Pipestone
Medical Group
Avera Health

A Member of Avera McKennan Primary Care Network

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FAX COVER SHEET

TO: Eileen	FROM: Cindy A. Sash, PA-C
FAX: 612-677-3043	DATE: 1-21-08
PHONE:	PAGES: 3
ATTENTION: Eileen	SENDER: faye
PATIENT NAME: Richard Black	RE: Px yours
DOS: 1-17-08	CC:

☒ URGENT ☐ PLEASE REVIEW ☐ PLEASE COMMENT ☐ REPLY ASAP ☐ FYI

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CMG HEALTH PROVIDER FORM

Revised 9/06

PATIENT'S NAME: Richard Black

VISION

Vision Without Glasses

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

Vision With Glasses (___ N/A)

Right ___ Left ___

Color Blind N

ALLERGIES: NKDA

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: bilateral carpal tunnel Sx 5yrs ago

(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 Applicant Signature: X Richard Black

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

(passed PFTs)

COMMENTS:(Exam notes/results)

Scoliosis

tingling with bilateral wrist flexion

~~Pt to~~ advise not to have repetative motion of wrists and elbows - has pre existing carpel tunnel repair and stated "pinched nerve in elbows

CMG H[illegible]ALTH PROVIDER FORM page [illegible]O.

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.

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:

1-17-08
Date

Medical Provider Signature