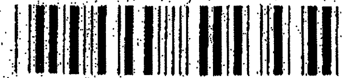
ESSG

Report of Work Ability

See Instructions on Reverse Side



RW01

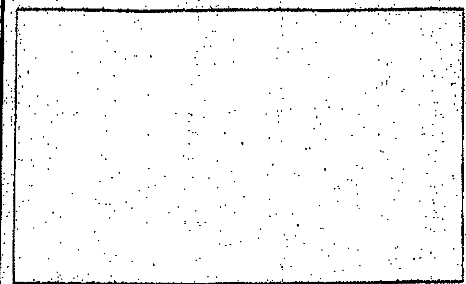
DO NOT USE THIS SPACE

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	DATE OF INJURY
~~784~~ 584892778	12-28-07
EMPLOYEE: Virginia Torres	Date of Birth: 9-22-82
EMPLOYER	
INSURER/SELF-INSURER/TPA	
INSURER CLAIM NUMBER	



Date of most recent examination by this office: 1-2-08 (date)

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

1. ☐ Employee is able to work without restrictions as of 1-2-08 (date)
2. ☐ Employee is able to work with restrictions, from ______ (date) to ______ (date)

   The restrictions are:

   Virginia should wear long sleeve cotton button shirts to help prevent contact dermatitis

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

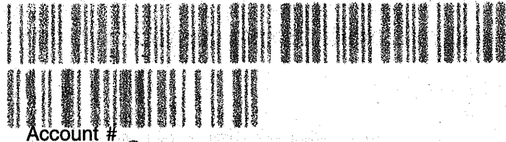
The next scheduled visit is: ☒ as needed OR ______ (date)

NAME (Type or Print)	SIGNATURE	DEGREE
[signature]	[signature]	
ADDRESS	STATE	LICENSE #/REGISTRATION #
CITY	ZIP CODE	TELEPHONE #	DATE SIGNED

CINDY A SASH, PA-C PIPESTONE FAMILY CLINIC
920 4TH AVE SW PIPESTONE, MN 56164
507-825-5700ext 4777FAX 507-825-4762
MN LISC-9124 UPIN-R83466 DEA-MS0437435
NPI-1841253747

MN RW01 (7/01)

3 PART DRUGS OF ABUSE TEST REQUEST



SPECIMEN ID U8440109

Employer:
SUZLON ROTOR CORPORATION
1711 S HWY 75
PIPESTONE, MN 56164

Account #

STEP 1 To be completed by **COLLECTOR / DONOR**

Social Security No, Employee No. or other Identification No.

Donor I.D. 5 8 4 8 9 2 7 7 8

Specimen Type: ☐ Blood ☒ Urine ☐ Oral Fluid

MRO:

Donor Name (last, first) or SSN: Torres Virginia

Donor Daytime Phone: 5 0 7 3 4 3 0 3 0 3

Referring Phys. / Company: Suzlon

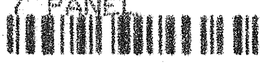
DONOR CONSENT *I certify that I provided my specimen to the collector, that the specimen container was sealed with a tamper-proof seal in my presence; and that the information provided on this form and on the label affixed to the specimen bottle is correct. I authorize MEDTOX to release the results of the tests to my employer, prospective employer, employer representative and/or their authorized healthcare professionals.*

Signature: Virginia A. Torres

DATE Month 12 Day 28 Year 2007

Account # 93470

Test(s) Ordered ☒ 88543
7 PANEL



STEP 2 To be Completed by **COLLECTOR**

Indicate Reason for Test: ☐ Pre-employment ☐ Random ☐ Reasonable Suspicion ☐ Other (specify): ☐ Return to Duty ☐ Follow-up ☒ Post Accident ☐ Periodic Medical

STEP 3 To be Completed by **COLLECTOR**

Specimen temperature must be read within 4 minutes of collection

Specimen Temperature within range: (90°-100°F/32°-38°C) ☒ YES ☐ No, Remark Required

81605

STEP 4 To be Completed by **COLLECTOR**

Collection Site Location: *Facility and Address* 481
PIPESTONE COUNTY MED CENTER
PIPESTONE, MN 56164

Collection Site Phone No. (507) 825 5811

Fax No. (507) 825 6081

Date and Time of Collection: DATE Month 12 Day 28 Year 2007; TIME Hour 19 Minutes 25 ☐ am ☒ pm

Remarks Concerning Collection

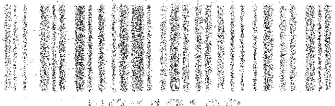
I, the collector, by signing below certify that the specimen identified on this form is the specimen given to me by the donor identified above and that it has been collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable requirements.

X Debra Grootwassink
Signature of Collector

Debra A. Grootwassink
(PRINT) Collector's Name (First, MI, Last)

SPECIMEN BOTTLE(S) RELEASED TO:
Name of Delivery Service Transferring Specimen to Lab
☒ DHL ☐ Local Courier
☐ Other

STEP 5



U8440109

12-28-07

Copyright Medtox 1999

COPY 3 - GIVE TO SUBJECT

A-12b (1/06) mfg. 11/06

Pipestone Medical Group
Avera Health

A Member of Avera McKennan Primary Care Network

920 - 4th Avenue SW
Pipestone, MN 56164
(507) 825-5700
1-800-332-1155
Fax (507) 825-5895

Edgerton Family Medical Clinic
505 Trosky Road West
Edgerton, MN 56128
(507) 442-5424
Fax (507) 442-8498

Jasper Clinic
120 Sherman Street North
Jasper, MN 56144
(507) 348-3071
Fax (507) 348-8626

MEDICAL WORK RELEASE

DATE: 1-2-08

PATIENT NAME: Virginia Torres

PLEASE EXCUSE THE ABOVE NAMED PATIENT FROM WORK/SCHOOL DUE TO AN ILLNESS/INJURY ON DATES:

________ TO may work 1/2/08

RESTRICTIONS: long sleeve shirts

URE

Pipestone Medical Group, Inc.
920 4th Ave. S.W.
Pipestone, MN 56164
507 - 825-5700

DAVID BALT, D.O.
DEA#BB2194075

LARRY D. CHRISTENSEN, M.D.
DEA#AC7916539

GREG A. COOPER, M.D.
DEA#AC3272084

K. THEODORE DEVARAJ, M.D.
DEA#AD9747520

BRUCE W. KOCOUREK, D.O.
DEA# BK0472477

MICHAEL L. LASTINE, M.D.
DEA#AL8392285

PAM ELSHERE, PA-C
DEA# ME0421038

CINDY A. SASH, PA-C
DEA# MS0437435

Name Virginia Torres Age ____
Address ____ Date 12/28/07

℞

No work until after clinic appt 1/2/08

Refill
Label
DAW

[signature]