

**AVERA WORTHINGTON SPECIALTY CLINICS
GENERAL EMPLOYEE PHYSICAL**

Patient Name: ROBERTO CINTRON MARTINEZ **DOB:** 08/08/83

DATE: 3/17/08

Physical Exam: Wt 116 Ht 6'1" B/P 108/70 P 60

General Appearance: Normal Abnormal
 Head: Normal Abnormal
 Eyes: Normal Abnormal
 Distance Vision R _____ L _____ with/ without corrective lenses Both _____

Titmus Vision Color Pass Fail

Ears: Normal Abnormal
 Nose: Normal Abnormal
 Mouth/Teeth: Normal Abnormal
 Throat: Normal Abnormal
 Neck: Normal Abnormal
 Chest/Lungs: Normal Abnormal
 Heart Vascular: Normal Abnormal
 Abdomen: Normal Abnormal
 Skeletal: Normal Abnormal
 Lymphoid: Normal Abnormal
 Skin: Normal Abnormal

UPPER EXTREMITY:

Inspection: Normal Abnormal
 Strength testing: Normal Abnormal
 Abductor pollicis brevis: Normal Abnormal
 Opponens pollicis: Normal Abnormal
 Shoulder range of motion: Normal Abnormal

SPINE:

Inspection: Normal Abnormal
 Range of motion: Normal Abnormal

LOWER EXTREMITIES:

Inspection: Normal Abnormal
 Heel/Toe walk strength: Normal Abnormal
 Proximal strength: Normal Abnormal
 Deep tendon reflex symmetry: Normal Abnormal
 Achilles: Normal Abnormal
 Patellar: Normal Abnormal
 Knee: _____
 Collateral stability, Lachman's: Normal Abnormal
 Inflammation or effusion: Normal Abnormal

AudiScope™ Screening Results
 20db HL 25db HL 40db HL

Patient _____
 Tested by _____ Date _____



4341 State Street Road
 P.O. Box 226
 Skaneateles Falls, NY 13153-0226
 USA

		N = No Response			
Y = Response		500	1000	2000	4000
Right Ear					
Left Ear					

Frequency (Hz)

Form 55230 Rev. D

Yes No - Able to perform functions of attached job description.

Physician's Signature: [Signature] Date: 3/17/08

I authorize the release of my records from this visit to my employer.

 (Patient Signature)

 (Date)



RESPIRATOR MEDICAL RECOMMENDATION

Name: ROBERTO CINTRON MARTINEZ SSN: _____

Based on review of OSHA Respirator Health Questionnaire this individual is:

_____ Medically approved for all respirators with the exception of SCBA, subject to fit testing.

Based on interview, physical examination and further evaluation as appropriate, this individual is:

Medically approved for all respirators including SCBA, subject to fit testing.

_____ Medically approved for only the following type(s) of respirator(s), subject to fit testing.

- _____ Dust Mask
- _____ Negative pressure
- _____ Powered air purifying
- _____ Supplied air
- _____ Self-contained breathing apparatus (SCBA)

_____ Employee may decline respirator-requiring assignments for temporary health related difficulties.

_____ Respirator assignment must not be for IDLH (Immediate Danger to Life or Health) environments.

_____ Employees should not be expected to perform rescue duty or serve as a member of a rescue team. If able to wear a respirator at the time, then rescue duties maybe performed.

_____ Requires further medical information/evaluation prior to qualifying for respirator use.

Other recommendations and suggested accommodations: _____

Recommended time period for next exam:

- 1 year
- 2 years
- 5 years
- _____

Employee had been provided with a copy of this written recommendation:

- Yes
- No

X *[Signature]* 3/17/08

=====URINALYSIS===== HEMATOLOGY=====

#1-009 03-17-08
Color: Yellow
Clarity: Clear
GLU Negative
BIL Negative
KET Negative
SG 1.025
pH 5.5
PRO Negative
URO 0.2 EU/dL
NIT Negative
BLO Negative
LEU Negative

Body fluid source:

WBC ((200/mm3)
Crystals (Absent)
Sed Rate W(0-15) F(0-20)mm/hr
Retic Count (0.5 - 1.5%)

=====CHEMISTRY=====

BUN (0 - 100 ug/ml)
Hgb A1C (3.0 - 5.0%)
Lead ((10 ug/dl)
Microalbumin:
Albumin ((37 mg/L)
Creatinine ((15 - 500 mg/dl)
A/C Ratio ((15 mg/dl)

3 Hr. Glucose Tolerance Tests

Fasting Glucose
1/2 hr. Glucose
1 Hr. Glucose
2 Hr. Glucose
3 Hr. Glucose

=====NORMALS=====

GLU - Neg NIT - Neg SG - 1.003-1.030
BIL - Neg BLO - Neg URO - 0.2-1.0
KET - Neg LEU - Neg
PRO - Neg pH - 5-8

=====MICROSCOPIC=====

RBC/hpf
WBC/hpf
CASTS/pf
EPITH
MUCOUS THREAD
BACTERIA
AMOR. URATES
AMOR. PHOSPHATES
CRYSTALS
YEAST
TRICHOMYXAS
OTHER
HANGING DROP
FLUERY
KOH
OCCULT BLOOD
POST VAS CHECK

=====COAGULATION=====

Bleeding Time (2.3 - 9.5 min.)
Prottime (9.3 - 10.0 sec.)
INR
PTT (24 - 33 sec.)

=====IMMUNOLOGY=====

H. Pylori (Negative)
HCG Serum (Negative)
HCG Urine (Negative)
Mono Test (Negative)
RA Screen (Negative)
RA Titer (Negative)

=====MICROBIOLOGY=====

Giardia Antigen (Negative)
Ova & Parasites (None Seen)
RSV (Negative)
Stool For Fat
Stool For WBC
Strep Screen
Influenza A (Negative)
Influenza B (Negative)

** REPRINT ** REPRINT **

3/17/08 1130 ROBERTO CINTRONMARTINEZ PR EXAM/LIMITED

PAT .00 DIAGNOSIS CODES
INS .00 "FIRST DX MUST MATCH FIRST LINE OF OICL."

TX: 6304925 1045 SUOMEIER MD AVERA WORTHINGTON SPE 000883 24

LXP: 1.
EDC: 2.
3.
4.

TX: 069709140 ROBERTO X CINTRONMARTINE 607 372 6141 SUOMEIER MD
507 372 2121

X 1711 90 HWY 75 PIPSTONE MN 56154

Reasons: SUZLON PFT#1 DRUG SCREEN & UA
EXAM TO FOLLOW ROS AT 1130
MARIA SANTOS TO INTER
OVH

.00 .00 .00 .00 .00 2 1 0

Next App. 3/17/08, 1030

(SN#: 7806067 V4M Version: 4.1.0)

Calibration Date: 03/17/2008

Name: ROBERTO CINTRONMARTINEZ

Test Date: 03/17/2008

ID: 006-97-081 Age: 24 Sex: M

Technician: L. BRANDT

Temperature: 20.6 C

Height: 62.0 in Race: Hispanic

Physician: R. SUDMEIER

Pressure: 760.0 mm Hg

Weight: 119.0 lb BMI: 21.8

BTPS: 1.09

Comments: SUZLON PRE EMPLOY EXAM

Predicted Set: Knudson-1983

Spirometry

Pre Results

03/17/2008 11:19

<u>Parameter</u>	<u>Predicted</u>	<u>Best: # 4</u>	<u>%Pred</u>
FVC	3.55	3.82	107.56
FEV.5	2.30	2.77	120.59
FEV1	3.04	3.59	117.93
FEV3	3.61	3.78	104.84
PEFR	6.98	6.50	93.17
FEF 25%-75%	3.47	4.80	138.18
FEV1/FVC	0.88	0.94	107.26
FEV3/FVC		0.99	
FET		3.88	

MVV 110.82

<u>Reproducibility:</u>	<u>%</u>	<u>Vol</u>	<u>Cmet</u>
FVC (5% / 200 ml)	2.62	0.10	Y
FEV1 (5% / 200 ml)	0.28	0.01	Y
PEFR (15% / 300 ml)	12.31	0.80	Y

NOTICE: DLCo results are based on the following values: Hb = g/dl, COHb = g/dl

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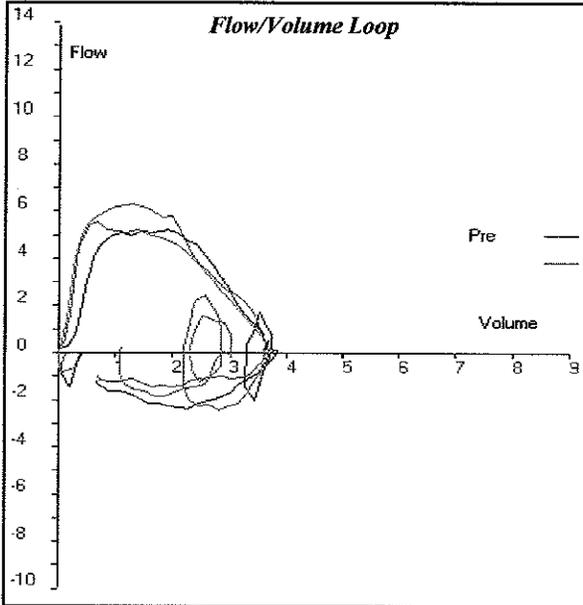
Comments: SUZLON PRE EMPLOY EXAM

Predicted Set: Knudson-1983

Pre-Interpretation: Modified Test Quality: 4 of 6 Effort/Position: Maximal/Sitting Criteria Met: Yes

Normal expiratory flows and a normal FVC. SYR VOL 3.88. MEAS VOL 3.84.

Post-Interpretation: Test Quality: 0 of 0 Effort/Position: Criteria Met: No



Physicians Comments:

normal

Physicians Signature: *R. Sudmeier*

