



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

# Physical Examination

Name: Jose Cruz  
Date: 1-10-08  
Height: 69" Weight: 174 Pulse: 76 BP: 120/64 Other: \_\_\_\_\_

	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 type="checkbox"/>	<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>			Neuro	<input type="checkbox"/>	<input type="checkbox"/>
<b>Neck</b>			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"/>

*PE noted*

Physician Comments:

*emailed 1-11-08*  
*faxed 1/16/08*

### 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.

Bruce Elkins, MD: *[Signature]* 1/10/08  
(Signature) (Date)



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

Employee: Jose Cruz

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:

[Signature] 11/16/08  
Licensed Health Care Professional Signature Date