CMG HEALTH PROVIDER FORM

Revided 9/06

PATIENT'S NAME: Kimberly Harden

VISION

Vision Without Glasses

Distant std. Type: Right 20/20 Left 20/20

Vision With Glasses (___ N/A)

Right ____ Left ____ Color Blind N

ALLERGIES: Ampicillin

ABILITY TO WORK 6-10' ABOVE GROUND LEVEL

BACK AND LIMB HISTORY

Do you have or have you ever had:	YES	NO
1. Injured Knee		X
2. Injured Elbow		X
3. Injured Arm or Shoulder		X
4. Catches in the Back/Pain		X
5. Dislocation		X
6. Broken Bones		X
7. Foot or Ankle Trouble		X
8. Slipped Disc		X
9. Disc Trouble		X
10. Pain/Swelling of Joints		X
11. Hand or Wrist Pain		X
12. Neck Pain		X
13. Muscle Sprain or Strain		X
14. Back Strain or Sprain		X
15. Physical Restrictions Regarding Any of The Above		X
16. Other		

Please explain **ALL** "YES" answers:

(Please include dates of injury.)

I have reviewed the answers to the "Back and Limb History" above and state that these answers have been recorded accurately and are true and complete responses to these questions.

Date: (X) 3/24/08 Applicant Signature: (X) Kimberly Harden

Check whether:
Normal (N), Abnormal (A), Not Performed (O)

1. Eyes	✓N	___A	___O
2. Visual Field	✓N	___A	___O
3. Hernias	✓N	___A	___O
4. Spine	✓N	___A	___O
5. Extremities	✓N	___A	___O
6. Hand Function	✓N	___A	___O
7. Neurological, General	✓N	___A	___O
8. Lung Capacity	___N	✓A	___O

COMMENTS:(Exam notes/results)

smoker

wears dentures

didn't pass PFT's -

given advair inhaler 2 puff BID

advised stop smoking.

advised Return to clinic in 1 week

and recheck PFT's

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1. Does the applicant currently have a medical condition which would preclude assignment to some of the tasks and duties of the Assembler position? YES| NO |

a. If so, please identify the tasks and duties of the similar position from which the employee would be precluded and the medical reason why you would limit the employee from such activities.

unknown - may need to be excused from using a respirator, if has difficulty breathing

2. Does the applicant have a medical condition which would result in a significant risk of substantial harm to either the applicant or others if the applicant were to perform the tasks and duties of the assembler position? YES| NO /

a. If so, please identify the nature of the potential harm, and the basis for your medical opinion that there is a significant risk of such harm occurring.

3. Is there a medical reason to believe that, because of a medical condition, if any, the applicant is likely to experience sudden or subtle incapacitation such as seizures, blackouts, etc.? YES| NO /

a. If so what is the medical reason for your conclusion?

I recommend that Suzlon Rotor Corporation obtain the following Medical information on this applicant before making a final determination as to the applicant's ability to begin employment activities as an employee at Suzlon:

repeat PFT's in one week

3-24-08
Date

Cindy Sorn PAC
Medical Provider Signature