Youngstown Ohio OP LLC
DBA WorkMED
20 Ohltown Rd
YOUNGSTOWN, OH 44515
330-884-1553

Results Sheet
For Location: Youngstown OH OP Serv LLC

To: **CORPORATE MANAGEMENT GROUP**
LINCOLN MOONEY
12000 N WASHINGTON ST STE 350
Denver, CO 80241

Ph #: **330-920-1425**

RE: **TODD VANHORN** **204-60-6377**

Occupation: _____

Date of Service: 03/15/2016

Type of Service: PPE Pre-Placement Exam

Procedure ID: PRE POST EMPLOYMENT PHYSICAL

Results of Physical Exam (Circle One)

Qualified

Not Qualified

Name of Examining Doctor: Physical Exams

WorkMed Representative: _____

1030

ValleyCare
WORKMED

Name: Todd R VanHorn

Company: LeTourneau Steel

Position:

Home address/street 459 South Walnut

Home phone: (724) 974-1449

City: Sharpsville State: PA Zip: 16150

Work phone: ( )

Social Security Number: 204-60-6377

Date of Birth: 16 Sept 1967

Medical History

Mark with a ✓ if you have ever been diagnosed as having any of the following. Explain all "Yes" answers below:
If none of the below are applicable, please mark o None

Yes		Yes		Yes	
0	Allergies	0 ✓	Fainting/dizziness	✓	Kidney problems
0	Alcoholism	✓	Fractures/dislocations	0	Knee problems
0	Angina	0	Frequent headaches	0	Leukemia
0/✓	Arthritis	0	Frequent urination	0	Liver disease
0	Asthma	0	Gastrointestinal disorder	0	Loss of memory
✓	Back injury	0	Genitourinary disorder	0	Lung disease
0	Bronchitis	0	Glaucoma	0	Menstrual difficulties
0	Cancer	0	Hay Fever	0	Nervous problem
0	Chest pain	✓	Hearing problem	0	Psychiatric disorders
0	Chronic cough	0	Heart attack	0	Rheumatic fever
0	Dermatitis	0	Heart murmur	0	Shortness of breath
✓	Diabetes ← Previous diagnosis resolved & improved c̄ gastric bypass	0	Hepatitis	0	Sleep Disorders
0	Drug	7 ✓	Hernia	0	Sleeplessness
0	Alcohol abuse	✓	High blood pressure	0	Thyroid
0	Eczema	0	Hives	0	Tuberculosis
0	Eyes/ears/nose disorder	0	Hodgkin's disease	0	Ulcers
0	Emphysema	0 ✓	Irregular heart beat	0	Veneral disease
0	Epilepsy/Seizures	✓	Joint problems	0	Weight loss/gain
✓	Exposure to loud or continuous noise			0	Zoster (shingles)

If Yes Explain:

Allergies to Medications: None Known

Current Medications: None Now - none @ current time

Surgical History: Gastric Bypass Jan-2016

Smoking History: Do you smoke ____ Yes X No ____ Quit ______ Amount per day

Immunization/Infection Hx:

	Infection or IMMUNIZATION / DATE		Infection or IMMUNIZATION / DATE
Chicken Pox		Hepatitis	
Measles	Childhood	Tetanus	Last shot Summer 2010
Mumps	Childhood	Other	
Rubella	Childhood		

EMPLOYEE: *I hereby certify the above information is correct and truthful to the best of my knowledge. I am aware that medical information obtained during this examination will be made available to my employer or prospective employer and hereby give my consent to release this medical information to said parties. I also request and consent to the necessary physical examination as requested by my employer or other parties.*

Signature: ______________________ *Date* ______________

1475806 (rev. 7/13) LA

Name: Todd VanNoy Social Security Number: 204-60-6377 Date of Birth: 16 Sept 967

Physical Examination

Height: 69 *Weight:* 306 *Blood Pressure:* 143/83 *Pulse:* 71

Near Vision (Circle one) Uncorrected / Corrected
Right 20/ 35 Left 20/ 25

Far Vision (Circle one) Uncorrected / Corrected
Right 20/ 25 Left 20/ 25

Horizontal fields: Right 90 Left 90

Depth Perception Pass ✓ Fail ____

Color Vision: Pass ✓ Fail ____

Ishihara Pass ____ Fail ____

Hearing: Whisper N A

Right ____ ____

Left ____ ____

Audiometry:

Right 500 15 1000 15 2000 10 3000 15 4000 20 6000 00 8000 25

Left 500 05 1000 05 2000 10 3000 10 4000 20 6000 20 8000 35

N	A	CATEGORY
✓		General Appearance
✓		Head
✓		Eyes
✓		Ears
✓		Nose, mouth throat
✓		Neck
✓		Lymph nodes
✓		Thorax/Lungs
✓		Heart
✓		Abdomen
✓		Neurological exam
✓		Skin
✓		Back exam
✓		Extremities
	✓	Surgical scars/tattoos
		Hernia (males only)
		Genitalia (males only)

❑ Exam Normal Comments: ____

A. ✓ Cleared for duty

B. ____ Clearance pending review of further information

C. ____ Not cleared

Comments: ____

Date: 3/15/16

PHYSICIAN'S SIGNATURE

Address:

☐ **WorkMED**
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Boardman, OH 44512
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(330) 726-9136 Fax

☒ **WorkMED**
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Youngstown, OH 44515
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Warren, OH 44484
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