

Report of Work Ability

See Instructions on Reverse Side



RW01

DO NOT USE THIS SPACE

Please PRINT or TYPE your responses.
Enter dates in MM/DD/YYYY format.

This form must be provided to the employee.
(Minn. Rules 5221.0410, subp. 6)

NOTICE TO EMPLOYEE: YOU MUST PROMPTLY PROVIDE A COPY OF THIS REPORT TO YOUR EMPLOYER OR WORKERS' COMPENSATION INSURER, AND QUALIFIED REHABILITATION CONSULTANT IF YOU HAVE ONE.

SOCIAL SECURITY NUMBER 475-47-4615	DATE OF INJURY
EMPLOYEE Omar Mohamed	Date of Birth 8-16-83
EMPLOYER Suzlon	
INSURER/SELF-INSURER/TPA	
INSURER CLAIM NUMBER	

Date of most recent examination by this office 5-1-08 (date)

Select the appropriate option(s) below and fill in the applicable dates.

1. Employee is able to work without restrictions as of _____ (date)

2. Employee is able to work with restrictions, from 5-1-08 (date) to _____ (date)

The restrictions are:

Do not work near or with fiberglass resin

3. Employee is unable to work at all, from _____ (date) to _____ (date)

The next scheduled visit is: as needed OR _____ (date)

3 wks

NAME (Type or Print) LARRY D CHRISTENSEN, MD PIPESTONE FAMILY CLINIC	SIGNATURE <i>Larry D Christensen</i>	DEGREE MD
ADDR 920 4TH AVE SW PIPESTONE, MN 56164 507-825-5700 EXT. 4771 FAX 507-825-4763 DEA-AC7916839 MN LISC-23799 UPTN D75623	STATE	LICENSE #/REGISTRATION #
CITY	AREA CODE	TELEPHONE #
		DATE SIGNED 5-1-08

Pipestone County Medical Center & Family Clinic



Medications

Diagnosis

⊕

Omar Mohamud
Patient's Name

DOB 8-16-83 Page

M F Allergies NKDA

Date 4-17-08 Wt 170 BP 118/70 P 72 Y Dec 4-16-08

See form OK

work w/ Resin et pasta - Rash on arms et neck

Date 5-1-08 Wt 175 BP 110/80 P 68 R 98 Rash on arms, neck, ears. States works w/ Resin @ Suzzlon. Feels heat coming out of arms esp. @ noc when he's in bed. - L. Salmo

05-01-08

Omar Mohamud

8-16-83

L D CHRISTENSEN: pjs

This patient does have what looks like a typical fiberglass dermatitis on his arms. He has a little bit on his neck and his ears, but it's mainly his arms. The patient does work at Suzzlon. The patient's work comp form was filled in saying, Do not work near or with fiberglass resin. We want to see him back in 3 weeks f/u. For prescriptions, he was given Zyrtec 5 mg., #60; 1 p.o. b.i.d. p.r.n. itching. Medrol 24 mg., #10; 1 p.o. q.d. Triamcinolone cream 0.1%, apply to the rash q.i.d. The patient will return in 3 weeks f/u. DD: 05-01 DT: 05-02-08

L D Christensen

SKIN

Circle or Present or Yes, Absent or No, N/A = Not Done

Face Sheet Reviewed

are Management Flow Sheet

Date: 4/12/08 Time: AM PM
Name: Omar Mohamed M F
Birth Date: 8/16/83 Race: C B L A O

Allergies
Problem List
Medications
PMFH
Lab Results

Pipestone Medical Group
Avera 920 4th Ave. SW, Pinebluff, MN 55164
507-825-3700 / 800-322-1152
Bruce W. Kocourek, DO

VITAL SIGNS

Age 24 WT 170 HT. TEMP O2 Sat
BP(L) 115/70 (R) PULSE 72 RR

OBJECTIVE

Appearance alert tired NAD neat anxious ill
Distress mild mod severe
Build obese average slender
HEENT:
Head pain on percussion over sinuses
Eyes L R conj sclera red
L R exudate
Ears L R loss of landmarks
L R redness (L) TM: N/A (R) TM: N/A
L R serous changes
Nose rhinorrhea
Mouth/gums paleness
 ulcerations
Post. pharynx pharyngeal erythema
 tonsil exudate
NECK:
 tenderness mass
 adenopathy
CHEST:
 rales rhonchi WNL
 wheezes insp exp
HEART:
 WNL irregular Back: WNL
 murmur PMI abnl
ABD:
 WNL tender
 organomegaly mass
LYMPH:
 supra-clav nodes
 inguinal nodes axillary nodes On bilateral
SKIN:
 rash lesions Arms red +
 rash w/ lesions Slightly raised
Limited to: trunk face arms legs scalp groin

HPI - SUBJECTIVE 4

Chief Complaint: rash sore (s) wound skin lesion
 infection itching
Other:
Symptoms began: # D W M Ago chronic condition
Started on: face scalp neck trunk arms
 hands groin legs feet nails
Other:
 itches tender oozing crusts rough
 spreading recurring seasonal painful blisters
 fever joint pain URI or "Cold" Sx
Contact with: plants chemicals animals
 treatment tried so far:

response:
works in pasta et resin

seen elsewhere:

ASSESSMENT 3

<input type="checkbox"/> Viral Exanthem	057.9	<input type="checkbox"/> Dermatofibroma	216.*
<input type="checkbox"/> URI with Exanthem	057.9	<input type="checkbox"/> Seborrheic Keratosis	702.1*
<input type="checkbox"/> Herpes Zoster	053.*	<input type="checkbox"/> Actinic Keratosis	702.0
<input type="checkbox"/> Rhinophyma / Rosacea	695.3	<input type="checkbox"/> Basal Cell Ca	173.*
<input type="checkbox"/> Acne Vulgaris	706.1	<input type="checkbox"/> Tinea Versicolor	111.0
<input type="checkbox"/> Poison Ivy Dermatitis	692.6	<input type="checkbox"/> Tinea Pedis(4) Cruris(3)	110.*
<input type="checkbox"/> Urticaria	708.*	<input type="checkbox"/> Tinea Corporis	110.5
<input type="checkbox"/> Impetigo	684	<input type="checkbox"/> Eczema, atopic	691.8
<input type="checkbox"/> Cellulitis	682.*	<input type="checkbox"/> Seborrhea	690.10
<input type="checkbox"/> Benign Nevus	216.*	<input type="checkbox"/> Psoriasis	696.1
<input type="checkbox"/> Wart	078.1*	<input type="checkbox"/> Contact Dermatitis	692.*
<input checked="" type="checkbox"/> Allergic Dermatitis	692.9	<input type="checkbox"/> Sebaceous Cyst	706.2

REVIEW OF SYSTEMS 9/2

GENERAL CONSTITUTION
 sleep appetite fatigued
 malaise active
 exposure to illness
 shingles HX
GI
 indigestion abd pain N / V
Stools: normal loose BRB
 melena change

RESPIRATORY
 asthma smoker
 bronchitis pneumonia
 TB cough SOB heeze
MUSCULOSKELETAL
Cold: painful ext
Joint: swelling redness
 pain single multiple
ENT
 hayfever. seasonal allergies
 HOH tinnitus freq URI's

PAST HISTORY 1

eczema psoriasis bronchitis shingles seborrhea acne
Family Hx
Physician Signature: B. Rasmussen

PLAN

Labs, Imaging & Treatments Ordered: UA culture chem panel
 CBC arthritis profile
Instructions:
-wear protective clothing & gloves. Wipe @ work.
Handouts:

MEDICATIONS Rx: Medical Hand dose pack
Over the Counter: sig: as directed #10 UR
Prescriptions:
Zyrtec 10mg sig: + tab po.
gel # 20 @ 10/15.

FOLLOW UP

F / U or call if not better / well in (PRN) W M
 Add dictation to note