

ESSG Medical Referral to Employer

Employee Name: John Hemminge Date of Injury: 1-30-08

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize the Health Care Provider who completes this form to release any information to The Suzlon Rotor Corporation which substantiates, clarifies, or elaborates on my fitness for duty.

John Hemminge
Employee Signature

Date

Medical Provider Bruce Kosarek Date / Time of Appt: 1/31/08 11:30

ALL WORKERS' COMPENSATION MEDICAL EXPENSES must include the patient name, date of service, and Medical Provider's "Progress Notes" for treatment. Social Security Number is recommended. Mail all claims for payment directly to:

ESSG
7300 Metro Blvd
Ste. 635
Edina, MN 55439
(952)835-1288
Fx: (952)835-1255

Diagnosis: contact dermatitis _____ Non-work related

_____ forearms _____ Undetermined

Treatment Plan: Medrol dosepack, Zyrtec _____ Work related

RETURN TO WORK: _____ With No Limitations Date: 1/31/08

(Suzlon rotor Corp. has an active return-to-work program. Most temporary restrictions can be accommodated. Please call 507-562-6700 if you have any questions regarding light duty jobs.)

TOTALLY DISABLED: (Dates) From: _____ To: _____

RESTRICTED WORK: Duration of Limitations: 2 Days/Weeks

Restricted Work Hours: May Work 10 hours per day _____ hours per week.

Restricted Lifting: Maximum lift: _____ 10lbs _____ 20lbs _____ 30lbs _____ 40lbs _____ 50lbs

Weight limit for repetitive lifting or carrying: (more frequent than 2 times per hour)
_____ 0-5lbs _____ 5-10lbs _____ 10-20lbs _____ 20-30lbs _____ 30-40

Restricted bending: (Limit in degrees) _____ Bending frequency (# of times per hour): _____

Restricted use of hand: _____ Right _____ Left _____ No Use or _____ Limited repetitive grasping, gripping

Standing/Sitting: Standing (hours per day) _____ Sitting (hours per day) _____

Other: maximal protection, avoidance of resin contact

Next Appt. Date / Time: _____ Provider's Comments: may return to total duties in 3 days 2/3/08

Medical Provider Signature: B. Kosarek Date: 1-31-08