

**AVERA WORTHINGTON SPECIALTY CLINICS
GENERAL EMPLOYEE PHYSICAL**

Patient Name: Eduardo Rivera DOB: 10-20-81 DATE: 3-10-08

Physical Exam: Wt 149 Ht 63" B/P 90/60 P 72

General Appearance:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Head:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Eyes:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Distance Vision R <u>20/30</u>	L <u>20/30</u>	with/ <u>without</u> corrective lenses Both <u>20/20</u>
Titmus Vision Color	Pass	Fail
Ears:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Nose:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Mouth/Teeth:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Throat:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Neck:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Chest/Lungs:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Heart Vascular:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Abdomen:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Skeletal:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Lymphoid:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Skin:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

PERI: L 85%
R 85%

UPPER EXTREMITY:

Inspection:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Strength testing:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Abductor pollicis brevis:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Opponens pollicis:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Shoulder range of motion:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

SPINE:

Inspection:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Range of motion:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

LOWER EXTREMITIES:

Inspection:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Heel/Toe walk strength:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Proximal strength:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Deep tendon reflex symmetry	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Achilles:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Patellar:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Knee:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Collateral stability, Lachman's:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Inflammation or effusion:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

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

Patient _____ Tested by _____ Date _____



Welch Allyn

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

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

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

Physician's Signature: [Signature] Date: 3/10/08

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

(Patient Signature) (Date)

RESPIRATOR MEDICAL RECOMMENDATION

Name: _____ SSN: _____

Based on review of OSHA Respirator Health Questionnaire this individual is:

_____ Medically approved for all respirators with the exception of SCBA, subject to fit testing.

Based on interview, physical examination and further evaluation as appropriate, this individual is:

Medically approved for all respirators including SCBA, subject to fit testing.

_____ Medically approved for only the following type(s) of respirator(s), subject to fit testing.

- _____ Dust Mask
- _____ Negative pressure
- _____ Powered air purifying
- _____ Supplied air
- _____ Self-contained breathing apparatus (SCBA)

_____ Employee may decline respirator-requiring assignments for temporary health related difficulties.

_____ Respirator assignment must not be for IDLH (Immediate Danger to Life or Health) environments.

_____ Employees should not be expected to perform rescue duty or serve as a member of a rescue team. If able to wear a respirator at the time, then rescue duties maybe performed.

_____ Requires further medical information/evaluation prior to qualifying for respirator use.

Other recommendations and suggested accommodations:

Recommended time period for next exam:

- 1 year
- 2 years
- 5 years
- _____

Employee had been provided with a copy of this written recommendation:

- Yes
- No

X



3/10/08

URINALYSIS

#1-007 03-10-08
Color: Yellow
Clarity: Clear
GLU Negative
BIL Negative
KET Negative
SG 1.025
pH 5.5
PRO Negative
URO 0.2 EU/dL
NIT Negative
*BLO 2+
LEU Negative

HEMATOLOGY

Body fluid source:

WBC ((200/mm3)
Crystals (Absent)
Sed Rate W(0-15) F(0-20)mm/hr
Retic Count (0.5 - 1.5%)

CHEMISTRY

BNP (0 - 100 pg/ml)
Hgb A1C (3.0 - 6.0%)
Lead ((10 ug/dl)

Microalbumin:

Albumin ((37 mg/L)
Creatinine ((15 - 500 mg/dl)
A/C Ratio ((16 mg/G)

3 Hr. Glucose Tolerance Tests

Fasting Glucose
1/2 Hr. Glucose
1 Hr. Glucose
2 Hr. Glucose
3 Hr. Glucose

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

4-6 RBC/hpf
0 WBC/hpf
0 CASTS/pf
0 EPITH
0 MUCOUS THREAD
0 BACTERIA
0 AMOR, URATES
0 AMOR. PHOSPHATES
CRYSTALS
YEAST
TRICHOMONAS
OTHER
HANGING DROP
FLUERY
KOH
OCCULT BLOOD
POST VAS CHECK

COAGULATION

Bleeding Time (2.3 - 9.5 min.)
Protime (9.5 - 10.8 sec.)
INR
PTT (24 - 33 sec.)

IMMUNOLOGY

H. Pylori (Negative)
HCG Serum (Negative)
HCG Urine (Negative)
Mono Test (Negative)
RA Screen (Negative)
RA Titer (Negative)

MICROBIOLOGY

Giardia Antigen (Negative)
Ova & Parasites (None Seen)
RSV (Negative)
Stool For Fat
Stool For WBC
Strep Screen
Influenza A (Negative)
Influenza B (Negative)

** REPRINT ** REPRINT **

3/10/08 1120 EDUARDO RIVERA

PR EXAM/LIMITED

PAT .00

INS .00

DIAGNOSIS CODES

"FIRST DX MUST MATCH FIRST LINE OF DICT."

TX: 6329661 1045 SUDMEIER MD

avera worthington spe 102081 26

LMP:

EDC:

HX: 0819751WC EDUARDO RIVERA

507 343 0482 SUDMEIER MD

Reasons: SUZLON PHYSICAL NEW WC JLB

UA/DRUG TST 10:15 PFTR1 10:30

EXAM 11:20 JANETTE INTERP FOR

LAB/PFT SUSANA INTERP EXAM

Next Apt. 3/10/08, 1015

X 1711 SOUTH HWY 75. 56164

SUZLON

.00 .00 .00 .00 .00 1 1 0 HIPAA PRIVACY NOTICE

(SN#: 7806067 V4M Version: 4.1.0)

Calibration Date: 03/10/2008

Name: EDUARDO RIVERA

Test Date: 03/10/2008

ID: 008-19-751 Age: 26 Sex: M

Technician: L. BRANDT

Temperature: 19.7 C

Height: 64.0 in Race: Hispanic

Physician: R. SUDMEIER

Pressure: 760.0 mm Hg

Weight: 152.0 lb BMI: 26.1

BTPS: 1.10

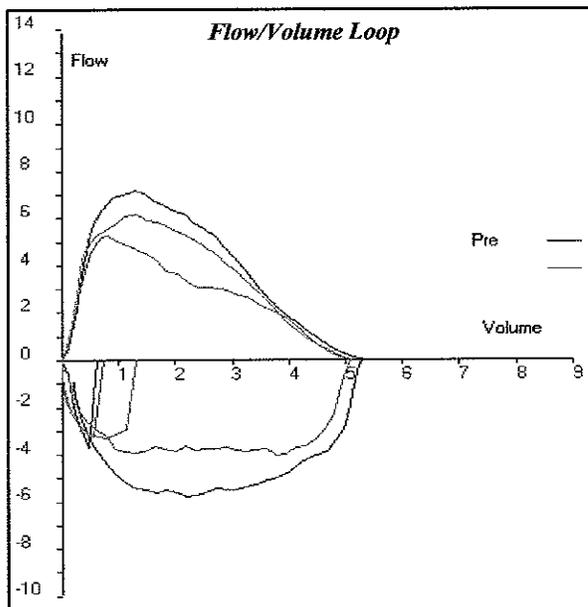
Comments: SUZLON PRE EMPLOY EXAM

Predicted Set: Knudson-1983

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

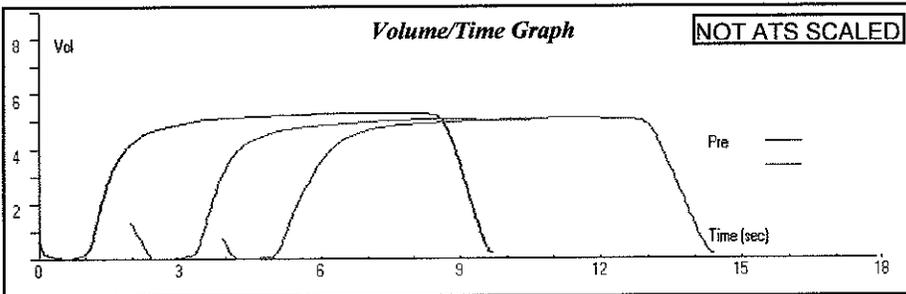
Normal expiratory flows and a normal FVC. SYR VOL 3.88. MEAS VOL 3.84. PT STATES NO HX SMOKING, NO COUGH OR BREATHING PROBLEMS.

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



Physicians Comments:
NORMAL

Physicians Signature: *R. Sudmeier*



(SN#: 7806067 V4M Version: 4.1.0)

Calibration Date: 03/10/2008

Name: EDUARDO RIVERA

Test Date: 03/10/2008

ID: 008-19-751

Age: 26

Sex: M

Technician: L. BRANDT

Temperature: 19.7 C

Height: 64.0 in

Race: Hispanic

Physician: R. SUDMEIER

Pressure: 760.0 mm Hg

Weight: 152.0 lb

BMI: 26.1

BTPS: 1.10

Comments: SUZLON PRE EMPLOY EXAM

Predicted Set: Knudson-1983

Spirometry

Pre Results

03/10/2008 09:24

<u>Parameter</u>	<u>Predicted</u>	<u>Best: # 4</u>	<u>%Pred</u>
FVC	3.54	5.31	150.04
FEV.5	2.40	3.19	132.77
FEV1	3.01	4.31	143.39
FEV3	3.56	5.14	144.31
PEFR	7.12	7.59	106.59
FEF 25%-75%	3.36	4.33	128.93
FEV1/FVC	0.84	0.81	96.48
FEV3/FVC		0.97	
FET		5.39	

MVV 114.58

<u>Reproducibility:</u>	<u>%</u>	<u>Vol</u>	<u>Cmet</u>
FVC (5% / 200 ml)	3.58	0.19	Y
FEV1 (5% / 200 ml)	4.18	0.18	Y
PEFR (15% / 300 ml)	3.43	0.26	Y

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