

# Health Care Provider Report

See Instructions on Reverse Side  
(WHEN COMPLETED RETURN TO REQUESTER)

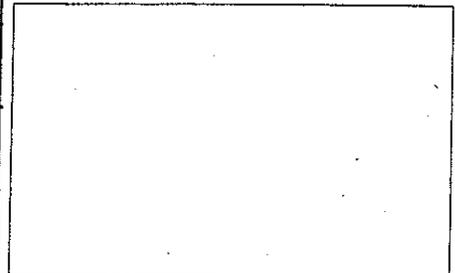


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Please PRINT or TYPE your responses.  
Enter dates in MM/DD/YYYY format.

DO NOT USE THIS SPACE

SOCIAL SECURITY NUMBER	DATE OF INJURY <i>04-16-08</i>	DOB <i>8-16-83</i>
EMPLOYEE <i>Omar Mohamud</i>	EMPLOYER <i>Sudon Rotor</i>	
INSURER/SELF-INSURER/TPA	INSURER CLAIM NUMBER	
INSURER ADDRESS		
CITY	STATE	ZIP CODE



REQUESTER must specify all items to be completed by health care provider.  Items: \_\_\_\_\_  MMI (#9)  PPD (#10)

**HEALTH CARE PROVIDER TO COMPLETE ITEMS REQUESTED ABOVE**

1. Date of first examination for this injury by this office: *4-17-08* (date)
2. Diagnosis (include all ICD-9-CM codes):  
*allergic dermatitis*
3. History of injury or disease given by employee:  
*rash & exposure to resin + paste @ work*
4. In your opinion (as substantiated by the history and physical examination) was the injury or disease caused, aggravated or accelerated by the employee's alleged employment activity or environment?  No  Yes
5. Is there evidence of pre-existing or other conditions that affect this disability?  No  Yes If yes, describe:
6. Is further treatment of this injury or referral to another doctor planned?  No  Yes If yes, describe:
7. Has surgery been performed?  No  Yes If yes, date and describe:  (date)
8. Attach the most recent Report of Work Ability. Date of report: *4/17/08* (date)
9. Has the employee reached maximum medical improvement? (If yes, complete item #10) (See definition on back)  No  Yes Date reached:
10. Has the employee sustained any permanent partial disability from the injury?  No  Yes  Too early to determine  
The permanent partial disability is  % of the whole body. This rating is based on Minn. Rules:  

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NAME (Type or Print) BRUCE W KOCOUREK, DO	SIGNATURE <i>B. Kocourek</i>	DEGREE <i>DO</i>
ADDRESS PIPESTONE COUNTY MEDICAL CENTER 920 4TH AVE SW PIPESTONE MN 56164 507-825-5700 FAX 507-825-4744 DEA BK0472477 MN LIC 34116	STATE	LICENSE #/REGISTRATION # <i>34116</i>
CITY UPIN D25406 NPI 1699738559	AREA CODE	TELEPHONE #
		DATE SIGNED <i>4-17-08</i>