

CMG HEALTH PROVIDER FORM

PATIENT'S NAME: Samantha Brady

Revised 9/06

VISION

Vision Without Glasses

Distant std. Type: Right Left

Vision With Glasses (N/A)

Right 20/40 Left 20/20 Color Blind N

ALLERGIES:

N/A

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	<u>X</u>	<u> </u>
2. Injured Elbow	<u>X</u>	<u> </u>
3. Injured Arm or Shoulder	<u> </u>	<u>X</u>
4. Catches in the Back/Pain	<u>X</u>	<u> </u>
5. Dislocation	<u>X</u>	<u> </u>
6. Broken Bones	<u> </u>	<u>X</u>
7. Foot or Ankle Trouble	<u> </u>	<u>X</u>
8. Slipped Disc	<u> </u>	<u>X</u>

- 9. Disc Trouble
- 10. Pain/Swelling of Joints
- 11. Hand or Wrist Pain
- 12. Neck Pain
- 13. Muscle Sprain or Strain
- 14. Back Strain or Sprain
- 15. Physical Restrictions Regarding Any of The Above
- 16. Other

	YES	NO
9. Disc Trouble	<u> </u>	<u>X</u>
10. Pain/Swelling of Joints	<u> </u>	<u>X</u>
11. Hand or Wrist Pain	<u> </u>	<u>X</u>
12. Neck Pain	<u>X</u>	<u> </u>
13. Muscle Sprain or Strain	<u> </u>	<u>X</u>
14. Back Strain or Sprain	<u> </u>	<u>X</u>
15. Physical Restrictions Regarding Any of The Above	<u> </u>	<u>X</u>
16. Other	<u> </u>	<u> </u>

Please explain ALL "YES" answers:

Six old elbow injury, back discomfort sees a chiropractor, neck pain from car accident twisted knee

(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: 8-15-07

Applicant Signature: Samantha Brady

Check whether:

Normal (N), Abnormal (A), Not Performed (O)

1. Eyes	<u>N</u>	<u> </u>	<u> </u>
2. Visual Field	<u>N</u>	<u> </u>	<u> </u>
3. Herpias	<u>N</u>	<u> </u>	<u> </u>
4. Spine	<u>N</u>	<u> </u>	<u> </u>
5. Extremities	<u>N</u>	<u> </u>	<u> </u>
6. Hand Function	<u>N</u>	<u> </u>	<u> </u>
7. Neurological, General	<u>N</u>	<u> </u>	<u> </u>
8. Lung Capacity	<u>N</u>	<u> </u>	<u> </u>

COMMENTS: (Exam notes/results)

has exercise induced asthma
passed PET'S.

CMG HEALTH PROVIDER FORM page two.

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

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

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

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:

patient / client may need to be excused from temp. use of respirator secondary to asthma - may need to be excused from areas of fumes and oil exposure due to pregnancy and asthma

8-15-07

Date

Cynthia S.M. P.J.
Medical Provider Signature