



4928 North Cliff Avenue  
Sioux Falls, South Dakota 57104  
(605) 322-5100  
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# Physical Examination

Name: Daniel Naughton  
 Date: 1/18/08  
 Height: 6' Weight: 140 Pulse: 64 BP: 148/90 Other: \_\_\_\_\_  
stated

	Normal	Abnormal		Normal	Abnormal		Normal	Abnormal
<b>Head</b>			<b>Chest</b>			<b>Hernia Check</b>	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	Lungs	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>LBS: present</i>	<b>Skeletal</b>		
Ears	<input type="checkbox"/>	<input type="checkbox"/>	<b>Heart</b>			Joints	<input type="checkbox"/>	<input type="checkbox"/>
Nose	<input type="checkbox"/>	<input type="checkbox"/>	Size	<input type="checkbox"/>	<input type="checkbox"/>	Back	<input type="checkbox"/>	<input type="checkbox"/>
Throat	<input type="checkbox"/>	<input type="checkbox"/>	Rhythm	<input type="checkbox"/>	<input type="checkbox"/>	<b>Skin</b>	<input type="checkbox"/>	<input type="checkbox"/>
Teeth	<input type="checkbox"/>	<input type="checkbox"/>	Murmurs	<input type="checkbox"/>	<input type="checkbox"/>	Peripheral pulses	<input type="checkbox"/>	<input type="checkbox"/>
Mouth	<input type="checkbox"/>	<input type="checkbox"/>	<b>Abdomen</b>			<b>Neuro</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Neck</b>			Liver	<input type="checkbox"/>	<input type="checkbox"/>	<b>Psychiatric</b>	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid	<input type="checkbox"/>	<input type="checkbox"/>	Spleen	<input type="checkbox"/>	<input type="checkbox"/>	<b>Adenopathy</b>	<input type="checkbox"/>	<input type="checkbox"/>

Physician Comments: Flu is positive: same results as BS and

### Americans With Disabilities Determinations

1. Able to perform essential job functions without direct threat of harm to self or others.
2. Requires accommodation or may require accommodation to perform essential job function without direct threat to self or others. If accommodation is required, the company may or may not then find the employee able to perform essential job functions within their business necessity. See Responder form.
3. Not able to perform essential job functions without direct threat to self or others.

Bruce Elkins, MD:  (Signature) 1/18/08 (Date)



**RESPIRATORY MEDICAL DETERMINATION**  
LHCP (Licensed Health Care Professional)

Employee: Daniel Naughton

Company: Suzlon

**Licensed Health Care Professional Recommendations:**

This worker is medically able to use the respirator as indicated:

No limitations on respirator use

Some specific use limitations *Employee should be allowed to self-disqualify from respirator use for temporary health-related difficulties.*

No respiratory use permitted

Follow up:

A Copy of this recommendation had been given to this employee: Y/N

Examining Licensed Health Care Professional:

*[Handwritten Signature]*  
Licensed Health Care Professional Signature

1/18/08  
Date