



4928 North Cliff Avenue
Sioux Falls, South Dakota 57104
(605) 322-5100
Fax (605) 322-5101

Physical Examination

Name: Drama, Javier
 Date: 01/10/08
 Height: 67" Weight: 185 Pulse: 74 BP: 120/84 Other: _____

	Normal	Abnormal		Normal	Abnormal		Normal	Abnormal
Head			Chest			Hernia Check	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	Lungs	<input type="checkbox"/>	<input type="checkbox"/>	Skeletal		
Ears	<input type="checkbox"/>	<input type="checkbox"/>	Heart			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"/>	Skin	<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"/>	Abdomen			Neuro	<input type="checkbox"/>	<input type="checkbox"/>
Neck			Liver	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid	<input type="checkbox"/>	<input type="checkbox"/>	Spleen	<input type="checkbox"/>	<input type="checkbox"/>	Adenopathy	<input type="checkbox"/>	<input type="checkbox"/>

*Q no c
no c
no c*

Physician Comments:

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.
3. Not able to perform essential job functions without direct threat to self or others.

*emailed
1-11-08*

*faxed
1/16/08*

Bruce Elkins, MD:

[Signature]

(Signature)

1/10/08

(Date)



RESPIRATORY MEDICAL DETERMINATION
LHCP (Licensed Health Care Professional)

Employee: DRM & Javier

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

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

1/10/08

Date