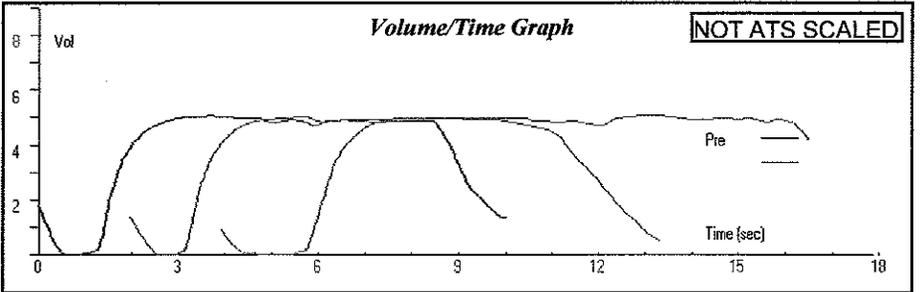
Normal expiratory flows and a normal FVC. SYR VOL 3.88. MEAS VOL 3.84.

Post-Interpretation: Test Quality: 0 of 0 Effort/Position: Criteria Met: No



Physicians Comments:

Physicians Signature: \_\_\_\_\_



(SN#: 7806067 V4M Version: 4.1.0)

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Weight: 146.5 lb BMI: 22.9

BTPS: 1.09

Comments: SUZLON PRE EMPLOY EXAM

Predicted Set: Knudson-1983

Spirometry

## Pre Results

03/03/2008 10:59

<u>Parameter</u>	<u>Predicted</u>	<u>Best: # 4</u>	<u>%Pred</u>
FVC	4.19	5.07	121.04
FEV.5	2.62	3.48	132.78
FEV1	3.60	4.51	125.12
FEV3	4.17	4.99	119.75
PEFR	7.82	9.23	118.06
FEF 25%-75%	4.06	5.35	131.92
FEV1/FVC	0.87	0.89	102.77
FEV3/FVC		0.98	
FET		2.43	

MVV 123.70

<u>Reproducibility:</u>	<u>%</u>	<u>Vol</u>	<u>Cmet</u>
FVC (5% / 200 ml)	0.20	0.01	Y
FEV1 (5% / 200 ml)	0.89	0.04	Y
PEFR (15% / 300 ml)	5.42	0.50	Y

NOTICE: DLCo results are based on the following values: Hb = g/dl, COHb = g/dl



**U.S. Department of Labor**  
Occupational Safety & Health Administration

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Regulations (Standards - 29 CFR)  
**OSHA Respirator Medical Evaluation Questionnaire (Mandatory). - 1910.134 App C**

[Regulations \(Standards - 29 CFR\) - Table of Contents](#)

- **Part Number:** 1910
- **Part Title:** Occupational Safety and Health Standards
- **Subpart:** I
- **Subpart Title:** Personal Protective Equipment
- **Standard Number:** 1910.134 App C
- **Title:** OSHA Respirator Medical Evaluation Questionnaire (Mandatory).

**Appendix C to Sec. 1910.134: OSHA Respirator Medical Evaluation Questionnaire (Mandatory)**

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee:

Can you read (circle one): Yes/No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date: 3/3/08

2. Your name: Carlos Gerardo CINTRON

3. Your age (to nearest year): 24 years

4. Sex (circle one): Male/Female

5. Your height: 5 ft. 4 in.

6. Your weight: 146 lbs.

7. Your job title: \_\_\_\_\_

8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): 507 727-0134

9. The best time to phone you at this number: Morning

10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one)  Yes  No

11. Check the type of respirator you will use (you can check more than one category):

- a.  N, R, or P  disposable respirator (filter-mask, non-cartridge type only).
- b.  Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

12. Have you worn a respirator (circle one): Yes  No

If "yes," what type(s): \_\_\_\_\_

Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

1. Do you **currently** smoke tobacco, or have you smoked tobacco in the last month: Yes  No

2. Have you **ever had** any of the following conditions?

- a. Seizures (fits): Yes  No
- b. Diabetes (sugar disease): Yes  No
- c. Allergic reactions that interfere with your breathing: Yes  No
- d. Claustrophobia (fear of closed-in places): Yes  No
- e. Trouble smelling odors: Yes  No

3. Have you **ever had** any of the following pulmonary or lung problems?

- a. Asbestosis: Yes  No
- b. Asthma: Yes  No
- c. Chronic bronchitis: Yes  No
- d. Emphysema: Yes  No
- e. Pneumonia: Yes  No
- f. Tuberculosis: Yes  No
- g. Silicosis: Yes  No
- h. Pneumothorax (collapsed lung): Yes  No
- i. Lung cancer: Yes  No
- j. Broken ribs: Yes  No
- k. Any chest injuries or surgeries: Yes  No
- l. Any other lung problem that you've been told about: Yes  No

4. Do you **currently** have any of the following symptoms of pulmonary or lung illness?

- a. Shortness of breath: Yes  No
- b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes  No
- c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes  No

- d. Have to stop for breath when walking at your own pace on level ground: Yes/No
- e. Shortness of breath when washing or dressing yourself: Yes/No
- f. Shortness of breath that interferes with your job: Yes/No
- g. Coughing that produces phlegm (thick sputum): Yes/No
- h. Coughing that wakes you early in the morning: Yes/No
- i. Coughing that occurs mostly when you are lying down: Yes/No
- j. Coughing up blood in the last month: Yes/No
- k. Wheezing: Yes/No
- l. Wheezing that interferes with your job: Yes/No
- m. Chest pain when you breathe deeply: Yes/No
- n. Any other symptoms that you think may be related to lung problems: Yes/No

5. Have you ever had any of the following cardiovascular or heart problems?

- a. Heart attack: Yes/No
- b. Stroke: Yes/No
- c. Angina: Yes/No
- d. Heart failure: Yes/No
- e. Swelling in your legs or feet (not caused by walking): Yes/No
- f. Heart arrhythmia (heart beating irregularly): Yes/No
- g. High blood pressure: Yes/No
- h. Any other heart problem that you've been told about: Yes/No

6. Have you ever had any of the following cardiovascular or heart symptoms?

- a. Frequent pain or tightness in your chest: Yes/No
- b. Pain or tightness in your chest during physical activity: Yes/No
- c. Pain or tightness in your chest that interferes with your job: Yes/No
- d. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No
- e. Heartburn or indigestion that is not related to eating: Yes/No
- f. Any other symptoms that you think may be related to heart or circulation problems: Yes/No

7. Do you currently take medication for any of the following problems?

- a. Breathing or lung problems: Yes/No
- b. Heart trouble: Yes/No
- c. Blood pressure: Yes/No
- d. Seizures (fits): Yes/No

8. If you've used a respirator, have you ever had any of the following problems? (If you've never used a respirator, check the following space and go to question 9:)

- a. Eye irritation: Yes/No
- b. Skin allergies or rashes: Yes/No
- c. Anxiety: Yes/No
- d. General weakness or fatigue: Yes/No
- e. Any other problem that interferes with your use of a respirator: Yes/No

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes/No

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees

who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you **ever** lost vision in either eye (temporarily or permanently): Yes/**No**

11. Do you **currently** have any of the following vision problems?

- a. Wear contact lenses: Yes/**No**
- b. Wear glasses: Yes/**No**
- c. Color blind: Yes/**No**
- d. Any other eye or vision problem: Yes/**No**

12. Have you **ever** had an injury to your ears, including a broken ear drum: Yes/**No**

13. Do you **currently** have any of the following hearing problems?

- a. Difficulty hearing: Yes/**No**
- b. Wear a hearing aid: Yes/**No**
- c. Any other hearing or ear problem: Yes/**No**

14. Have you **ever** had a back injury: Yes/**No**

15. Do you **currently** have any of the following musculoskeletal problems?

- a. Weakness in any of your arms, hands, legs, or feet: Yes/**No**
- b. Back pain: Yes/**No**
- c. Difficulty fully moving your arms and legs: Yes/**No**
- d. Pain or stiffness when you lean forward or backward at the waist: Yes/**No**
- e. Difficulty fully moving your head up or down: Yes/**No**
- f. Difficulty fully moving your head side to side: Yes/**No**
- g. Difficulty bending at your knees: Yes/**No**
- h. Difficulty squatting to the ground: Yes/**No**
- i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/**No**
- j. Any other muscle or skeletal problem that interferes with using a respirator: Yes/**No**

Part B Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes/**No**

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: Yes/**No**

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: Yes/**No**

If "yes," name the chemicals if you know them: \_\_\_\_\_

\_\_\_\_\_

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:

- a. Asbestos: Yes/No
- b. Silica (e.g., in sandblasting): Yes/No
- c. Tungsten/cobalt (e.g., grinding or welding this material): Yes/No
- d. Beryllium: Yes/No
- e. Aluminum: Yes/No
- f. Coal (for example, mining): Yes/No
- g. Iron: Yes/No
- h. Tin: Yes/No
- i. Dusty environments: Yes/No
- j. Any other hazardous exposures: Yes/No

If "yes," describe these exposures: \_\_\_\_\_  
\_\_\_\_\_

4. List any second jobs or side businesses you have: \_\_\_\_\_  
\_\_\_\_\_

5. List your previous occupations: \_\_\_\_\_  
\_\_\_\_\_

6. List your current and previous hobbies: \_\_\_\_\_  
\_\_\_\_\_

7. Have you been in the military services? Yes/No

If "yes," were you exposed to biological or chemical agents (either in training or combat):  
Yes/No

8. Have you ever worked on a HAZMAT team? Yes/No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): Yes/No

If "yes," name the medications if you know them: \_\_\_\_\_

10. Will you be using any of the following items with your respirator(s)?

- a. HEPA Filters: Yes/No
- b. Canisters (for example, gas masks): Yes/No
- c. Cartridges: Yes/No

11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?:

- a. Escape only (no rescue): Yes/No
- b. Emergency rescue only: Yes/No
- c. Less than 5 hours per week: Yes/No
- d. Less than 2 hours per day: Yes/No
- e. 2 to 4 hours per day: Yes/No
- f. Over 4 hours per day: Yes/No Disposable.

12. During the period you are using the respirator(s), is your work effort:

a. **Light** (less than 200 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: \_\_\_\_\_ hrs. \_\_\_\_\_ mins.

Examples of a light work effort are **sitting** while writing, typing, drafting, or performing light assembly work; or **standing** while operating a drill press (1-3 lbs.) or controlling machines.

b. **Moderate** (200 to 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: \_\_\_\_\_ hrs. \_\_\_\_\_ mins.

Examples of moderate work effort are **sitting** while nailing or filing; **driving** a truck or bus in urban traffic; **standing** while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; **walking** on a level surface about 2 mph or down a 5-degree grade about 3 mph; or **pushing** a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

c. **Heavy** (above 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: \_\_\_\_\_ hrs. \_\_\_\_\_ mins.

Examples of heavy work are **lifting** a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; **shoveling**; **standing** while bricklaying or chipping castings; **walking** up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator: Yes/No  No

If "yes," describe this protective clothing and/or equipment: \_\_\_\_\_

14. Will you be working under hot conditions (temperature exceeding 77 deg. F)  Yes/No

15. Will you be working under humid conditions: Yes/No  No

16. Describe the work you'll be doing while you're using your respirator(s):

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of the first toxic substance: \_\_\_\_\_  
 Estimated maximum exposure level per shift: \_\_\_\_\_  
 Duration of exposure per shift: \_\_\_\_\_  
 Name of the second toxic substance: \_\_\_\_\_  
 Estimated maximum exposure level per shift: \_\_\_\_\_  
 Duration of exposure per shift: \_\_\_\_\_  
 Name of the third toxic substance: \_\_\_\_\_  
 Estimated maximum exposure level per shift: \_\_\_\_\_  
 Duration of exposure per shift: \_\_\_\_\_  
 The name of any other toxic substances that you'll be exposed to while using your respirator: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

\_\_\_\_\_

[63 FR 1152, Jan. 8, 1998; 63 FR 20098, April 23, 1998]

[Next Standard \(1910.134 App D\)](#)

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