REQUEST FOR COUNCIL ACTION  
CITY OF SAN DIEGO

TO: CITY COUNCIL  
FROM (ORIGINATING DEPARTMENT): Risk Management  
DATE: 2/27/2015

SUBJECT: Month-to-month extension to the Industrial Medicine Contracts between the City of San Diego and Sharp Rees Stealy Medical Group and U.S. Healthworks Medical Group.

PRIMARY CONTACT (NAME, PHONE): Jill Degnan, 619-236-5958, MS51B  
SECONDARY CONTACT (NAME, PHONE): Greg Bych, 619-236-6651, MS51B

<table>
<thead>
<tr>
<th>FUND</th>
<th>720044</th>
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<tbody>
<tr>
<td>FUNCTIONAL AREA</td>
<td></td>
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<tr>
<td>COST CENTER</td>
<td>1515000013</td>
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<tr>
<td>GENERAL LEDGER ACCT</td>
<td>512010</td>
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<tr>
<td>WBS OR INTERNAL ORDER</td>
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<tr>
<td>CAPITAL PROJECT No.</td>
<td></td>
</tr>
<tr>
<td>AMOUNT</td>
<td>$5,000,000.00</td>
</tr>
</tbody>
</table>

COST SUMMARY (IF APPLICABLE): Based upon past experience, it is estimated that the annual cost of these month-to-month extensions will be $5,000,000 which will be available in the Workers' Compensation Fund (Fund No. 720044).

Previously authorized:
Initial two-year contract May 2010 through May 2012 - $9,000,000
First extension May 2012 through May 2014 - $9,750,000
Final extension May 2014 through May 2015 - $5,000,000
Month-to-month extension May 2015 through May 2016 - $5,000,000
Total to date: $28,750,000

ROUTING AND APPROVALS

<table>
<thead>
<tr>
<th>CONTRIBUTORS/REVIEWERS:</th>
<th>APPROVING AUTHORITY</th>
<th>APPROVAL SIGNATURE</th>
<th>DATE SIGNED</th>
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</thead>
<tbody>
<tr>
<td>Liaison Office</td>
<td>ORIG DEPT.</td>
<td>Montoya, Estella</td>
<td>03/03/2015</td>
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<td>CFO</td>
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<td>DEPUTY CHIEF</td>
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<td>Environmental Analysis</td>
<td>COO</td>
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<td>Equal Opportunity</td>
<td>CITY ATTORNEY</td>
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<tr>
<td>Contracting</td>
<td></td>
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</tr>
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</table>
1. Authorize the Mayor to execute a month-to-month extension of the agreements with Sharp Rees Stealy Medical Group (SRSMG) and U.S. Healthworks Medical Group (USHMG) to provide industrial medicine services to City of San Diego employees.

2. Authorize the Chief Financial Officer to appropriate and expend $500,000 for Fiscal Year 2015 and $4,500,000 in Fiscal Year 2016 from the Workers' Compensation Fund 720044, contingent upon the passage of the Annual Appropriations Ordinance and providing that one or more certificates certifying that the funds necessary for expenditures are, or will be, on deposit with the City Treasurer.

STAFF RECOMMENDATIONS:
Approve requested actions.

SPECIAL CONDITIONS (REFER TO A.R. 3.20 FOR INFORMATION ON COMPLETING THIS SECTION)

<table>
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<tr>
<th>COUNCIL DISTRICT(S):</th>
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<tr>
<td>COMMUNITY AREA(S):</td>
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<tr>
<td>ENVIRONMENTAL IMPACT:</td>
<td>This activity is not a project and therefore exempt from CEQA pursuant to the State Guidelines Section 15060(c)(3).</td>
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</table>

CITY CLERK INSTRUCTIONS:
Please return one copy of the certified ordinance to Jill Degnan, MS 51B. This item is subject to Charter Section 99 (10 day published notice, approval by Ordinance and 6 votes required).
DATE: 2/27/2015
ORIGINATING DEPARTMENT: Risk Management
SUBJECT: Month-to-month extension to the Industrial Medicine Contracts between the City of San Diego and Sharp Rees Stealy Medical Group and U.S. Healthworks Medical Group.
COUNCIL DISTRICT(S): N/A
CONTACT/PHONE NUMBER: Jill Degnan/619-236-5958, MS51B

DESCRIPTIVE SUMMARY OF ITEM:
This action is to request approval for a month-to-month extension on the current contracts with Sharp Rees Stealy Medical Group (SRSMG) and U.S. Healthworks Medical Group (USHMG) to provide industrial medicine services to City of San Diego employees.

STAFF RECOMMENDATION:
Approve requested actions.

EXECUTIVE SUMMARY OF ITEM BACKGROUND:
The City of San Diego has a commitment to provide a safe working environment for all its’ employees. When an employee is injured, their Workers’ Compensation claim is processed by the Risk Management Department in accordance with the laws of the State of California for self-insured and self-administered agencies.

The Risk Management Department is seeking approval of month-to-month contracts extension with SRSMG and USHMG to continue to provide industrial medicine services to City of San Diego employees after the current contracts’ expiration date of May 20, 2015. Although the Request for Proposal (RFP) process to acquire a new contract has already begun, it is anticipated that the RFP process, including selection and approval by City Council, will not be completed prior to the current contracts’ expiration.

The start of the RFP process was delayed due to new revisions to the State regulations governing Medical Provider Networks (MPN) as defined in the California Code of Regulations sections 9767.1 through 9767.19 and California Labor Code sections 4616 through 4616.7. The State of California announced pending changes to the regulations for MPNs and a requirement that all approved MPNs would be required to reapply. The process to reapply for the City’s MPN started in November 2014. The template for re-approval was made available by the State on December 5, 2014. The City submitted the re-approval application in December 2014 and approval was obtained from the State in January 2015. It was necessary to wait for these new regulations to be finalized and approval of the City’s MPN in order to ensure the scope of work was drafted to conform to those regulations.

In order to provide the best medical care available to its injured workers and to comply with Workers’ Compensation benefit mandates and California Occupational Safety and Health Administration (Cal-OSHA) required testing, the City issued a RFP in July 2009 for industrial medical providers resulting in a contract award to SRSMG and USHMG who were the top two
candidates in the competitive RFP bid process. In order to provide a robust medical panel and ensure the availability of specialty physicians both SRSMG and USHMG were selected to provide industrial medicine services and serve as the City’s MPN.

California Labor Code and California Code of Regulations allow for insurers and employers to create a “Medical Provider Network” consisting of a variety of physicians where injured workers can be directed for treatment of industrial injuries. This MPN must be approved by the State. The City’s State approved MPN consists of a large base of quality specialty care physicians from both the SRSMG and USHMG. These contractual agreements result in cost containment for the City while allowing the City’s injured employees to have a wide choice of healthcare providers in the San Diego region.

The contracts were entered into in May 2010. The original contracts approved were for two (2) years – May 2010 through May 2012. Subsequent extensions were approved for two (2) additional years – May 2012 through May 2014 and the final extension for one (1) year, May 2014 through May 2015. These month-to-month contracts would adopt all terms of the contract set to expire May 20, 2015.

FISCAL CONSIDERATIONS: Based upon past experience, it is estimated that the annual cost of these month-to-month extensions will be $5,000,000 which will be available in the Workers' Compensation Fund (Fund No. 720044).

EQUAL OPPORTUNITY CONTRACTING INFORMATION (IF APPLICABLE): These agreements are subject to the City's Equal Opportunity Contracting (San Diego Ordinance NO. 18173, Section 22.2701 through 22.2708) and Non-Discrimination in Contracting Ordinance (San Diego Municipal Code Sections 22.3501 through 22.3517).

PREVIOUS COUNCIL and/or COMMITTEE ACTION (describe any changes made to the item from what was presented at committee): Originally presented at City Council on April 2010; subsequently for extensions on May 2012 and May 2014; and it is anticipated that this action will be heard at Budget and Government Efficiency Committee on March 18, 2015.

COMMUNITY PARTICIPATION AND PUBLIC OUTREACH EFFORTS: N/A

KEY STAKEHOLDERS AND PROJECTED IMPACTS: City of San Diego employees.

Montoya, Estella
Originating Department

Deputy Chief/Chief Operating Officer
This First Amendment to the Agreement for the Provision of Industrial Medicine Services ("First Amendment"), amends and extends the Agreement for the Provision of Industrial Medicine Services ("Agreement") entered into between The City Of San Diego and U.S. HealthWorks Medical Group, P.C. (collectively referred to as “parties”), on May 11, 2010.

RECITALS

WHEREAS, the parties entered into the Agreement for the provision of Industrial Medicine Services on May 11, 2010 pursuant to agreement and City Council authorization.

WHEREAS, the Agreement was amended and extended by written agreement and pursuant to City Council authorization on May 29, 2012 (exercise of the first and second one year extensions), and on May 20, 2014 (exercise of the third one year extension).

WHEREAS, the Agreement will terminate by its own terms on May 20, 2015 if not extended further.

WHEREAS, the City of San Diego is currently finalizing a new Request for Proposals in order to retain an industrial medical provider(s). The RFP process is anticipated to be completed in the next eight months. Once completed, a new vendor agreement for the provision of Industrial Medicine Services to the City of San Diego will be presented to City Council for approval.

WHEREAS, the parties desire to further extend the Agreement in order to insure the provision of the industrial medicine services continue unabated while the RFP process is being completed, and a new resulting contract for the provision of these services is awarded.

WHEREAS, due to its extension to a total of 5 years, any further extension of the Agreement is subject to City Council authorization by ordinance.

WHEREAS. Upon receipt of City Council authorization, the Agreement will be extended for up to 1 additional year, or up until May 19, 2016, subject to the parties’ right to terminate the contract earlier upon giving appropriate written notice.

NOW THEREFORE, in consideration of the mutual benefits to be derived there from and of the mutual agreements hereinafter set forth, the parties hereto agree as follows:

1. Subject to City Council approval and final passage of an ordinance, the Agreement is extended to May 20, 2016.
2. That the Agreement as further extended is terminable by either party during its term for any reason upon the provision of 60 days notice to the other. Such notice shall be provided in writing and sent to:

City of San Diego
Jill Degnan
1200 3rd Avenue, Suite 1000
San Diego, CA 92101
JDegnan@sandiego.gov
619-236-5958

U.S. HealthWorks Medical Group, P.C.
Kathleen Marchetti
5575 Ruffin Road Suite 100
San Diego, CA  92123
Kathleen.marchetti@ushworks.com
858-492-5443

3. All provisions of the Agreement and any Amendments thereto, except as modified by this First Amendment, shall remain in full force and effect and are reaffirmed.

4. Each Party acknowledges that it, as its respective interests appear, is liable for all damages arising from nonperformance under this First Amendment, and that if this First Amendment is performed, such performance shall be accepted as full performance of its obligations under the Original Agreement. Other than as stated in this First Amendment, this First Amendment shall not operate as a waiver of any condition or obligation imposed on the parties under the Original Agreement or any Amendment thereto.

IN WITNESS WHEREOF, the parties hereto have executed this First Amendment as of the date first written above.

U.S. HealthWorks Medical Group, P.C.     City of San Diego
By:_________________________________  By:_________________________________
Title:_______________________________   Title:_______________________________
Date:_______________________________   Date:_______________________________
I HEREBY APPROVE the form and legality of the foregoing Agreement this _____ day of ____________, 2015.

Jan I. Goldsmith, City Attorney

By:_________________________________

Deputy City Attorney
FIRST AMENDMENT TO THE INDUSTRIAL MEDICAL SERVICES AGREEMENT BETWEEN THE CITY OF SAN DIEGO AND SHARP REES-STEALY MEDICAL GROUP, INC. FOR THE PROVISION OF INDUSTRIAL MEDICINE SERVICES.

This First Amendment to the Agreement for the Provision of Industrial Medicine Services ("First Amendment"), amends and extends the Agreement for the Provision of Industrial Medicine Services ("Agreement") entered into between The City Of San Diego and Sharp Rees-Stealy Medical Group, Inc. (collectively referred to as “parties”), on May 11, 2010.

RECITALS

WHEREAS, the parties entered into the Agreement for the provision of Industrial Medicine Services on May 11, 2010 pursuant to agreement and City Council authorization.

WHEREAS, the Agreement was amended and extended by written agreement and pursuant to City Council authorization on May 29, 2012 (exercise of the first and second one year extensions), and on May 20, 2014 (exercise of the third one year extension).

WHEREAS, the Agreement will terminate by its own terms on May 20, 2015 if not extended further.

WHEREAS, the City of San Diego is currently finalizing a new Request for Proposals in order to retain an industrial medical provider(s). The RFP process is anticipated to be completed in the next eight months. Once completed, a new vendor agreement for the provision of Industrial Medicine Services to the City of San Diego will be presented to City Council for approval.

WHEREAS, the parties desire to further extend the Agreement in order to insure the provision of the industrial medicine services continue unabated while the RFP process is being completed, and a new resulting contract for the provision of these services is awarded.

WHEREAS, due to its extension to a total of 5 years, any further extension of the Agreement is subject to City Council authorization by ordinance.

WHEREAS, Upon receipt of City Council authorization, the Agreement will be extended for up to 1 additional year, or up until May 19, 2016, subject to the parties’ right to terminate the contract earlier upon giving appropriate written notice.

NOW THEREFORE, in consideration of the mutual benefits to be derived there from and of the mutual agreements hereinafter set forth, the parties hereto agree as follows:

1. Subject to City Council approval and final passage of an ordinance, the Agreement is extended to May 20, 2016.
2. That the Agreement as further extended is terminable by either party during its term for any reason upon the provision of 60 days notice to the other. Such notice shall be provided in writing and sent to:

City of San Diego  
Jill Degnan  
1200 3rd Avenue, Suite 1000  
San Diego, CA 92101  
JDegnan@sandiego.gov  
619-236-5958

Sharp Rees-Stealy Medical Group, Inc.  
Joseph Marty  
300 Fir Street  
San Diego, CA  92101  
Joseph.marty@sharp.com  
858-499-6720

3. All provisions of the Agreement and any Amendments thereto, except as modified by this First Amendment, shall remain in full force and effect and are reaffirmed.

4. Each Party acknowledges that it, as its respective interests appear, is liable for all damages arising from nonperformance under this First Amendment, and that if this First Amendment is performed, such performance shall be accepted as full performance of its obligations under the Original Agreement. Other than as stated in this First Amendment, this First Amendment shall not operate as a waiver of any condition or obligation imposed on the parties under the Original Agreement or any Amendment thereto.

IN WITNESS WHEREOF, the parties hereto have executed this First Amendment as of the date first written above.

Sharp Rees-Stealy Medical Group, Inc.                        City of San Diego

By:_________________________________                        By:_________________________________

Title:_________________________________                        Title:_________________________________

Date:_________________________________                        Date:_________________________________
I HEREBY APPROVE the form and legality of the foregoing Agreement this _____ day of ____________, 2015.

Jan I. Goldsmith, City Attorney

By: __________________________________________
   Deputy City Attorney
**Request for Human Resources Approval for Purchase Requisition**  
*(Contracting Out Review Request Form)*

- **Requesting Department:** Risk Management  
- **Vendor Name:** US Healthworks Medical Group and Sharp Rees Stealy Medical Group  
- **WBS No. or Project Title:** Industrial Medicine Contract  
- **Purchase Requisition #:** (if available):  
- **Department Contact:** Sharon Ferguson  
- **Date of Request:** 02/27/2015  
- **Contract Amount/Estimate:** $5,000,000.00  
- **Contract/Service Duration:** Month to Month

**NOTE:** Please provide a description of the activity/services requested and what the request to contract out work will cover.  
*(Please use plain language for the terms/definitions)*

Please submit request to HumanResources@sandiego.gov or MS 56L

<table>
<thead>
<tr>
<th>Question</th>
<th>Department Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the contract/service for? (Please be specific as to the scope of work)</td>
<td>Providing medical treatment to City employees who sustain injuries as a result of work related incidents.</td>
</tr>
<tr>
<td>What is the location of the project/service?</td>
<td>Various</td>
</tr>
<tr>
<td>Are City employees currently performing any of the work?</td>
<td>No</td>
</tr>
<tr>
<td>Do City employees currently have the expertise to do this work in-house?</td>
<td>No. Treatment is provided by licensed medical professionals which the City does not employ.</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Will any City employees be displaced as a result of this contract/service?</td>
<td>No</td>
</tr>
<tr>
<td>If this is a renewal of an existing contract, how long have these services been contracted out?</td>
<td>This is a month to month extension of a contract that will expire on May 20, 2015.</td>
</tr>
<tr>
<td>Is this a Public Works project? <em>(i.e. construction, reconstruction or repair of City buildings, street or other facilities)</em></td>
<td>No</td>
</tr>
<tr>
<td>Is this a Tenant Improvement project? <em>(i.e. changes to the interior of a City facility, such as floors, wall coverings, shelves, ceilings, windows, partitions, etc.)</em></td>
<td>No</td>
</tr>
<tr>
<td>Was another Department contacted to determine if they can or do perform this service <em>(i.e. Streets, Facilities, etc.)</em>? If so, please attach communication. If not, why was another Department not contacted?</td>
<td>No. Treatment is provided by licensed medical professionals which the City does not employ.</td>
</tr>
</tbody>
</table>

*NOTE: If Public Works project ($100,000 in labor costs or less) or Tenant Improvement project ($250,000 in labor costs or less) requires HR review/approval. All other contracts require HR review/approval regardless of dollar amount. Remember – Departments cannot intentionally bundle services to avoid the threshold labor costs.*
**DOCKET SUPPORTING INFORMATION**

**CITY OF SAN DIEGO**

**EQUAL OPPORTUNITY CONTRACTING PROGRAM EVALUATION**

DATE: March 4, 2015

SUBJECT: Approval of the Final Extension to the Industrial Medicine Contracts with Sharp Rees Stealy Medical Group and U.S. Healthworks Medical Group

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**GENERAL CONTRACT INFORMATION**

Recommended Contractor: Sharp Rees Stealy Medical Group (Not Certified)

U.S. Healthworks Medical Group (Not Certified)

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**Amount of this Action:** $ 5,000,000. (May 2015 – May 2016)

Final Extension Amount: $ 5,000,000. (May 2014 – May 2015)

First Extension Amount: $ 9,750,000. (May 2012 – May 2014)

Original Contract Amount: $ 9,000,000. (May 2010 – May 2012)

Cumulative Total Amount: $28,750,000.

Funding Source: City of San Diego

Goal: 20% Voluntary

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**Sharp Rees Stealy Medical Group**

**SUBCONTRACTOR PARTICIPATION**

There is no subcontractor participation identified with this action.

**EQUAL EMPLOYMENT OPPORTUNITY COMPLIANCE**

Equal Opportunity: Required.


The Administrative Work Force indicates under representation in the following categories:

- Latino and Filipino in Management & Financial
- Black, Latino, American Indian, and Filipino in A&E, Science, Computer
- Filipino in Technical; Administrative Support; Services; and Crafts

EOC Staff is concerned about the under representations in the contractor’s workforce and therefore, has requested Sharp Rees Stealy Medical Group submit an Equal Employment Opportunity Plan which describes equal employment policies and practices by May 14, 2014. Staff will continue to monitor the firm’s effort to implement their plans.

This agreement is subject to the City’s Equal Opportunity Contracting (San Diego Ordinance No. 18173, Section 22.2701 through 22.2708) and the City’s Non-Discrimination in Contracting Ordinance (San Diego Municipal Code Sections 22.3501 through 22.3517).
U.S. Healthworks Medical Group

SUBCONTRACTOR PARTICIPATION

There is no subcontractor participation identified with this action.

EQUAL EMPLOYMENT OPPORTUNITY COMPLIANCE

Equal Opportunity: Required.


The Administrative Work Force indicates under representation in the following categories:

- Latino in Services
- Asian in Technical and Administrative Support
- Black, Latino, Filipino and Female in Professional
- Filipino in Management & Financial; Technical; Administrative Support; and Services

Equal Opportunity Contracting approved an EO Plan submitted by U.S. Healthworks Medical Group on May 7, 2013. The plan describes equal employment policies and practices. EOC staff will continue to monitor the firm’s effort to implement their plan.

This agreement is subject to the City’s Equal Opportunity Contracting (San Diego Ordinance No. 18173, Section 22.2701 through 22.2708) and the City’s Non-Discrimination in Contracting Ordinance (San Diego Municipal Code Sections 22.3501 through 22.3517).

ADDITIONAL COMMENTS

RFP No. 9723-09-W

RW
WORK FORCE REPORT

The objective of the Equal Employment Opportunity Outreach Program, San Diego Municipal Code Sections 22.3501 through 22.3517, is to ensure that contractors doing business with the City, or receiving funds from the City, do not engage in unlawful discriminatory employment practices prohibited by State and Federal law. Such employment practices include, but are not limited to unlawful discrimination in the following: employment, promotion or upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rate of pay or other forms of compensation, and selection for training, including apprenticeship. Contractors are required to provide a completed Work Force Report (WFR).

NO OTHER FORMS WILL BE ACCEPTED

CONTRACTOR IDENTIFICATION

Type of Contractor:  
☐ Construction  ☑ Vendor/Supplier  ☐ Financial Institution  ☐ Lessee/Lessor  
☐ Consultant  ☐ Grant Recipient  ☐ Insurance Company  ☐ Other

Name of Company: Sharp Healthcare

ADA/DBA: Sharp

Address (Corporate Headquarters, where applicable): 1695 Spectrum Center Blvd  
City: San Diego  County: San Diego  State: CA  Zip: 92123

Telephone Number: (858) 499-5331  Fax Number: ( )

Name of Company CEO: Michael Murphy

Address(es), phone and fax number(s) of company facilities located in San Diego County (if different from above):

Address: ____________________________________________

City: ___________________________________  County: _______________  State: ____________  Zip: ____________

Telephone Number: ( )  Fax Number: ( )

Type of Business: Healthcare  Type of License: _______________

The Company has appointed: Diane Delaney

As its Equal Employment Opportunity Officer (EEOO). The EEOO has been given authority to establish, disseminate and enforce equal employment and affirmative action policies of this company. The EEOO may be contacted at:

Address: 1695 Spectrum Center Blvd, San Diego, CA 92123

Telephone Number: (858) 499-5331  Fax Number: (858) 499-5204

☐ One San Diego County (or Most Local County) Work Force - Mandatory
☐ Branch Work Force *
☐ Managing Office Work Force

Check the box above that applies to this WFR.

*Submit a separate Work Force Report for all participating branches. Combine WFRs if more than one branch per county.

I, the undersigned representative of Sharp Healthcare, hereby certify that information provided herein is true and correct. This document was executed on this day of March, 2015.

[Signature]

Authorized Signature

EOC Work Force Report (rev. 08/04) 1 of 3

Attachment AA
WORK FORCE REPORT – Page 2
NAME OF FIRM: SharpHealthCare: Sharp Peers Stealy DATE: 3/2/15
OFFICE(S) or BRANCH(ES): __________________________ COUNTY: San Diego

INSTRUCTIONS: For each occupational category, indicate number of males and females in every ethnic group. Total columns in row provided. Sum of all totals should be equal to your total work force. Include all those employed by your company on either a full or part-time basis. The following groups are to be included in ethnic categories listed in columns below:

(1) Black, African-American
(2) Hispanic, Latino, Mexican-American, Puerto Rican
(3) Asian, Pacific Islander
(4) American Indian, Eskimo
(5) Filipino
(6) White, Caucasian
(7) Other ethnicity; not falling into other groups

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<th>ADMINISTRATION OCCUPATIONAL CATEGORY</th>
<th>(1) Black</th>
<th>(2) Hispanic</th>
<th>(3) Asian</th>
<th>(4) American Indian</th>
<th>(5) Filipino</th>
<th>(6) White</th>
<th>(7) Other Ethnicity</th>
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*Construction laborers and other field employees are not to be included on this page

Totals Each Column: 300: 153 81: 614 95: 333 1: 10 0 0 138: 830 15: 100

Grand Total All Employees: 2400

Indicate by Gender and Ethnicity the Number of Above Employees Who Are Disabled:

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<thead>
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<th>Disabled</th>
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<th>(F)</th>
<th>(M)</th>
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<th>(M)</th>
<th>(F)</th>
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<th>(F)</th>
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<th>(F)</th>
</tr>
</thead>
</table>

Non-Profit Organizations Only:

<table>
<thead>
<tr>
<th>Board of Directors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers</td>
</tr>
<tr>
<td>Artists</td>
</tr>
</tbody>
</table>
WORK FORCE REPORT

The objective of the Equal Employment Opportunity Outreach Program, San Diego Municipal Code Sections 22.3501 through 22.3517, is to ensure that contractors doing business with the City, or receiving funds from the City, do not engage in unlawful discriminatory employment practices prohibited by State and Federal law. Such employment practices include, but are not limited to unlawful discrimination in the following: employment, promotion or upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rate of pay or other forms of compensation, and selection for training, including apprenticeship. Contractors are required to provide a completed Work Force Report (WFR).

NO OTHER FORMS WILL BE ACCEPTED

CONTRACTOR IDENTIFICATION

Type of Contractor:  
- [ ] Construction  
- [ ] Vendor/Supplier  
- [ ] Financial Institution  
- [ ] Lessee/Lessor  
- [ ] Consultant  
- [ ] Grant Recipient  
- [ ] Insurance Company  
- [ ] Other

Name of Company:  
U.S. HealthWorks

ADA/DBA:  
U.S. HealthWorks

Address (Corporate Headquarters, where applicable):  
25124 Springfield Ct Suite 200

City:  
Valencia

County:  
Los Angeles

State:  
CA

Zip:  
92552

Telephone Number: (661) 678-2600

Fax Number: (661) 678-2700

Name of Company CEO:  
Joe Mallas

Address(es), phone and fax number(s) of company facilities located in San Diego County (if different from above):

Address:  
See Attached

City:  
County:  
State:  
Zip:  
Fax Number:  
Telephone Number:  
Type of Business:  
Healthcare

Type of License:  

The Company has appointed:  
Melanie Morales, HR Generalist

As its Equal Employment Opportunity Officer (EEOO). The EEOO has been given authority to establish, disseminate and enforce equal employment and affirmative action policies of this company. The EEOO may be contacted at:

Address:  
25124 Springfield Ct Suite 200, Valencia, CA 91355

Telephone Number: (661) 678-2600

Fax Number: (661) 678-2700

☐ One San Diego County (or Most Local County) Work Force - Mandatory

☐ Branch Work Force *

☐ Managing Office Work Force

Check the box above that applies to this WFR.

*Submit a separate Work Force Report for all participating branches. Combine WFRs if more than one branch per county.

I, the undersigned representative of  

U.S. HealthWorks  

(Firm Name)

Los Angeles, California hereby certify that information provided herein is true and correct. This document was executed on this  

02 day of March, 2015

Origin

(Authorized Signature)

Melanie Morales

(Print Authorized Signature Name)
INSTRUCTIONS: For each occupational category, indicate number of males and females in every ethnic group. Total columns in row provided. Sum of all totals should be equal to your total work force. Include all those employed by your company on either a full or part-time basis. The following groups are to be included in ethnic categories listed in columns below:

(1) Black, African-American
(2) Hispanic, Latino, Mexican-American, Puerto Rican
(3) Asian, Pacific Islander
(4) American Indian, Eskimo
(5) Filipino
(6) White, Caucasian
(7) Other ethnicity; not falling into other groups

<table>
<thead>
<tr>
<th>ADMINISTRATION OCCUPATIONAL CATEGORY</th>
<th>(1) Black</th>
<th>(2) Hispanic</th>
<th>(3) Asian</th>
<th>(4) American Indian</th>
<th>(5) Filipino</th>
<th>(6) White</th>
<th>(7) Other Ethnicity</th>
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</thead>
<tbody>
<tr>
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<tr>
<td>A&amp;E, Science, Computer</td>
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<tr>
<td>Administrative Support</td>
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<tr>
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<tr>
<td>Laborers*</td>
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<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

*Construction laborers and other field employees are not to be included on this page.

Totals Each Column: 4 3 18 44 6 10 0 1 0 0 35 62 1 4

Grand Total All Employees: 188

Indicate by Gender and Ethnicity the Number of Above Employees Who Are Disabled:

<table>
<thead>
<tr>
<th>Disabled</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
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</tbody>
</table>

Non-Profit Organizations Only:

<table>
<thead>
<tr>
<th>Board of Directors</th>
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<tbody>
<tr>
<td>NA</td>
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<table>
<thead>
<tr>
<th>Volunteers</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Artists</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
</tr>
</tbody>
</table>
WORK FORCE REPORT

NAME OF FIRM: ___________________________ DATE: ________________

OFFICE(S) or BRANCH(ES): ___________________________ COUNTY: ________________

INSTRUCTIONS: For each occupational category, indicate number of males and females in every ethnic group. Total columns in row provided. Sum of all totals should be equal to your total work force. Include all those employed by your company on either a full or part-time basis. The following groups are to be included in ethnic categories listed in columns below:

1. Black, African-American
2. Hispanic, Latino, Mexican-American, Puerto Rican
3. Asian, Pacific Islander
4. American Indian, Eskimo
5. Filipino
6. White, Caucasian
7. Other ethnicity; not falling into other groups

<table>
<thead>
<tr>
<th>TRADE OCCUPATIONAL CATEGORY</th>
<th>(1) Black</th>
<th>(2) Hispanic</th>
<th>(3) Asian</th>
<th>(4) American Indian</th>
<th>(5) Filipino</th>
<th>(6) White</th>
<th>(7) Other Ethnicity</th>
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</thead>
<tbody>
<tr>
<td>(M)</td>
<td>(F)</td>
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<td>(M)</td>
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</tr>
<tr>
<td>Brick, Block or Stone Masons</td>
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<td></td>
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<tr>
<td>Carpenters</td>
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<tr>
<td>Carpet, Floor &amp; Tile Installers Finishers</td>
<td></td>
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<td>Cement Masons, Concrete Finishers</td>
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<tr>
<td>Construction Laborers</td>
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<tr>
<td>Drywall Installers, Ceiling Tile Inst</td>
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<td>Electricians</td>
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<td>Elevator Installers</td>
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<tr>
<td>First-Line Supervisors/Managers</td>
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<tr>
<td>Glaziers</td>
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</tr>
<tr>
<td>Helpers; Construction Trade</td>
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<td></td>
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</tr>
<tr>
<td>Millwrights</td>
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<tr>
<td>Misc. Const. Equipment Operators</td>
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<tr>
<td>Painters, Const. &amp; Maintenance</td>
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</tr>
<tr>
<td>Pipayers, Plumbers, Pipe &amp; Steam Fitters</td>
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<tr>
<td>Plasterers &amp; Stucco Masons</td>
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<td></td>
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<tr>
<td>Roofers</td>
<td></td>
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</tr>
<tr>
<td>Security Guards &amp; Surveillance Officers</td>
<td></td>
<td></td>
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<tr>
<td>Sheet Metal Workers</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Structural Metal Fabricators &amp; Fitters</td>
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<td></td>
</tr>
<tr>
<td>Welding, Soldering &amp; Brazing Workers</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Workers, Extractive Crafts, Miners</td>
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<td></td>
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</tr>
</tbody>
</table>

Totals Each Column

Grand Total All Employees

Indicate by Gender and Ethnicity the Number of Above Employees Who Are Disabled:

Disabled
U.S. HealthWorks Center Locations – San Diego Region

San Diego (Hillcrest)
3930 Fourth Avenue
Suite 200
San Diego, CA 92103

National City
102 Mile of Cars Way
National City, CA 91950

San Diego (Kearny Mesa)
5575 Ruffin Road
Suite 100
San Diego, CA 92123

Chula Vista
1111 Broadway
Suite 305
Chula Vista, CA 91911

La Mesa
8090 Parkway Drive
La Mesa, CA 91942

San Diego (Miramar)
7590 Miramar Road
Suite C
San Diego, CA 92126

San Diego (Sorrento Mesa)
5897 Oberlin Drive
Suite 100
San Diego, CA 92121

Santee
9745 Prospect Ave.
Suite 100
Santee, CA 92071
The City of San Diego
COMPTROLLER’S CERTIFICATE

CERTIFICATE OF UNALLOTED BALANCE

I HEREBY CERTIFY that the money required for the allotment of funds for the purpose set forth in the foregoing resolution is available in the Treasury, or is anticipated to come into the Treasury, and is otherwise unallotted.

Amount: $500,000.00

Purpose: Month to Month extension to the Industrial Medicine Contracts between the City of San Diego and Sharp Rees Medical Group and U.S. Healthworks Medical Group.

ACCOUNTING DATA

<table>
<thead>
<tr>
<th>Doc. Item</th>
<th>Fund</th>
<th>Funded Program</th>
<th>Internal Order</th>
<th>Functional Area</th>
<th>G/L Account</th>
<th>Business Area</th>
<th>Cost Center</th>
<th>WBS</th>
<th>Original Amount</th>
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<tbody>
<tr>
<td>720044</td>
<td></td>
<td></td>
<td></td>
<td>512014</td>
<td>1515</td>
<td>1515000013</td>
<td></td>
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<td>$500,000.00</td>
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</tbody>
</table>

TOTAL AMOUNT $500,000.00

CERTIFICATION OF UNENCUMBERED BALANCE

I HEREBY CERTIFY that the indebtedness and obligation to be incurred by the contract or agreement authorized by the hereto attached resolution, can be incurred without the violation of any of the provisions of the Charter of the City of San Diego; and I do hereby further certify, in conformity with the requirements of the Charter of the City of San Diego, that sufficient moneys have been appropriated for the purpose of said contract, that sufficient moneys to meet the obligations of said contract are actually in the Treasury, or are anticipated to come into the Treasury, to the credit of the appropriation from which the same are to be drawn, and that the said money now actually in the Treasury, together with the moneys anticipated to come into the Treasury, to the credit of said appropriation, are otherwise unencumbered.

Not to Exceed: ____________________________

Vendor: ____________________________

Purpose: ____________________________

Date: ____________________________ By: ____________________________

ACCOUNTING DATA

<table>
<thead>
<tr>
<th>Doc. Item</th>
<th>Fund</th>
<th>Funded Program</th>
<th>Internal Order</th>
<th>Functional Area</th>
<th>G/L Account</th>
<th>Business Area</th>
<th>Cost Center</th>
<th>WBS</th>
<th>Original Amount</th>
</tr>
</thead>
</table>

TOTAL AMOUNT

CC-361 (REV 7-08)

FUND OVERRIDE

COMPTROLLER’S DEPARTMENT

CC 3000007628
A RESOLUTION OF THE COUNCIL OF THE CITY OF SAN DIEGO APPROVING THE THIRD AND FINAL EXTENSION TO THE INDUSTRIAL MEDICINE CONTRACTS WITH SHARP REES-STEALY MEDICAL GROUP AND U.S. HEALTHWORKS MEDICAL GROUP.

WHEREAS, when a City of San Diego employee is injured, his or her Worker’s Compensation claim is processed by the Risk Management Department in accordance with the laws of the State of California for self-insured and self-administered agencies; and

WHEREAS, in order to provide the best medical care available to its injured workers and to comply with Workers’ Compensation benefit mandates and California Occupational Safety and Health Administration-required testing, the City issued a Request for Proposals (RFP) in July 2009 for industrial medical providers; and

WHEREAS, the RFP resulted in a contract award to Sharp Rees-Stealy Medical Group (SRSMG) and U.S. Healthworks Medical Group (USHWMG), who were the top two candidates in the competitive RFP bid process; and

WHEREAS, in order to provide a robust medical panel and ensure the availability of specialty physicians, both SRSMG and USHWMG were selected to provide industrial medicine services and serve as the City’s Medical Provider Network (MPN); and

WHEREAS, the California Labor Code and California Code of Regulations allow for insurers and employers to create an MPN consisting of a variety of physicians where injured workers can be directed for treatment of industrial injuries; and
WHEREAS, on May 11, 2010, the City Council approved a two-year agreement with three-one year extension options, the exercise of which required the City Council approval (R-305787); and

WHEREAS, on May 29, 2012, the City Council approved the exercise of the first and second one year extensions (R-307436); and

WHEREAS, these contractual agreements resulted in cost containment for the City Council while allowing the City’s injured employees to have a wide choice of healthcare providers in the San Diego region; and

WHEREAS, the first and second extensions are set to expire on May 28, 2014; and

WHEREAS, exercise of the third one year extension is necessary in order to continue to provide industrial medicine services to City of San Diego employees while at the same time allowing staff to draft and issue a Request for Proposal for the provision of industrial medicine services beyond May, 2015; and

WHEREAS, funding for this contract is available in Fund 720044; and

WHEREAS, this agreement is subject to the City’s Equal Opportunity Contracting (San Diego Ordinance O-18173, sections 22.2701 through 22.2708) and Non-Discrimination in Contracting Ordinance (San Diego Municipal Code sections 22.3501 through 22.3517); NOW, THEREFORE,

BE IT RESOLVED, by the City Council that the City Council authorizes the Mayor or his designee to enter into a one-year contract extension with Sharp Rees-Stealy Medical Group and U.S. Healthworks Medical Group to provide industrial medicine services to City employees.

BE IT FURTHER RESOLVED, that the City Council authorizes the Chief Financial Officer to appropriate and expend $5,000,000 for fiscal year 2015 from the Workers’ Compensation Fund 720044, contingent upon the Chief Financial Officer first furnishing one or
more certificates certifying that the funds necessary for expenditure are, or will be, on deposit
with the City Treasurer.

APPROVED: JAN I. GOLDSMITH, City Attorney

By

William Gersten
Deputy City Attorney

WG:hm
5/07/2014
Or.Dept:Risk Management
Doc. No.: 782892
I hereby certify that the foregoing Resolution was passed by the Council of the City of San Diego, at this meeting of 5/19/14.

ELIZABETH S. MALAND
City Clerk

KEVIN L. FAULCONER, Mayor

Approved: 5/20/2014

Vetoed: ____________

KEVIN L. FAULCONER, Mayor
Passed by the Council of The City of San Diego on **MAY 19 2014**, by the following vote:

<table>
<thead>
<tr>
<th>Councilmembers</th>
<th>Yeas</th>
<th>Nays</th>
<th>Not Present</th>
<th>Recused</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sherri Lightner</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Ed Harris</td>
<td>☑</td>
<td>☐</td>
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<tr>
<td>Todd Gloria</td>
<td>☑</td>
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<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Myrtle Cole</td>
<td>☑</td>
<td>☐</td>
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<tr>
<td>Mark Kersey</td>
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<tr>
<td>Lorie Zapf</td>
<td>☑</td>
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<td>Scott Sherman</td>
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<tr>
<td>David Alvarez</td>
<td>☑</td>
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<td>☐</td>
</tr>
<tr>
<td>Marti Emerald</td>
<td>☑</td>
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</tbody>
</table>

Date of final passage **MAY 20 2014**

(Please note: When a resolution is approved by the Mayor, the date of final passage is the date the approved resolution was returned to the Office of the City Clerk.)

AUTHENTICATED BY:

KEVIN L. FAULCONER
Mayor of The City of San Diego, California.

ELIZABETH S. MALAND
City Clerk of The City of San Diego, California.

By [Signature], Deputy

Office of the City Clerk, San Diego, California

Resolution Number R- 308950
RESOLUTION NUMBER R- 307436

DATE OF FINAL PASSAGE  MAY 29 2012

A RESOLUTION OF THE COUNCIL OF THE CITY OF SAN DIEGO APPROVING THE FIRST AND SECOND EXTENSIONS TO THE INDUSTRIAL MEDICINE CONTRACTS WITH SHARP REES-STEALY MEDICAL GROUP AND U.S. HEALTHWORKS MEDICAL GROUP.

WHEREAS, when a City of San Diego employee is injured, his or her Worker's Compensation claim is processed by the Risk Management Department in accordance with the laws of the State of California for self-insured and self-administered agencies; and

WHEREAS, in order to provide the best medical care available to its injured workers and to comply with Workers' Compensation benefit mandates and California Occupational Safety and Health Administration-required testing, the City issued a Request for Proposals (RFP) in July 2009 for industrial medical providers; and

WHEREAS, the RFP resulted in a contract award to Sharp Rees-Stealy Medical Group (SRSMG) and U.S. Healthworks Medical Group (USHWMG), who were the top two candidates in the competitive RFP bid process; and

WHEREAS, in order to provide a robust medical panel and ensure the availability of specialty physicians, both SRSMG and USHWMG were selected to provide industrial medicine services and serve as the City's Medical Provider Network (MPN); and

WHEREAS, the California Labor Code and California Code of Regulations allow for insurers and employers to create an MPN consisting of a variety of physicians where injured workers can be directed for treatment of industrial injuries; and
WHEREAS, this MPN must be approved by the State. The City's state-approved MPN consists of a large base of quality specialty care physicians from both the SRSMG and USHWMG; and

WHEREAS, these contractual agreements result in cost containment for the City while allowing the City's injured employees to have a wide choice of healthcare providers in the San Diego region; and

WHEREAS, funding for this contract is available in Fund 720044; and

WHEREAS, this agreement is subject to the City's Equal Opportunity Contracting (San Diego Ordinance O-18173, sections 22.2701 through 22.2708) and Non-Discrimination in Contracting Ordinance (San Diego Municipal Code sections 22.3501 through 22.3517); and

WHEREAS, this item was originally brought to the City Council in April 2010; and

WHEREAS, the City Council unanimously approved a two-year agreement with one year extension options beyond required City Council approval; NOW, THEREFORE,

BE IT RESOLVED, by the Council of the City of San Diego that the City Council authorizes the Mayor to enter into a two-year agreement extension with Sharp Rees-Stealy Medical Group and U.S. Healthworks Medical Group to provide industrial medicine services to City employees.

BE IT FURTHER RESOLVED, that the Council authorizes the Chief Financial Officer to appropriate and expend $4,750,000 for fiscal year 2012 from the Workers' Compensation Fund 720044, contingent upon the Chief Financial Officer first furnishing one or more certificates certifying that the funds necessary for expenditure are, or will be, on deposit with the City Treasurer.
BE IT FURTHER RESOLVED, that the Council authorizes the Chief Financial Officer
toappropriate and expend $5,000,000 for fiscal year 2013 from the Workers' Compensation
Fund 720044, contingent upon the Chief Financial Officer first furnishing one or more
certificates certifying that the funds necessary for expenditure are, or will be, on deposit with the
City Treasurer.

APPROVED: JAN I. GOLDSMITH, City Attorney

By

William Gersten
Deputy City Attorney

WG:ccm
4/13/2012
Or.Dept:Risk Management
Doc. No.: 353051
I hereby certify that the foregoing Resolution was passed by the Council of the City of San Diego, at this meeting of MAY 15, 2012.

Approved: 5-29-12
(date)

Vetoed: (date)

JERRY SANDERS, Mayor

ELIZABETH S. MAE AND
City Clerk

By:
Deputy City Clerk

JERRY SANDERS, Mayor

JERRY SANDERS, Mayor
RESOLUTION NUMBER R-305787

DATE OF FINAL PASSAGE MAY 11 2010

A RESOLUTION OF THE COUNCIL OF THE CITY OF SAN DIEGO AUTHORIZING THE MAYOR TO ENTER INTO TWO-YEAR AGREEMENTS WITH SHARP REES-STEALLY MEDICAL GROUP AND U.S. HEALTHWORKS MEDICAL GROUP, WITH THREE, ONE-YEAR EXTENSION OPTIONS, TO PROVIDE INDUSTRIAL MEDICINE SERVICES TO CITY EMPLOYEES

WHEREAS, the City of San Diego has a commitment to provide a safe working environment for all its employees; and

WHEREAS, when an employee is injured, their Workers' Compensation claim is processed by the Risk Management Department in accordance with the laws of the State of California for self-insured and self-administered agencies; and

WHEREAS, all Workers' Compensation expenses are paid from the City's Workers' Compensation Fund; and

WHEREAS, the Risk Management Department is also responsible for the implementation of State mandated Audiometric and Respiratory testing of specified employees, such as Firefighters, Police Swat Team Members, Helicopter Pilots, Equipment Operators, etc.; and

WHEREAS, in order to provide the best medical care available to its injured workers, and to comply with Workers' Compensation benefit mandates and California Occupational Safety and Health Administration [Cal-OSHA] required testing, the City issued a Request for Proposals [RFP] in July 2009, for an industrial medical provider to provide the services of
medical treatment for industrially injured employees, an audiometric testing service, a respiratory fitness testing service, and a safety and loss prevention medical program; and

WHEREAS, Sharp Rees-Stealy Medical Group [SRSMG] and U.S. Healthworks Medical Group [USHMG] were the top two candidates in the competitive RFP bid process; and

WHEREAS, in order to provide a robust medical panel and ensure the availability of specialty physicians both SRSMG and USHMG have been selected to provide industrial medicine services and serve as the City’s Medical Provider Network; NOW, THEREFORE,

BE IT RESOLVED, that the Council of the City of San Diego authorize the Mayor to enter into two-year agreements with Sharp Rees-Stealy Medical Group and U.S. Healthworks Medical Group, with three, one-year extension options, to provide industrial medicine services to City employees.

BE IT FURTHER RESOLVED, that the Council authorize the Chief Financial Officer to appropriate and expend up to $4,500,000 per year for the first two years of the industrial medicine agreements, contingent upon the Chief Financial Officer first furnishing one or more certificates certifying that the funds necessary for expenditure are, or will be on deposit with the City Treasurer.

BE IT FURTHER RESOLVED, that the election of any and all one-year extension options beyond the initial two-year term of the agreements and appropriation of funds therefor is subject to further Council approval.
BE IT FURTHER RESOLVED, that the Council authorizes the expenditures of up to $4,500,000 per fiscal year for the initial two year term of the industrial medicine agreement from the Workers’ Compensation Fund 720044.

APPROVED: JAN I. GOLDSMITH, City Attorney

By ______________________
William J. Gersten
Deputy City Attorney

I hereby certify that the foregoing Resolution was passed by the Council of the City of San Diego, at this meeting of APR 26 2010.

ELIZABETH S. MALAND
City Clerk

By ______________________
Deputy City Clerk

Approved: ______________________
(date)

Jerry Sanders, Mayor

Vetoed: ______________________
(date)

Jerry Sanders, Mayor
Passed by the Council of The City of San Diego on April 26, 2010, by the following vote:

YEAS:  LIGHTNER, FAULCONER, GLORIA, YOUNG, DEMAIO, FRYE, EMERALD, & HUESO.

NAYS:  NONE.

NOT PRESENT:  NONE.

RECUSED:  NONE.

AUTHENTICATED BY:

JERRY SANDERS
Mayor of The City of San Diego, California

ELIZABETH S. MALAND
City Clerk of The City of San Diego, California

(Seal)

By:  GIL SANCHEZ, Deputy

I HEREBY CERTIFY that the above and foregoing is a full, true and correct copy of RESOLUTION NO.  R-305787, approved by the Mayor of The City of San Diego, California on  May 11, 2010.

ELIZABETH S. MALAND
City Clerk of The City of San Diego, California

(SEAL)

By:  , Deputy
MEMORANDUM OF AGREEMENT

Parties

This Memorandum of Agreement ("MOA") is hereby made by and among Sharp Rees Stealy Medical Group, Inc. ("Proposer") and the City of San Diego ("City"), collectively referred to as the "Parties," to memorialize their acceptance of the terms of the contract resulting to the Proposer’s successful proposal in response to the City’s Request for Proposal No. 9723-09-W-RFP, Industrial Medical Services ("RFP").

Recitals

WHEREAS, the Proposer has submitted a proposal in response to the RFP, and in doing so has agreed that, should the proposal be successful, it will be bound by the terms of the following documents: RFP; the City of San Diego’s General Provisions for Proposals dated January 18, 2005 ("General Provisions"); the Proposal For The City Of San Diego for Industrial Medical Services, Volume I Technical Proposal, and Volume II Price Proposal, dated July 23, 2009, attached hereto and incorporated herein ("Proposal"); the City’s intent letter dated November 25, 2009, attached hereto and incorporated herein; the City’s award letter; the City’s written request for clarification dated September 8, 2009, attached hereto and incorporated herein; Proposer’s clarification dated September 9, 2009 attached hereto and incorporated herein, which the parties acknowledge was accepted by the City; all exhibits, attachments, and addenda to the aforementioned documents; and all documents incorporated therein by reference ("Contract Documents");

WHEREAS, the City has determined that the Proposer’s Proposal is the winning proposal and the City intends to award the contract to the Proposer on that basis;

THEREFORE, the Parties agree to the following:

Agreement

The Parties mutually agree that, as a result of the City’s acceptance of the Proposer’s Proposal in response to the RFP, the Parties shall be mutually bound by the Contract Documents, as defined above. To the extent terms and conditions of the Contract Documents conflict with one another, the order of priority will be as follows: (1) The RFP takes precedence over conflicting terms in the General Provisions; (2) the General Provisions take precedence over conflicting terms in the Proposal; and (3) exceptions and clarifications noted in the Proposal including the September 9, 2009 clarification identified above, takes precedence over conflicting terms in the RFP and General Provisions only if expressly agreed to by the Parties in writing prior to execution of this MOA. To the extent terms and conditions of the Contract Documents conflict with the terms and conditions of this MOA, the terms and conditions of the MOA take precedence.

In addition to the terms and conditions contained in the Contract Documents as defined above, the Parties agree to the following:

L 305787

SHARP.
The following is added to Section IV Pricing page four (4) paragraph H “Any inpatient or outpatient services not covered on the Official State of California Fee Schedule shall be paid at a rate of forty-five percent (45%) of billed charges.”

The Parties further agree that the Contract Documents, as defined above and memorialized in this MOA, and the terms and conditions of this MOA, constitute the entire agreement between the Parties.

Accepted and Agreed,

City of San Diego

By:  
W. Downs Prior
Principal Contract Specialist
Purchasing and Contracting Dept.

Date: 1/9/2010

Proposer

By: Donald C. Balfour, III, M.D.,
Title: PRESIDENT

Date: 1/13/2010

I HEREBY APPROVE the form and legality of the foregoing agreement this 20 day of January, 2010.

JAN I. GOLDSMITH, City Attorney

By:  
Deputy City Attorney
A PROPOSAL FOR

THE CITY OF SAN DIEGO

FOR

INDUSTRIAL MEDICAL SERVICES

VOLUME I – TECHNICAL PROPOSAL

BY

SHARP REES-STEALY MEDICAL GROUP, INC.

JULY 23, 2009

To: Bill Broderich, CPPB/CNN
Proposal NO: 9723-09-W-RFP
Closing Date: July 23, 2009
@ 4:00p.m., P.S.T.
CITY OF SAN DIEGO
PURCHASING & CONTRACTING DEPT.
1200 Third Avenue, Suite 200
San Diego, CA 92101-4195

Proposal No. 9723-09-W-RFP    REQUEST FOR PROPOSAL    Closing Date: July 23, 2009
                              @ 4:00 pm P.S.T.

Subject: Furnish the City of San Diego with Industrial Medical Services

Timeline: As may be required for a period of two (2) years from date of fully executed Contract, with options to renew for three (3) additional one (1) year periods (total contract period cannot exceed five (5) years), in accordance with the attached specifications and requirements.

Company: Sharp Rees Stealy Medical Group, Inc.
Federal Tax I.D. No. 330106028
Street Address: 2001 Fourth Ave.
City: San Diego
State: CA Zip Code: 92101
Tel. No. (619)446-1655 Fax No. (619) 233-4730
E-Mail donald.balfour@sharp.com

If your firm is not located in California, are you authorized to collect California sales tax? Yes No
If Yes, under what Permit #

City of San Diego Business Tax License #: B1995006268

Name: Donald C. Balfour II, M.D.
Signature: [Signature]
Title: President
Date: 7/7/09
*Authorized Signature: The signer declares under penalty of perjury that she/he is authorized to sign this document and bind the company or organization to the terms of this agreement.

FOR CONSIDERATION AS A RESPONSIVE PROPOSAL, THE FOLLOWING IS REQUIRED:

1) Proposal must be submitted on official City proposal forms.
2) All information on this Request for Proposal cover page must be completed.
3) This cover page must be signed with an original signature.
4) Proposal must be submitted on or before the exact closing date and time. Proposal received after the exact closing date and time will NOT be considered. If hand delivering, please allow enough time for travel and parking to submit by the closing date and time.
5) All proposers’ must complete and submit the Vendor Registration Form with their proposals.

FOR FURTHER INFORMATION CONCERNING THIS BID, PLEASE CONTACT:
BILL BRODERICK, CPPB/cnn, Procurement Specialist
Phone: (619) 236-6653 Fax: (619) 236-5904 E-mail: WBroderick@sandiego.gov
July 23, 2009

City of San Diego
Risk Management Department
1200 Third Avenue, Suite 1000
San Diego, California 92101

Re: City of San Diego Request for Proposal for Industrial Medical Services

Dear Sir, Madam,

On behalf of Sharp Rees-Stealy, I am pleased to submit for your review and consideration our proposal to provide industrial medical services to the injured and ill employees of the City of San Diego.

Our proposal is comprehensive and complies with the terms and conditions of the City of San Diego Risk Management Department’s request for proposal. The physicians and staff of Sharp Rees-Stealy with support of Sharp HealthCare, appreciate the opportunity to be of service to the City of San Diego.

We look forward to a formal oral presentation in order to personally discuss our proposal and answer any questions you may have.

Sincerely,

Donald C. Balfour, III, M.D., President
Sharp Rees-Stealy Medical Group, Inc.
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1. VOLUME I TECHNICAL PROPOSAL

a. Executive/Management Summary

Sharp Rees-Stealy Medical Group would like to extend to the City of San Diego, our appreciation for the opportunity to present our proposal for the delivery of industrial medical services to the City of San Diego. This proposal describes in detail Sharp Rees-Stealy Medical Group's experience and understanding of industrial medical care, our dedicated occupational medicine delivery system, and proposed role as a team member in the City of San Diego’s comprehensive workers’ compensation program.

Sharp Rees-Stealy is a locally owned and operational multi-specialty medical group practice that is part of Sharp HealthCare, a non-for-profit integrated health care delivery system.

Throughout our 85-year history of service to San Diego, Sharp Rees-Stealy Medical Group has expanded and grown to meet the medical needs of the San Diego community. Today, Sharp Rees-Stealy Medical Group operates fourteen medical clinics conveniently located throughout San Diego County. Our physician staff numbers more than 300. Sharp Rees-Stealy Medical Group Physicians represent virtually every medical specialty, including a formally organized and distinct practice in Occupation Medicine.

The Sharp Rees-Stealy Occupational Medicine Program is self-contained with its own medical staff, administrative staff, nursing personnel, clinic facilities and computer systems. Sharp Rees-Stealy is the only medical group delivering a large industrial medicine practice as part of a multi-site, multi-specialty group practice. This unique approach to Occupational Medicine improves access to both primary Occupational Medicine and specialty physicians and reinforces the quality of the medical services without increasing cost. Dedicated Occupational Medicine Programs are located in six Sharp Rees-Stealy facilities.

The major goal of Sharp Rees-Stealy physicians and non-physician staff delivering Occupational Medicine services is to be a team member in the comprehensive workers’ compensation program with the employees, employers and insurers they serve. Sharp Rees-Stealy believes that in its role as a member of that team it must provide:

- **Quality Medical Care** – Medical services are provided by physicians trained and experiences in Occupational Medicine. Sharp Rees-Stealy physicians have more training and experience in occupational medicine than virtually any provider in California. The primary occupational medicine staff practices occupational medicine 100% of their time. This approach ensures that ill employees are treated by a staff knowledgeable in workplace hazards and exposures.
Recent Quality recognition achieved by Sharp Rees-Stealy:

- 2009 Sharp Rees-Stealy was awarded a full three year (maximum allowed) accreditation by the Accreditation Association for Ambulatory Health CARE (AAAHC)
- 2008 California top performing physician group in Blue Cross of California’s Quality Scorecard Program
- 2007 Malcolm Baldrige National Quality Award

- **Communications and Access** – Sharp Rees-Stealy physicians and staff are committed to being personally available to their patients, employer representatives and claims adjusters. This access ensures the timely flow of information and coordination of care.

Sharp Rees-Stealy currently also provides electronic case information and two-way communication to the City Risk Management Department.

- **Consultant Services** – Sharp Rees-Stealy physicians serve as consultants to employers indentifying patterns of injury and providing preventive recommendations on a pro-active basis to reduce future incidents. Sharp Rees-Stealy physicians are also able to consult in the areas of epidemiology, biological safety, and virtually any area of medicine.

- **Medical and Disability Case Management** – The Sharp Rees-Stealy Occupational Medicine physicians accept the responsibility of coordinating the care required by their patients. This approach ensures continuity of care, timely treatment, appropriate disability management and cost effective resource use. Sharp Rees-Stealy physicians also work externally with the case managers as part of a comprehensive workers’ compensation program.

- **Cost Effective Medical Treatment** – All medical care is rendered with an understanding of the principles of evidence based medicine, utilization management, and an appreciation of the cost of care.

- **365 Day A Year/24 Hour Coverage** – Sharp Rees-Stealy’s Occupational Medicine Program’s supported by our Urgent Care Centers which are open 365 days a year until 8:00p.m with the Downtown Urgent Care open till 10:00pm. The dedicated occupational medicine staff routinely covers 8:00 to 5:00 but are available for other hours as needed and are on-call 24 hours per day. Physicians have received training on the care of industrial patients from the Sharp Rees-Stealy Occupational Medicine Director. The Sharp Rees-Stealy Occupational Medicine Program is also programatically linked to the Occupational Medicine services delivered by Sharp HealthCare emergency rooms for
injuries occurring after 10:00 p.m. and before 8:00 a.m. this system-wide linkage of physician, hospital and emergency medicine services combine to create the largest county-wide 24-hour a day system of Occupational Medicine services in Southern California. See Appendix for Sharp Rees-Stealy Occupational Medicine, Urgent Care and Hospital location and hours of operation.

I. BACKGROUND, SCOPE OF WORK, AND OBJECTIVE

A. Background
By focusing its Occupational Medicine Program on the needs of employees/patients, employers and the workers’ compensation insurance carriers, Sharp Rees-Stealy physicians have developed an understanding and depth of experience unmatched in the medical community. In addition, Sharp Rees-Stealy has had the privilege of serving as a medical provider and team member in the City’s comprehensive workers’ compensation program for over 20 years. It is this experience along with our knowledge, skill and expertise that uniquely qualifies Sharp Rees-Stealy to provide all the Industrial Medical Services required by the City. This experience includes, but is not limited to the following:

- Primary and specialty care of both routine and complex occupational injuries.
- OSHA mandated surveillance programs (i.e. Respirator Clearance, Hearing Conservation, Asbestos, Lead, Hazardous Material, etc).
- Occupation specific ancillary programs in physical therapy, upper extremity rehabilitation and work reconditioning.
- Evaluation and management of toxic exposures.
- Worksite environmental, epidemiological and biological safety.
- Ergonomic workplace or method evaluation and design, Cal/OSHA ergonomic standard compliance assistance, employee and supervisor training as well as other focused preventive services designed to reduce the number of injuries.
- Development and performance of specialized medical programs to meet OSHA requirements and protect the health and safety of workers (i.e. Bloodborne Pathogen exposures, etc.)
- Development and performance of occupation specific pre-placement (post offer), periodic and fitness for duty programs for a wide range of employees including public safety.
- Work hardening, functional capacity evaluation and related industrial rehabilitation services.
- Department of Transportation (DOT) and non-DOT drug testing programs.
• Disability evaluations (Qualified Medical Evaluation, Agreed Medical Evaluation, Independent Medical Evaluation, Certified impairment rater in the use of the AMA guides to evaluation of permanent impairment.

Utilizing the combined resources of Sharp Rees-Stealy Medical Group and Sharp HealthCare, Sharp Rees-Stealy Medical Group is currently providing these Occupational Medicine services to more than 8,000 San Diego public and private employers and will provide over 100,000 patients in 2009.

Sharp Rees-Stealy Occupational Medicine physician and staff are accustomed to working with the City’s Risk Management Department, large self-insured employers, workers’ compensation insurance carriers and third party administrator including: State Compensation Insurance Fund, Zenith Insurance, Liberty Mutual, Travelers, Harford, Zurich, Crawford and Company, Corvel, and Sedgwick James as well as many others. Sharp Rees-Stealy understands the purpose and benefits of a Medical Provider Network and has worked closely over the past five years with the City to develop and maintain a MPN that provides quality care and service in a cost effective manor.

B. Scope of Work
The industrial medical services proposed by Sharp Rees-Stealy to the city of San Diego include all services detailed in the City’s request for proposal. These services are provided and coordinated by the Sharp Rees-Stealy Occupational Medicine Department. In 1980, recognizing the unique employee relations, financial and administrative issues facing major employers and the importance of Federal and State regulations relating to employee health and safety, Sharp Rees-Stealy developed a specialized, dedicated, multi-site Occupational Medicine program, staffed by physicians and support staff trained in Occupational Medicine. Sharp Rees-Stealy is the only physician provider in San Diego offering the distinct advantages of a large Occupational Medicine Department operating as part of an organized multi-specialty medical group practice. This unique and comprehensive approach to the delivery of Occupational Medicine services improves the quality, access, availability and cost effectiveness of medical care provided to the employees and employers of San Diego County. Sharp Rees-Stealy Medical Group has used this approach for more than Twenty-five years to provide quality and cost effective Occupational Medicine services to many large public and private employers in San Diego County. As a measure of our continuing commitment to medical excellence, Sharp Rees-Stealy and its Occupational Medicine Program are nationally accredited. Sharp Rees-Stealy has been continuously accredited since 1965 by the American Association of Ambulatory Health Care.

Sharp Rees-Stealy is also an integral part of the Sharp HealthCare system. Sharp HealthCare operates six general acute care hospitals (Sharp Memorial, Sharp Mary Birch, Sharp Mesa Vista, Sharp Chula Vista Medical Center, Sharp...
Grossmont and Coronado Hospital), four skilled nursing facilities, a community based seniors clinic and related health services including home health nursing, diagnostic, imaging facilities and outpatient surgi-centers. Outside of government employment, Sharp HealthCare is San Diego’s largest employer with approximately 12,000 employees system-wide. Sharp HealthCare is organized as a community based not-for-profit corporation and provides extensive community benefit services.

Having worked with multiple local municipalities including the City of San Diego’s Risk Management Department for over 20 years, as well as the operating departments (including police, fire, water, parks and recreation and solid waste management) within those municipalities, provides Sharp Rees-Stealy physician a unique understanding of the municipality’s needs. This working knowledge of a municipality’s Risk Management Department policies, operations, organization, benefits and employee associations enables our physicians to pro-actively anticipate the needs of City employees consult on medical issues and meet the cost containment objectives of the City.

The legislation governing Workers’ Compensation in California necessitates an even closer working relationship between employers and their industrial medicine provider. Sharp Rees-Stealy Occupational Medicine physicians understand the impact of workers’ compensation laws and are committed to meet the needs of the City in this changing environment. The Sharp Rees-Stealy Occupational Health Program provides a better product in its field due to an experienced number of providers with strong central coordination. This central coordination allows for continual training of these physicians in workers’ compensation rules and regulations. Sharp Rees-Stealy physicians (both primary occupational medicine and specialty) are conversant and experienced in the workers’ compensation reporting requirements. With the importance of the treating physician’s report being greatly emphasized by the California Labor Code, Sharp Rees-Stealy has required this additional training of both its primary and specialty staff to produce high quality fair and ratable workers’ compensation reports.

The 20 dedicated occupational medicine physicians of Sharp Rees-Stealy are supported by a staff of more than 280 other physicians within the Medical Group. This multispecialty aspect of Sharp Rees-Stealy allows for immediate discussion of cases with specialists in any area of medicine that might be related to the injury or illness. Often times this can be done as a “curbside consult” with significant increase in quality of medicine but no additional charge to the City. If formal referral is necessary, it is easily obtainable and is done using the same database (i.e. chart, x-ray, etc.) as the primary occupational medicine physician used. This combination again raises quality at the lowest possible cost.
Our Sharp Rees-Stealy physicians are further supported by a dedicated occupational medicine nursing and administrative staff of more than 100 employees who work exclusively in occupational medicine.

C. Objectives
At this time, there is great concern among employers through the state of California about the rising cost of workers’ compensation. Sharp Rees-Stealy agrees with the employer who pays for workers’ compensation that the California workers’ compensation system is in need of continued reform.

Sharp Rees-Stealy stands out in the midst of increasing medical cost as a leader in cost effectiveness and medical quality. This is accomplished through:

- The most qualified group of occupational physicians in California
- Quality evidence based medical care
- Continuity of all services provided
- Utilization management
- Prevention of Injury and Illness
- Communication with parties involved
- On-line workers’ compensation reports, work status and two-way communication with Sharp Rees-Stealy clinics
- A level of service unmatched in San Diego County
- Patient satisfaction
- Data availability for analysis

Sharp Rees-Stealy believes that in its role as a team member we must help the City manage the total cost of workers’ compensation. These costs include medical cost, disability cost, litigation cost, etc. Accordingly, Sharp Rees-Stealy trains its physicians regarding the impact our medical and administrative decisions and communications have on the overall cost to the City in these areas.

In this role Sharp Rees-Stealy has delivered:

- An average medical cost per claim that is less than half of the state average for cases that receive all care at Sharp Rees-Stealy
  SRS average = $700 versus State average = $1500
- Average temporary total disability is less than 1/3 of the state average
  SRS average = 26 day and State average = 112
- City employees rank Patient Satisfaction with Sharp Rees-Stealy physician care overall as a 4.2 with a 4 being Good and a 5 being Very Good
- San Diego employers rank overall satisfaction with Sharp Rees-Stealy as a 85 with 75 being Good and 100 being Very Good

The above data is now available on a quarterly basis to the City of San Diego. Sharp Rees-Stealy has been an active team member in helping the City prevent injuries and as well and is dedication to this effort.
These are a few of the many ways that Sharp Rees-Stealy has helped the City avoid many of the pitfalls that are affecting employers in San Diego and across the state.

Sharp Rees-Stealy would like to emphasize that the City, by choosing Sharp Rees-Stealy, will retain proven performance and security in uncertain times. How Sharp Rees-Stealy has and will continue to help the City manage the total cost of these cases in the future is demonstrated within this proposal.

II. SPECIFICATIONS

A) REQUIREMENTS OVERVIEW

1. Pricing Guidelines
Sharp Rees-Stealy and subcontractors agree to follow the medical treatment pricing guidelines in Labor Section 5307.1 and in Title 8, California Code of Regulations Article 5.3, Official Medical Fee Schedule and Article 5.5, Application of the Official Medical Fee Schedule (Treatment).

The total cost of Occupational Medicine services is a combination of the per unit price of medical services, physician utilization, medical case management, disability management, continuity of care and prevention.

Medical are delivered in Sharp Rees-Stealy multi-specialty/multi-site medical group practice environment is of high quality and is efficient and cost effective. When coupled with the other resources of Sharp HealthCare, virtually every occupational medicine need can be met on a preferred pricing basis and delivered by a system where quality care is the basic tenet.

Sharp Rees-Stealy’s Occupational Medicine Program has consistently demonstrated our cost effectiveness in treating injured workers. Sharp Rees-Stealy believes that quality patient care, appropriate and evidence-based utilization of medical procedures, and effective disability management can greatly impact the total cost of each claim. Additionally, appropriately focused prevention can minimize the total cost to the City for workers’ compensation injuries. Sharp Rees-Stealy represents proven performance for the City in uncertain times.

2. Outpatient Surgical Services
Sharp Rees-Stealy proposes the use of outpatient surgical services located at Mission Valley Surgical Center and Poway Surgical Center.
3. Inpatient/Outpatient Hospital Services
Sharp Rees-Stealy proposes inpatient/outpatient hospital services for city employees be provided at Sharp Hospital facilities:
   a. Sharp Memorial
      - Outpatient Pavilion
      - Sharp Mary Birch Hospital for Women
      - Sharp Mesa Vista Hospital
      - Sharp Vista Pacific
   b. Sharp Grossmont Hospital
   c. Sharp Chula Vista Medical Center
   d. Sharp Coronado Hospital and Healthcare Center

4. Surgical Hardware/Implants
Sharp Hospital outpatient and inpatient surgery facilities as well as Mission Valley and Poway Surgical Centers have all necessary or required surgical hardware or implants available to them. The pricing philosophy of the above mentioned is to price per the regulations which is cost including sales tax, shipping and handling plus 10% not to exceed $250 per implant.

5. Radiology/MRI/CT
Sharp Rees-Stealy offers comprehensive radiology services to assist in the diagnosis and treatment of work-related injuries at all facility sites. These studies are performed on state-of-the-art equipment to minimize x-ray exposure and provide the best possible images for diagnostic purposes. In addition to flat films and fluoroscopy Sharp Rees-Stealy providers two of the highest quality magnetic resonance imaging (MRI) machines available. We utilize the GE Signa Infinity I.5T with Excite technology, which provides greater contrast and resolution than other types of MRI machines, allowing for improved orthopedic imaging. We also have two state-of-the-art computerized Axial tomography (CT). Radiological studies are performed and evaluated by physicians Board Certified in Radiology. All Radiological Technicians are trained and certified as required by the State of California. The Department has seven Board Certified Radiologists and are supervised by Steve Rindsberg, M.D., Board Certified Radiologist with 20 years of experience.

6. Audiometric Exams
Sharp Rees-Stealy utilizes the following audiometric devices, Maico MA-790, Maico MA-728, Modsen MM-622 and the Madsen Electronic Orbiter 922 to conduct audiometric examinations consisting of air conduction, pure-tone testing at the test frequencies 500, 1,000, 2,000, 3,000, 4,000, 6,000 and 8,000 Hz. The above devices and the industrial sound booths where all testing is performed meet OSHA and ANSI specifications for audiometric testing.
7. Respiratory Exams
Sharp Rees-Stealy has the physicians, staff, equipment, qualifications and experience to deliver the Respiratory Protection Program at sites throughout the County of San Diego, including Downtown, Kearny Mesa (Genesee), La Mesa, Mira Mesa, Rancho Bernardo and Chula Vista. Sharp Rees-Stealy can also provide these services on-site at designated City facilities upon a reasonable notice.

For workers using respirators other than a self contained breathing apparatus (SCBA).

All persons at baseline would complete an initial questionnaire as published by Federal/OSHA for Respirator Clearance Certification. People wearing any type of paper mask will be initially evaluated on that basis only. If they have a positive answer to any of the questions they will be brought in for a physical exam and possibly other testing. People wearing all other types of respirators in this category will have a baseline history using the same questionnaire and a physical examination and a pulmonary function test (PFT). The PFT will serve both as some measurement of pulmonary status and a baseline for potential future exposure. The evaluations would be done under the same standards as we are currently evaluating other personnel. The frequency of follow-up examinations of this initial screen will follow the standards published by Federal/OSHA which include:

- When an employee reports medical signs or symptoms that are related to the ability to use the respirator.
- When information from the respiratory protection program including observation made during fitness testing indicate a need for the employee re-evaluation.
- When a change occurs in the workplace conditions that may result in a significant change in the physical work effort or other physiological burden placed on the employee.
- Under the following timeframes as per Sharp Rees-Stealy’s recommendation: every 5 years for those less than 35 years of age; every 2 years for people between 35 and 45 years of age; annually after 45 years of age (National Institute for Occupational Safety and Health (NIOSH) recommendations. At these timeframes a history and physical and a pulmonary function test will be performed for workers wearing self contained breathing apparatus (SCBA) such as firefighters.

All SCBA wearers will complete the questionnaire as published by Federal/OSHA, occupational history, medical history, a physical examination and pulmonary function test. Other tests may occasionally be indicated such as a treadmill on a risk factor analysis. Interval exams will continue to be done on an annual basis with a minimum of questionnaire and vital signs. Physical
examination and pulmonary function test will continue to be done on either an interval basis or on an annual basis.

**Pulmonary Function Equipment**

Sharp Rees-Stealy spirograms are performed on equipment which meets the Social Security Administration Disability Standards as well as NIOSH and ATS requirements. All spirograms, including calculations, are interpreted by Board Certified Specialists in Occupational Medicine and/or Pulmonary Medicine.

Sharp Rees-Stealy also offers other specialized pulmonary tests including lung volumes and single breath CO diffusion studies using Collins Modulator Equipment and ear oximeter studies for determining oxygen saturation during exercise using Hewlett Packard equipment.

All tests are performed by a Licensed Respiratory Care Practitioner or certified Pulmonary Technologist and interpreted by physicians Board Certified in Pulmonary Medicine.

The following is the Sharp Rees-Stealy Medical Evaluation for Respirator Wear Protocol. Note the description of the components and why they are done.

**SHARP REES-STEALY OCCUPATIONAL MEDICINE DEPARTMENT MEDICAL EVALUATION FOR RESPIRATOR WEAR PHYSICIAN INFORMATION SHEET**

Title 8, Section 5144 of the California Administrative Code requires that employees be medically screened before using a respirator. This is due to the fact that “using a respirator may place a physiological burden on employees that varies with the type of respiration worn, the job and workplace conditions in which the respirator is used and the medical status of the employee”.

Numerous articles discuss the medical certification for respirator use. These articles emphasize that a physician should determine the ability of a specific person to wear a respirator by taking into account factors such as the health of individuals, the type of respirator to be worn and the work conditions to be experienced. It should be emphasized that the physician determines the medical fitness only in our institution and does not perform the actual fit testing of the equipment.

Even though the OSHA standard requires as a minimum a questionnaire only, Sharp Rees-Stealy Occupational Medicine Department recommends for all respirator use, except dust masks, that a respiratory clearance examination consist of a history using the mandatory questionnaire and physical examination and a pulmonary function test. (For dust mask wearers, Sharp Rees-Stealy will perform initial evaluation based on the mandatory questionnaire only).
Additional testing such as chest x-rays, treadmill examinations, or wide variety of other tests may be indicated depending upon what the screening examination reveals. It is prudent to review old records if available.

The history is obtained using the mandated OSHA Respiratory Medical Evaluation Questionnaire. The occupational physician will then amplify each question if checked yes by the patient. Some concerns include:

- **Lung Diseases** such as asthma, emphysema, chronic obstructive pulmonary disease or pneumoconiosis or other chronic illnesses are often contraindications for wearing respirators. The rationale is that increased air resistance and dead space may cause excessive burden to the patient's cardiopulmonary system. Respiratory control disorders may also be a significant problem.

- **Allergies** can be important if significant allergic rhinitis or constant rhinorhea exists increasing the level of discomfort and greater tendency to remove respirator masks.

- **Heart Disease:** A person with a history of angina pectoris, congestive heart failure, myocardial infarction, arrhythmia, other significant cardiac disease, progressive or severe hypertension or cerebral vascular accidents may be unable to safely wear respirators. This is due to the fact that a respirator will increase cardiovascular load to the patient.

- **Fainting:** Fainting episodes or seizure disorders can present a significant problem in certain situations. Normally if a person is seizure free for more than one year under medical control, he will be qualified. If there is a history of a more recent seizure disorder or fainting episodes a neurological clearance may be necessary. It is also important to consider risks associate with entry into a confined space.

- **High Blood Pressure:** Persons with severe hypertension may not qualify to wear a respirator because of potential increase in cardiovascular load.

- **Diabetes:** A person with unstable diabetes is prone to syncope or temporary loss of consciousness. However, if the diabetes is under good medical control, the person should not be disqualified for respirator wear.

- **Emotional Illness:** A person with severe anxiety, neurosis or other psychiatric conditions may be unable to safely use a respirator.

- **Back or Joint Problems:** Since some self contained breathing apparatus may weigh up to 25-30 pounds, severe spinal problems may prevent safe wear of some types of respirators. Furthermore, these conditions may cause improper fitting of respirators.

- **Fear of Tight or Enclosed Spaces:** A person with claustrophobia may be unable to safely use a respirator for any significant period of time.

- **Trouble Breathing:** A person with overt cardiovascular pulmonary or hematologic diseases may have trouble breathing. These conditions may present only as a breathing difficulty to the patient and should be identified and stabilized before the patient is qualified to wear a respirator.
- **Heat Exhaustion:** A person with a history of significant heat exhaustion may not be qualified to wear a respirator. The rationale is that of increased perspiration caused by the use of various types of gear. Additionally, there is significant cardiovascular load.

- **Ruptured Eardrum:** Perforation of the eardrum is not a contraindication to respirator use. There is not respiratory airflow down the eustachian tube so this does not represent an alternate route of inhalation.

- **Contacts and Glasses:** Use of contact lenses in all workplaces and all work types with all types of respirators is generally accepted by OSHA. The worker should be instructed on the importance of proper contact lens use, the symptoms associated with malfunction and the importance of seeking immediate help if a problem occurs (i.e. dislodging, etc). Workers who need to wear eye glasses under full face masks must have prescription glasses made which can be mounted inside the face piece since the temple bars will break with the face shield.

- **Hearing Loss:** Since communication is very important while wearing certain types of respirators such as self contained breathing apparatus, adequate hearing is important to qualify the person to wear a respirator. This applies with or without the hearing aides.

- **Dentures:** The integrity of the face seal may depend upon whether the dentures are worn on the job and how they affect the shape of the face. If the person who wears dentures has good facial seal, he should be qualified. This is an issue to the safety professional and not to the physician. However, the wearing of dentures should be documented in the record.

- **Skin Sensitivity:** If the person is sensitive to ingredients contained in the mask it may cause severe contact dermatitis and the person may not be qualified to wear a certain type of respirator.

- **Current Medications:** There are a large number of medications which would indicate some of the concerns raised in the original list of questions and therefore important to evaluate.

- **History of Respirator Wear:** Respirator wear in the past and known troubles wearing a respirator are obviously important.

- **Abnormal X-rays:** Abnormal x-rays are important and might indicate need for further evaluation.

- **Occupational History:** It is important to discuss the type and weight of respirator to be worn and conditions under which the respirator will be used. This should include duration and frequency of respirator use, the expected physical work effort, additional protective clothing and equipment, temperature and humidity extremes and potential substances to which the worker could be exposed to. This information should be obtained as part of the information from the employer. However, it is important to discuss this with the patient.
Following the history, a physical examination is completed. Vital signs are obtained including blood pressure, pulse, respiration, temperature, height and weight. The blood pressure is monitored due to the reasons discussed above. The pulse is important to evaluate resting pulse and any arrhythmia which might be apparent. Respiration may indicate abnormal pulmonary or cardiac problems. Temperature may indicate presence of acute infection or other abnormalities. Height and weight are important for performance of an adequate pulmonary function test. The general physical examination is concentrated on the issues involved in the discussion of the medical history. The physician will complete a general physical examination with concentration on abnormality he has elicited during the history taking portion of the examination.

Following the history and physical a pulmonary function test will be performed. There is significant discussion in the literature regarding the interpretation of a pulmonary function test in the respirator clearance examination. It is our recommendation that if the history and physical give no indication of significant problems and the pulmonary function test reveals an FEV1, FVC, and ratio of the two at greater than 70% that this person be cleared for respirator wear. If the results of the pulmonary function test are below 70% we suggest the following:

- Assure that the pulmonary test was adequately administered, checking for operator errors and repeat the pulmonary function test assuring that the patient has refrained from cigarette smoking for several hours prior to the test and that the patient is free of upper respiratory illness for at least one week.
- If the pulmonary function test results remain between 60% and 70%, clinical judgment is necessary regarding the cause of this but most people who are asymptomatic will be cleared when all factors are considered. This remains a clinical judgment on each case.
- If the results of the pulmonary function test are less than 60% there is significant concern regarding pulmonary status and every attempt should remain to clarify the underlying cause of this problem. Because spirometry is a screening examination, the patient should be referred to the Pulmonary Lab for comprehensive pulmonary function testing including pre and post bronchodilator treatment and a DLCO. If this comprehensive pulmonary function test is abnormal, we would normally recommend an exercise pulmonary function test and oxygen saturation elevation. If the patient does not de-saturate the O2 level during exercise he could still be cleared at this point unless other underlying significant illnesses are discovered.

The final conclusion on medical fitness to wear a respirator will be an overall judgment based upon the many factors discussed. Most people who are reasonably fit should have no problem wearing a respirator. However, due to the extreme hazards faced by some respirator wearers (i.e. firefighters) this evaluation is extremely important to their safety and health.
These examinations are being done for the protection of the patient involved. If any patient disagrees with the findings of our department he/she should ask for a review of that examination. We are more than willing to discuss the issues with the patient involved in order to make the most appropriate medical judgment.

Drs. Fung and Munday are available to help with particularly complex questions.

In order to promote consistency in the provision of these examinations, Sharp Rees-Stealy Occupational Medicine Department has continual training for its physicians on the performance of these examinations. Additionally, the quality assurance program reviews a certain percentage of examinations performed by the occupational physicians. The goal of this entire program is to consistently provide a quality respirator clearance examination program which protects the safety and health of the workers involved.

Please find the medical history questionnaire and other forms associated with Respiratory Medical Examinations in Appendix 1.

8. Additional Tests
Sharp Rees-Stealy understands that we will perform OSHA Respirator Mandatory Medical Evaluation Questionnaire, Occupational History, Physical Exam and Pulmonary Function Test to clear anyone using any respirator more than a dust mask. Other tests may be indicated by results of exam, but will only be performed with prior approval of the City.

9. Health and Safety Training
Sharp Rees-Stealy believes that the areas of Health and Safety training provide the greatest possible benefit to the employee and the greatest possible savings to any employer. Preventing injuries and illness will always provide more savings than reducing the cost of individual claims.

Accordingly, Sharp Rees-Stealy has developed extensive training opportunities with a focus on injury and illness prevention. Types of training available include:

- Team Training – instruction of internal employee teams on the identification and correction of routine problems (i.e. train the trainer course).
- Supervisor Training – train supervisors on how to identify and interact with employees for prevention.
- Employee Training – train employees directly.

Examples of Health and Safety training classes which can be provided through any of these types of training include:

- Office ergonomics
- Preventing repetitive motion injuries
- Workplace stretching
• Working safely with computers
• Back care
• Safe materials handling
• Blood borne pathogen
• Modified duty
• First aid
• Protecting your hearing
• Americans with Disabilities Act and accommodations
• CPR

As SRS is a multispecialty medical group, classes could be available on virtually any health care related topic the City might desire. Sharp Rees-Stealy also believes there is an overlap between group health and occupational health and therefore could provide classes on a number of general health issues such as cardiac risk factors, stress reduction, weight reduction, vaccination program, eating well, etc.

Sharp Rees-Stealy has had significant proven success in working with employers in San Diego in these areas to reduce injuries and cost. For example:

• **Grossmont Cuyamaca**, a community college district, was experiencing a large number of injuries due to ergonomic issues. Sharp Rees-Stealy Occupational Medicine was able to provide outstanding support in workplace ergonomic studies that have reduced these claims dramatically.

• **Boston Scientific**, produces medical devices for treatment of cardiac and coronary heart disease. The contacted Sharp Rees-Stealy for assistance in ergonomic assessment, training recommendations and facilitating the training within their manufacturing operations facility. Sharp Rees-Stealy worked one-on-one with our management team throughout the assessment and recommendation process. Additionally, training was delivered to the management staff, production supervisor, product builders and office staff over a three month period. The training programs that were developed and delivered were professional and customized to our organization.

• **San Diego State University Foundation** performed and extensive review of ergonomic consultation services available in this community. This is what they had to say about Sharp Rees-Stealy. “Your name consistently was offered as the most qualified in the field of occupational ergonomics. I should add that this feedback was even received from your competitors. I can already observe very positive changes regarding reduction in repetitive strain injuries and enhancement of employee comfort as a result of your consultation and training efforts.”
Sharp Rees-Stealy’s goal is to assist the City in preventing work related injuries and illnesses and the associated costs incurred. To support this goal Sharp Rees-Stealy offers a total of 25 hours per year at no charge for consulting/training in this area of safety/prevention to the City’s Risk Management Department. This consulting time will be calculated using the following formula: 1 hour physician time = 1 hour consulting time; 1 hour of ancillary medical time (therapist) = 1 hour consulting time, for a total of 75 hours of consulting/training in the area of safety/prevention services during each contract year at no cost to the city.

10. Audiometric Van/Audiometric Training
Sharp Rees-Stealy proposes using Safe Hearing America to provide an audiometric van capable of going to City work locations.

Sharp Rees-Stealy has licensed audiologist available to participate in the hearing conservation classes to be given each year. Nancy Blakesly, M.A., CCC-A received her Master of Arts in Audiology and specializes in clinical and industrial audiology. She is A.S.H.A. certified, licensed in California for Audiology, a certified CHOHC instructor and has nineteen 19 years experience in Industrial Audiology.

The City would also have the option to use Willena Byer, CCC-A of Safe Hearing America. Ms. Byer is an industrial Audiologist with thirty (30) years of experience in clinical audiology and development of hearing conservation programs for industry. She is licensed in California for Audiology and Certified by A.S.H.A.

- The effect of noise on hearing
- The purpose of hearing protection, the advantages, the disadvantages, and attenuation of various types and instruction on selection, fitting, use and care.
- The purpose of audiometric testing and explanation of the test procedures.

11. Safety/Prevention Services and Reports
Sharp Rees-Stealy has significant expertise in the area of safety/prevention services and reports studies and agrees to perform all the studies required under Section II paragraph D of the RFP, make the required determinations, formulate written reports, provide recommendations, and meet with City representatives as required and be available to respond to questions from City staff relating to Safety/Prevention Services and Report.

Sharp Rees-Stealy’s Chief Toxicologist is Frederick Y. Fung, M.D., M.S. Toxicology. Dr. Fung is board certified in Occupational Medicine, Toxicology and Family Practice. He is also a certified safety specialist. Dr. Fung is NIOSH certified for pulmonary function testing, and is a clinical professor at the University of California, Irvine and a toxicology consultant at the University of California, San Diego.
Stephen Munday, M.D., M.S. (Toxicology) also is an expert in this area and will be assisting Dr. Fung. Sharp Rees-Stealy also has additional physicians board certified in Occupational Medicine, Preventive Medicine and virtually all other medical specialties readily available to meet the needs of the City's Risk Management and Safety departments. Dr. Fung will be Sharp Rees-Stealy's principal physician to respond to questions from city staff relating to Safety/Prevention Services.

The Sharp Rees-Stealy Occupational Medicine Department receives referrals from local and non-local municipalities, major employers and even other health care providers in this area. Examples within the last 5 years include specific cases in the following:

- Air quality/sick building syndrome.
- Other air quality issues — carbon monoxide, air pollution, diesel exhaust, jet exhaust.
- Heavy metal exposure to lead, arsenic and mercury.
- Health care related issues of ethylene oxide and chemotherapeutic agent, formaldehyde and glutaraldehyde exposure.
- Biologic exposure to molds, fungus and bacteria.
- Hydrocarbon exposure to diesel, propane, jet exhaust.
- Pesticide exposure.
- Presumptive clause cases of cancer secondary to exposure from carcinogens.
- Asbestos exposure.
- Food safety concerns.
- Electromagnetic field from high powered electrical lines.
- Biological safety
- Epidemiology

Most of these evaluations have required on-site investigations and industrial hygiene work as well as medical evaluation of the affected employees.

Clients have this to say about Sharp Rees-Stealy's expertise in the area of workplace environmental studies:

**Joint Powers Authority:** “I have known and worked with Dr. Fung for the past nine years. During this time he has been involved in numerous indoor air quality (IAQ) investigations on behalf of the JPA. He is very knowledgeable in the area of Occupational Health and his understanding of all of the issues related to IAQ is unsurpassed”.

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**County of San Diego:** “The County of San Diego Occupational Health Program has worked with Dr. Fung, Sharp Rees-Stealy, on various joint Medical and Industrial Hygiene projects and found the service he provided to be of a high quality and very professional. Dr. Fung has broad knowledge of Occupational Health issues and how to inter-relate medical services and industrial hygiene”.

Sharp Rees-Stealy also provides ergonomic risk hazard analysis and consultation in order to assist organizations in the prevention and management of repetitive motion disorders. All services provided are consistent with Cal/OSHA Ergonomic Regulations and ANZI Z-365 Draft Standards for control of Work Related Cumulative Trauma Disorders. These services are under the direction of Mr. Tony Sanchez, P.T. Mr. Sanchez is a registered Physical Therapist with 22 years experience. He helped develop the Sharp Occupational Performance Center and is an expert in providing ergonomic worksite analysis.

Mr. Sanchez and his staff can provide ergonomic evaluations in response to identified concerns related to one worker or whole groups of workers. The ergonomic analysis included assessment of organizational issues and trends that may be contributing to the problem, as well as identification and measurement of ergonomic risk factors including repetition, forces, awkward postures, vibration, temperature, and other environmental issues.

Once the analysis is completed, a comprehensive written report is prepared which outlines the engineering, administrative, and work practice controls which can reduce or eliminate the onset of an occupational injury. The report is reviewed with the key representatives, management, and employees to discuss issues and answer any questions.

**B. CORE REQUIREMENTS**

**Medical Care for Industrially Injured or Ill City Employees**

1. **Medical Treatment**

   Sharp Rees-Stealy agrees to provide medical treatment to City employees who sustain work related injures or illnesses. Sharp Rees-Stealy is in compliance with all California Labor Code and Title 8 California Code of Regulations that apply to providing medical care. Sharp Rees-Stealy understand and is compliant with regulation 9785 that apply to the reporting duties of the Primary Treating Physician, labor Code Section 4610 and Article 5.5.1 of the code of Regulations that applies to Medical Treatment Utilization Review, Labor Code Section 5307.1 and Articles 5.3 and 5.5 that apply to various fee schedules for payment of medical care and Labor Code Section 4616 through 4616.7 and Regulation 9767.1 through 9767.16 that applies to Medical Provider Networks.
Sharp Rees-Stealy agrees to follow any modification of Labor Code or the Regulations during the contract period.

2. **Multiple Contracts**
Sharp Rees-Stealy understands that the City reserves the right to award multiple contracts (medical treatment facilities) to ensure the medical treatment is geographically and demographically suitable for employees who work for the City of San Diego.

3. **Hours of Operations/Locations of Facilities**
Sharp Rees-Stealy and subcontractors provide medical treatment Monday through Friday, 8:00am to 5:00pm at our Downtown, Mira Mesa, La Mesa and Rancho Bernardo sites and 7:00am to 5:00pm at our Kearny Mesa (Genesee) and Chula Vista sites.

To provide for a network of 365 days per year, 24 hours a day coverage for City employees. Sharp Rees-Stealy operates a system of Urgent Care clinics operating from the same clinic facilities as the Occupational medicine Clinic sites. This Urgent Care system provides care to injured City workers between 5:00pm and 8:00pm, Monday through Friday and 8:00am through 8:00pm weekends and holidays. The downtown Urgent Care provides care between 8:00am and 10:00pm. The Sharp Health Care hospital’s emergency rooms are available for serious injuries occurring between 10:00pm and 8:00am. Additionally, an occupational medicine physician is on-call 24 hours/day, 365 days/year for any questions. All Sharp Rees-Stealy Urgent Care physicians are trained by the Medical Director for the Occupational Medicine Program on a one-on-one basis to insure that these physicians are skilled in AOE/COE determination, reporting policies and procedural requirements of the City.

In all cases in which initial care is provided to City workers by Urgent Care physicians after regular clinic hours, patient care is referred for follow up to the Sharp Rees-Stealy Occupational Medicine physician. This referral process establishes the responsibility for case management and specific patient follow-up with the Occupational Medicine Department.

**Hours of Operations/Locations of Facilities**

**Sharp Rees-Stealy Facilities**

**Downtown San Diego**
Sharp Rees-Stealy Medical Group, Inc.
2001 Fourth Avenue, San Diego, CA 92101
Hours: Monday through Friday
8:00 a.m. - 10:00 p.m., 365 Days a Year
Kearny Mesa
Sharp Rees-Stealy Medical Group, Inc.
2020 Genesee Avenue, San Diego, CA 92123
Hours: 7:00 a.m. - 5:00 p.m.
Monday through Friday

Mira Mesa
Sharp Rees-Stealy Medical Group, Inc.
8901 Activity Road, San Diego, CA 92126
Hours: 8:00 a.m. – 8:00 p.m.
Open 365 days a year

Rancho Bernardo
Sharp Rees-Stealy Medical Group, Inc.
16970 Via Tazon, San Diego, CA 92127
Hours: 8:00 a.m. - 8:00 p.m.
Open 365 days a year

Chula Vista
Sharp Rees-Stealy Medical Group, Inc.
525 Third Avenue, Chula Vista, CA 91910
Hours: 8:00 a.m. – 8:00 p.m.
Open 365 days a year

La Mesa
Sharp Rees-Stealy Medical Group, Inc.
5525 Grossmont Center Dr., La Mesa, CA 92042
Hours: 8:00 a.m. - 8:00 p.m.
Open 365 days a year

In those cases in which care is required outside the timeframe of 8:00am through 10:00pm 365 days per year, or for emergency care, the major Sharp Hospital including Sharp Memorial (Kearny Mesa), the intersection of 163 and 805), Sharp Chula Vista Hospital and Medical Center (805 and Telegraph Canyon Road), Grossmont Hospital (East County) provide 24 hour emergency medicine services. To assure care continuity and medical control, patient care is returned to the Occupational Medicine physician at the sharp Rees-Stealy Medical Clinic nearest each hospital the next business day. If patient care originates in a non-Sharp hospital Emergency Department, Sharp Rees-Stealy physicians will transition care from the originating hospital Emergency Department to Sharp Rees-Stealy Occupational Medicine Program upon notice. An occupational medicine physician is also on-call 24 hours/day, 365 day/year.

Sharp Rees-Stealy will see City employees for new injuries on a walk-in, no appointment required basis. In the case where a wait of 30 minutes or longer to
see a physician is anticipated the city employee will be given the option to reschedule their appointment time. For a list of all location/hours of operations, and maps, please see Appendix 2.

4. Physician Assistants (PA)
Sharp Rees-Stealy agrees to follow Professional Code Sections 3500 through 3546 and title 16, California Code of Regulations, Section 1399.540 through 1399.571 that pertain to the use of Physician Assistants (PA) for purpose of providing medical care to City employees. City employees will be removed or returned to work only under the review and signed approval of our supervising Board Certified Occupational Physician. All (PA) Doctor’s First Reports will be reviewed and signed by the supervising Occupational Physician. PA determination of job relatedness will be reviewed, approved and the report signed by the supervising Occupational Physician. Sharp Rees-Stealy on request by the City will provide the City written guidelines or protocols for medical tasks the PA is allowed to perform and name the assigned supervising physician or physicians of the PA. Sharp Rees-Stealy will provide California Physicians Assistant licenses for each PA that will provide medical care to City employees. For California Physician Assistant Licenses, please see Appendix 3.

5. Medical Facilities
Six Sharp Rees-Stealy Medical Group facilities provide Occupational Medicine services. Each site is located near major San Diego freeways and is accessible via public transportation. Parking is available at each site within convenient walking distance and wheelchair access is available to enter these facilities.

1.) X-Ray Capabilities
Sharp Rees-Stealy has complete X-ray facilities, available for all non-invasive radiographic procedures. Specialized diagnostic radiology services include computerized axial tomography (CAT scans), ultrasound, fluoroscopy, nuclear medicine, outpatient myelograms and arthrograms and Magnetic Resonance Imaging (MRI).

2.) Audio Equipment For Hearing Testing
Sharp Rees-Stealy utilizes the following audiometric devices, Maico MA-728 and MA-790, Madsen MM-622 and MTA-86, and the Grason G88-16. This equipment meets both ANSI and OSHA requirements. Audiograms are performed by a Certified Audiologist and/or a CAOCH Certified nurse. All audiograms are interpreted by an audiologist and a Board Certified physician in Otolaryngology. Mobile on-site service will be performed by Safe Hearing America, a WBE certified subcontractor.
3.) **Equipment To Diagnose Vision Problems**

Sharp Rees-Stealy has equipment for color testing, near and far visual acuity, depth perception, and peripheral vision testing. Each site is equipped with a Titmus Vision tester. The Ishihara and Farnsworth color tests are also available. Specialized vision testing equipment for mapping vision fields, obtaining intraocular pressures and slit lamps are available for use under the direction of Board Certified Ophthalmologists.

4.) **Pulmonary Function Equipment**

Sharp Rees-Stealy spirometry is performed on equipment which meets the Social Security Administration Disability Standards as well as NIOSH and ATS requirements. All spirometry, including calculations, are interpreted by Board Certified specialists in Occupational Medicine and/or Pulmonary Medicine.

Sharp Rees-Stealy also offers other specialized pulmonary tests including lung volumes and single breath CO diffusion studies using Collins Modulator Equipment and ear oximeter studies for determining oxygen saturation during exercise using Hewlett Packard equipment.

All tests are performed by a Licensed Respiratory Care Practitioner or certified Pulmonary Technologist and interpreted by physicians Board Certified in Pulmonary Medicine.

5.) **Laboratory Services**

Sharp Rees-Stealy has a complete in-house clinical laboratory and reference laboratory services are provided. The clinical lab is under the of a Board Certified Pathologist and provides full hematology, chemistry, bacteriology, and anatomic pathology services. All laboratory technicians/technologists are licensed by the State of California. One day turnaround time is available as are immediate lab results when needed.

6.) **Electrocardiographic (EKG) Equipment**

Sharp Rees-Stealy's Cardiology Department has outfitted all facilities with standard 12-lead EKG machines and three Marquette Case-12 treadmill stress testing units. All tests are interpreted by Board Certified Cardiologists.

7.) **Examining Rooms**

All Sharp Rees-Stealy examination rooms are equipped with Midmark exam tables, Welch Allen otoscopes and are fully stocked with necessary medical supplies. Each examination room is also equipped with separate waste containers for hazardous materials.
8.) Parking Accommodations
Each location has available free ample parking for use by City employees and representatives.

9.) Storage of Approximately 2,200 Employee Files Per Contract Year
The policy of Sharp Rees-Stealy is to maintain a separate filing system (charts, file stacks, in/out) for all occupational medical records at each of the seven Sharp Rees-Stealy sites. The storage area for Occupational Medicine records are separate and distinct from the private medical records stored at the clinic sites.
Each of the Sharp Rees-Stealy sites has records staff that are specifically assigned and trained to maintain, store and retrieve the Occupational Medicine records. All work related injuries treated by Sharp Rees-Stealy physicians will result in the creation of an Occupational Medicine chart. All Occupational records utilize state-of-the-art color coded, terminal digit filing system for record storage. Sharp Rees-Stealy manages over 50,000 new patient records per year and has the systems, staff and storage capacity to maintain the 2,200 City charts created annually. It is the policy of Sharp Rees-Stealy to maintain all Occupational Medicine medical records for a minimum of 30 years past end of employment.

10.) Availability of Public Transportation
All Sharp facilities are located within close proximity to public transportation services.

**Downtown San Diego**
Sharp Rees-Stealy Medical Group, Inc.
2001 Fourth Avenue, San Diego, CA 92101
Bus stop located immediately in front of clinic (Fourth and Hawthorne)

**Kearny Mesa**
Sharp Rees-Stealy Medical Group, Inc.
4510 2020 Genesee Avenue, San Diego, CA 92123
Bus stop located 125 feet from clinic

**Mira Mesa**
Sharp Rees-Stealy Medical Group, Inc.
8901 Activity Road, San Diego, CA 92126
Bus stops located on Black Mountain Road and along Miramar Road (½ block away from clinic)

**Rancho Bernardo**
Sharp Rees-Stealy Medical Group, Inc.
16950 Via Tazon, San Diego, CA 92010
Bus stops located immediately in front of clinic (Via Tazon)
11.) Physical Therapy Facilities
Physical Therapy Services area provided at seven Sharp Rees-Stealy sites by Registered Physical Therapists. The Physical Therapy, Upper Extremity Rehabilitation, and Occupational Performance Center staff includes 60 registered physical therapists, 9 occupational therapist, (5 who are certified hand therapists) 4 speech pathologists, 4 audiologists, 1 vocational rehabilitation evaluator and 45 support staff. Services are available from 7:00am until 7:00pm, Monday through Friday. Please see Appendix 4 for a description of the wide range of physical therapy and rehabilitation services available, and their locations.

6. Industrial Disability Leave Slip
Sharp Rees-Stealy and subcontractors agree to complete the City’s Industrial disability Leave Slip for employee visits that involve medical treatment and /or physical therapy. Arrival time and departed time from the facility will be time stamped on the City’s Disability Leave Slip. Sharp Rees-Stealy and subcontractors will assist and work with City claims staff in returning employees to light duty when appropriate. Sharp Rees-Stealy and subcontractors will provide City staff with written work restrictions, allowing City staff to select light duty positions.

7. Electronic Access to Information
Sharp Rees-Stealy is currently and will continue to provide electronic access to The City for workers’ compensation reports, work status reports and post physical work restriction reports. Sharp Rees-Stealy has physicians and staff conversant with California Workers’ Compensation laws and regulations and is available to answer City claim staff questions at no cost to the City. Sharp Rees-Stealy provides same business day notification whenever a City employee is taken off work or returned to work. Dr. Fred Fung is available as the principal physician to verbally respond to issues relating to workplace exposure and medical issues as needed. This includes consultation with City claims/safety staff, City Supervisory/Management staff and City Attorney staff.
8. Pharmacy Benefit Network Plan
Sharp Rees-Stealy agrees to refer all City employees who need medication to the pharmacy benefit network plan if The City so decides.

9. Reporting Criteria
Sharp Rees-Stealy will work with The City to mutually develop reporting criteria related to data and information relating to industrial medical services provided by Sharp Rees-Stealy. This mutually developed reporting criteria shall be provided to The City on a quarterly basis.

10. Complaint Review Process
Sharp Rees-Stealy has an established complaint review process that identifies and monitors complaints made by City employees. Sharp Rees-Stealy is open to working with The City to make changes to this process if so desired by The City. Sharp Rees-Stealy will review and discuss complaints with The City based on confidentiality and other constraints. Sharp Rees-Stealy will conduct a patient satisfaction survey specific to The City during the first six (6) months of the proposed Agreement and during the last six (6) months of the proposed Agreement and during the last six (6) months of each extension of the proposed Agreement, if such extension exists. Sharp Rees-Stealy will consult with The City regarding the substance procedure and results of each survey. Please see Appendix 5.

11. Employee Availability to the City and It’s Legal Counsel/Medical-Legal Testimony Fees
Sharp Rees-Stealy agrees to make its employees available to the City and its legal counsel by phone and when necessary by personal appearance free of charge to the City. Sharp Rees-Stealy agrees to price all medical-legal testimony fees (depositions and UCAB testimony) in accordance with Title 8, California Code of Regulation, Section 9795.

12. Surgical Hardware/Implant Invoicing
Sharp Rees-Stealy, Sharp HealthCare, Mission Valley and Poway Outpatient Surgery Center agree that charges for surgical hardware or implants shall occur directly between the surgical facility and the hardware or implant manufacturer. The hardware or implant manufacturer shall be the firm or company responsible for producing and/or assembling the surgical hardware or implant. Sharp Rees-Stealy and/or subcontractors shall attach the manufacturer’s invoice for the surgical hardware or implant to the bill for services and forward the bill and invoice to the City.
13. **No Show Fees**
Sharp Rees-Stealy does not charge a “no show” fee for routine occupational medicine visits, but may charge a “no show” fee for specialty medical appointments.

**C. MPN CORE REQUIREMENTS**

1. **Core Requirements**
Sharp Rees-Stealy agrees to conform to all of the Core Requirements listed in B1-B13 as well as the following Core Requirements 1-17.

2. **Physicians Providing Medical Services**
Please see Appendix 6 for a list of physicians that Sharp Rees-Stealy has a contractual agreement with to provide treatment for Injured Workers in the Workers Compensation system.

3. **Right of Referral/Removal**
Sharp Rees-Stealy understands and agrees that the City maintains the right of refusal or removal of any physician on the list in its sole discretion without notice and without cause.

4. **Competency Determination**
The Sharp Rees-Stealy Occupational Medicine physician staff is carefully recruited by Sharp Rees-Stealy Medical Group in order to maximize medical quality, patient satisfaction, compatibility with agroup environment and stability of staff. Sharp Rees-Stealy Medical Group offers permanency to its physician staff through partnership in the group which insures program continuity and stability. Qualifications of the current primary Occupational Medicine Physicians, five Board Certified Preventative Medicine Physicians, one Board Certified Internal Medicine Physician, five Board Certified Family Practice Physicians, Two Board Certified in Emergency Medicine and Two physicians Board Certified in Toxicology. Most of these physicians have practiced Occupational Medicine/Industrial Medicine for many years. These Occupational Physicians are supported by other physicians Board Certified in every major medical specialty.

The Sharp Rees-Stealy Occupational Medicine Program is overseen by Medical Director, Dr. Fred Fung. Dr. Fung monitors the practice patterns of Sharp Rees-Stealy physicians providing treatment for Injured Workers. Dr. Fung is Board Certified in Occupational Medicine, Medical toxicology and Family Practice. In addition to monitoring the individual physicians performance Dr. Fung meets with the Occupational physicians on a monthly basis to review and up-date trends, changes in California Labor Codes and Administrative Regulations as well as Sharp Rees-Stealy
internal policies and procedures. Dr. Fung utilizes a quality assurance plan including but not limited to:

- Physician credentialing and re-credentialing every two years by a NCQA accredited credentialing department
- Report reviewers
- Quarterly “Peer Review of Charts”
- Semi-Annual clinical area audits
- Annual nursing competencies
- Tracking systems for certification and license renewals
- AAAHC (American Association of Ambulatory Health Care).
- An industry benchmark of care and services. Sharp Rees-Stealy has been continuously accredited since 1965
- Preventive Maintenance Program of all medical equipment
- A dedicated Quality department that oversees this and all programs at Sharp Rees-Stealy that fosters a culture of quality improvement.

Recent Quality Recognitions Achieved by Sharp Rees-Stealy:
- 2007 Malcom Baldrige National Quality Award
- 2008 California’s top performing physician group in Blue Cross of California’s Quality Scorecard Program
- 2009 Sharp Rees-Stealy was awarded a full three year (maximum allowed) accreditation from AAAHC.

5. Primary Treating Physician/Hospital
Sharp Rees-Stealy has 20 primary treating physicians with hospital affiliations with Sharp Memorial Hospital, Sharp Grossmont Hospital, Sharp Chula Vista Hospital and Sharp Coronado Hospital.

6. Ancillary Services
Please see Appendix 7 for a list of ancillary and rehabilitation services that will be providing medical services within the MPN. By submission of this list Sharp Rees-Stealy is confirming that a contractual agreement exists with these ancillary services.

7. Employee Selection
Sharp Rees-Stealy understands and agrees that a City employee may select any physician within the MPN for treatment.

8. MPN/Locations
Sharp Rees-Stealy understand and agrees that Sharp Rees-Stealy physicians will only treat or evaluate City employees at authorized MPN locations listed on the City’s MPN website.
9. Physical Therapy Referrals
Sharp Rees-Stealy agrees to refer City employees to physical therapists within the City’s MPN.

10. Non-Emergency Specialist Services
Sharp Rees-Stealy understands and agrees that for non-emergency specialist services an appointment will be made within 20 business days from date of request by doctor, employee and/or risk Management. If an appointment is not available with Sharp Rees-Stealy within 20 business day, Sharp Rees-Stealy agrees to refer injured worker to another service provider within the MPN.

11. Specialist Referrals
Sharp Rees-Stealy and subcontractors agree that the City’s Claim Staff will be contracted to obtain authorization before any referral is made to a specialist and that specialty referral will be made within the MPN.

12. Transfer of Care Within MPN
Sharp Rees-Stealy agrees to cooperate with any and all providers within the MPN when an employee elects to transfer care within the MPN.

13. Second and Third Opinion
Sharp Rees-Stealy agrees that if an injured City employee elects to pursue the Second and Third opinion process described in Reg. 9767.7 that a copy of the written report shall be served on the employee, the City’s Claim Representative and the treating physician within 20 days of the date of the appointment or receipt of the diagnostic tests, which ever is later.

14. Physician Compensation
Sharp Rees-Stealy does not structure physician compensation in any way, shape or form to achieve the goal of reducing, delaying or denying medical treatment or restricting access to medical treatment.

15. Appointed Liaison
Sharp Rees-Stealy has appointed Roxanne Karres, Supervisor of the Specialty Care Case Management team as the Liaison who will perform the following duties:

a. Within 14 days electronically submit (Exhibit D “MPN” Form) to the City when a physician is no longer contracted with Sharp Rees-Stealy or when any physician changes locations.

b. Submits (Exhibit D “MPN Form”) to the city when a new physician is being considered for occupational medical services for approval by the City.

c. May schedule and coordinate Specialty appointments
d. Be the contact person to help resolve issues that may arise within the City’s MPN and treatment thereof. Ms. Karres is very knowledgeable of California Workers Compensation laws and regulations.

16. Specialty Care Coordinator
Sharp Rees-Stealy has a team of Specialty Care Case Coordinators headed by Supervisor Roxanne Karres. These Specialty Case Coordinators perform the following:

a. Schedules and facilitates specialty care appointments
b. Assists the claim staff in the coordination of specialty care appointments.

17. Advertising/Marketing
Sharp Rees-Stealy understands and agrees not to send any form of mail to City employees advertising availability on the MPN and will not independently market City Departments.

18. MPN/Posters
Sharp Rees-Stealy agrees to share in any reasonable cost of poster maps showing the different MPN treatment facilities in the San Diego County area.

D. SAFETY/PREVENTION SERVICES AND REPORTS

1-4. Surveying, Determination, Written Reports, Meet with Representatives.
Sharp Rees-Stealy has significant expertise in the area of safety/prevention services and report studies and agrees to perform all the studies required under Section II paragraph D of the RFP, make the required determinations, formulate written reports, provide recommendations and meet with city representatives as required and be available to respond to questions from City staff relating to Safety/Prevention Services and Report.

Sharp Rees-Stealy’s Chief Toxicologist is Fred Fung, M.D., M.S. Toxicology. Dr. Fung is board certified in Occupational Medicine, Toxicology and Family Practice. He is also a certified safety specialist. Dr. Fung in NIOSH certified in pulmonary function testing and is a clinical professor at the University of California, Irvine and a toxicology consultant at the University of California, San Diego.

Stephen Munday, M.D., M.S. (Toxicology) also is an expert in this area and will be assisting Dr. Fung. Sharp Rees-Stealy also has additional physicians board certified in Occupational Medicine, Preventive Medicine and virtually all other medical specialties readily available to meet the needs of the City’s Risk Management and Safety department.
5. **Principal Physician**

Dr. Fung will be Sharp Rees-Stealy’s principal physician to respond to questions from City staff relating to Safety/Prevention Services and Reports.

The Sharp Rees-Stealy Occupational Medicine Department receives referrals from local and non-local municipalities, major employers and even other health care providers in this area. Examples within the last 5 years include specific cases in the following:

- Air quality/sick building syndrome
- Other air quality issues — carbon monoxide, air pollution, diesel exhaust, jet exhaust
- Heavy metal exposure to lead, arsenic and mercury
- Health care related issues of ethylene oxide and chemotherapeutic agent, formaldehyde and glutaraldehyde exposure
- Biologic exposure to molds, fungus and bacteria
- Hydrocarbon exposure to diesel, propane, jet exhaust
- Pesticide exposure
- Presumptive clause cases of cancer secondary to exposure from carcinogens.
- Asbestos exposure
- Food safety concerns
- Electromagnetic field from high power electrical lines
- Biological safety
- Epidemiology

Most of these evaluations have required on-site investigations and industrial hygiene work as well as medical evaluation of the affected employees.

Clients have this to say about Sharp Rees-Stealy’s expertise in the area of workplace environment studies.

**Joint Powers Authority:** “I have known and worked with Dr. Fung for the past nine years. During this time he has been involved in numerous indoor air quality (IAQ) investigations on behalf of the JPA. He is very knowledgeable in the area of Occupational Health and his understanding of all of the issues related to IAQ is unsurpassed”.

**County of San Diego:** “The County of San Diego Occupational Health Program has worked with Dr. Fung, Sharp Rees-Stealy, on various joint Medical and Industrial Hygiene projects and found the service he provided to be of a high quality and very professional. Dr. Fung has broad knowledge of Occupational Health issues and how to inter-relate medical services and industrial hygiene.”
Sharp Rees-Stealy also provides ergonomic risk hazard analysis and consultation in order to assist organizations in the prevention and management of repetitive motion disorders. All services provided are consistent with Cal/OSHA Ergonomic Regulation and ANZI-365 Draft Standards for control of Work Related Cumulative Trauma Disorders. These services are under the direction of Mr. Tony Sanchez, P.T. Mr. Sanchez is a registered Physical Therapist with 22 years experience. He helped developed the Sharp Occupational Performance Center and is an expert in providing ergonomic worksite analysis.

Mr. Sanchez and his staff can provide ergonomic evaluations in response to identified concerns related to one worker or whole groups of workers. The ergonomic analysis included assessment of organizational issues and trends that may be contributing to the problem, as well as identification and measurement of ergonomic risk factors including repetition, forces, awkward postures, vibration, temperature and other environmental issues.

Once the analysis is completed, a comprehensive written report is prepared which outlines the engineering, administrative and work practice controls which can reduce or eliminate the onset of an occupational injury. The report is reviewed with the key representatives, management and employees to discuss issues and answer any questions.

E. EMPLOYEE RESPIRATORY FITNESS AND HEARING CONSERVATION PROGRAM

1. Estimated Number of Exams
   Sharp Rees-Stealy agrees to provide the required medical examinations, whether they are more or less than the estimated number of 800.

2. Office Locations
   Sharp Rees-Stealy has one location in Downtown San Diego and two other locations within 15 miles of downtown, in addition to three other sites. All sites are fully staffed and equipped in order to provide City employees with examinations during the normal business hours of Monday through Friday from 8:00am to 5:00pm. A listing of all offices located within the city and County of San Diego is provided in Appendix 2.

3. Audiometric Van Services
   Sharp Rees-Stealy proposes for audiometric van service capable of going to City, work locations. “Safe Hearing America”. The cost for having an audiometric “van” to go to City locations to perform audiometric examination is as follows:
   - 8 hr. Test Day with a 96 person min ---- $16.00 per person
   - 4 hr. Test Day with a 48 person min ---- $16.00 per person
Audiometric training cost for employees when van is used to perform audiometric testing at City Location is as follows:

- Training in the booth by audio tape included in the $16.00 per person testing price
- Number of employees to be tested in an hour:
  a. with training 12
  b. without training 16

Group Training Presentation done by CAOHC certified technician provided by Safe Hearing America:
- One hour sessions cost is $250.00 per session

4. Experience In Audiometric and Respiratory Fitness Exams
In addition to providing audiometric and respiratory fitness examinations for The City of San Diego for the past 20 years the Sharp Rees-Stealy Occupational Medicine Department has provided several thousand respirator clearance and audiology examinations per year for a wide variety of public and private employers. Specifically, the following employers are currently being provided respiratory protection and/or audiometric testing by Sharp Rees-Stealy. These are but a few:

San Diego Gas and Electric
Tim Brown, OHN
Health and Public Safety Officer
Sempra Energy
8326 Century Park Court
San Diego, CA 92123
Office: 858-654-8758
Cell: 619-851-5298

Joint Power Authority – San Diego and Imperial County Schools
Felicia Amenta
Workers’ Compensation Manager
Office: 858-571-7221
Fax: 858-279-6236

City of Escondido
Jodi Vinson
201 N. Broadway
Escondido, CA
Office: 760-839-4869
5. **Audiometric and Respiratory Exam Service**
   1. Sharp Rees-Stealy will be available to continue all audiometric and respiratory examination services immediately upon notification of contract award.

   2. The examination protocol for respiratory examination services including medical and occupational history, physical examination, pulmonary function testing will require 45 minutes. Audiometric examination services take about 30 minutes.

   3. Normally 15-20 examinations per day can be performed at each of the six (6) Sharp Rees-Stealy sites. Should the city require more than 20 examinations at one time in one site, Sharp Rees-Stealy could accommodate these additional patient volumes by increasing occupational medicine physicians and staff at that site.

6. **Standardized/Customized Reports**
   Sharp Rees-Stealy can provide customized reports for both the Respirator Fitness and Hearing Conservation Program. No additional cost is associated with provision of these reports. Please see Appendix 8.

7. **Audiometric and Respiratory Exam Forms**
   All forms including the Medical History Questionnaire, results of Medical/Audiometric and Respiratory Fitness Examinations are included in Appendix 1.

8. **Medical Records Retention/Confidentiality**
   As required by Cal/OSHA, Sharp Rees-Stealy Medical Centers will maintain records for every City employee medically examined under this proposal for a period of 30 years from the employee’s last day of city employment at no cost to the City. Each employee at the time of examination will be requested to sign a release allowing Sharp Rees-Stealy to provide the results of the patient’s medical examination to the City of San Diego. Sharp Rees-Stealy Medical Centers, as a matter of policy and procedure, as well as law, has the responsibility to protect patient confidentiality. Sharp Rees-Stealy Medical Centers’ policies and procedures exist to prevent the release of these records to anyone not authorized to receive such records. Please see Appendix 9 for our policies and procedures.

9. **Sub-Consultant (Audiometric)**
   Safe Hearing America can provide audiometric examination via an audiometric van capable of going to City work locations upon request by the City.
Pricing for these services are as follows:
- 8 hr. Test Day with a 96 person min ---- $16.00 per person
- 4 hr. Test Day with a 48 person min ---- $16.00 per person

Audiometric training cost for employees when van is used to perform audiometric testing at City Location is as follows:
- Training in the booth by audio tape included in the $16.00 per person testing price
- Number of employees to be tested in an hour:
  - with training 12
  - without training 16

Group Training Presentation done by CAOHC certified technician provided by Safe Hearing America:
One hour sessions cost is $250.00 per session

10. Respiratory Protection and Hearing Conservation Classes
Sharp Rees-Stealy physicians are available to participate in the respiratory protection classes to be given each year. Fred Fung, M.D. is Board Certified in Occupational Medicine, Toxicology and Family Practice. Dr. Fung is also a Certified Safety Specialist. Dr. Fung is NIOSH certified for pulmonary function testing. He is also a clinical instructor for pulmonary function testing at both the University of California Irvine and at the University of California, San Diego. Dr. Fung would be the primary physician available to give these classes. He is familiar with all facets of respiratory protection programs and is aware of the rules and changes occurring under Cal/OSHA. Cost for these lectures would be $150.00 per hour. These classes would provide:
- The physiology of lung function
- The purpose of respiratory protection, the advantages, the disadvantages, and limitation of various types of respirator fitting, use and care.
- The purpose of pulmonary function testing and explanation of the testing procedures.

Sharp Rees-Stealy has licensed audiologists available to participate in the hearing conservation classes to be given each year. Nancy Blakesly, M.A., CCC-A received her Master of Arts in Audiology and specializes in clinical and industrial audiology. She is A.S.H.A. certified, licensed in California for
Audiology, a certified CHOHC instructor and has nineteen years experience in Industrial Audiology.

The City would also have the option to use Willena Byer, CCC-A of Safe Hearing America. Ms. Byer is an industrial audiologist with thirty (30) years of experience in clinical audiology and development of hearing conservation programs for industry. She is licensed in California for Audiology and Certified by A.S.H.A. Training in the booth by audio tape at time of testing in an audiometric van is included in testing price of $16.00 per hour.

The cost to provide group classes if provided by Sharp Rees-Stealy audiologist would be $75.00 per class. Should the City choose to use Ms. Byer, Safe Hearing American training, services would be $250.00 per class. These classes would provide the following:

- The effect of noise on hearing
- The purpose of hearing protection, the advantages, the disadvantages, and attenuation of various types and instruction on selection, fitting, use and care.
- The purpose of audiometric testing and explanation of the test procedures.

11. Scheduling Exams
On-going basis Sharp Rees-Stealy will provide audiometric and respiratory fitness examination within two (2) working days from the date of request except in unusual circumstances examinations could be scheduled within 24 hours. Sharp Rees-Stealy can provide examinations at any of our six (6) sites.

12. Principal Physician
Sharp Rees-Stealy shall insure the availability of a principal physician Dr. Fung to respond to questions from the City staff relating to audiometric and respirator fitness examinations. Dr. Fung is Board Certified in Occupational Medicine, Toxicology and Family Practice. Dr. Fung is also a Certified Safety Specialist. Dr. Fung is NIOSH Certified for Pulmonary Function Testing. He is also a clinical instructor for Pulmonary Function Testing at the University of California Irvine and at the University of California, San Diego.

13. Code of Federal Regulations
All services bid by Sharp Rees-Stealy will meet the requirements of the Code of Federal Regulations, Cal/OSHA and the National Institute for Occupational Safety and Health.

F. Performance Standards
Sharp Rees-Stealy understands and agrees that the expectation is that no referrals are to be made outside the MPN. If for some reason a patient or patients are referred outside of the MPN for medical treatment Sharp Rees-
Stealy agrees to provide the City with a quarterly report that tracks City employees who are referred outside of the MPN. This report will state the reason for the referral outside the MPN network and the attempt or attempts made to work with all other organizations within the MPN to keep the employee within the MPN.

G. Project Management
Sharp Rees-Stealy understands that a team of City employees will be designated to plan, coordinate, monitor and control the operational requirements of the Contract. The City may later choose to designate one individual to perform this leadership role.

H. Records and Retention
The policy of Sharp Rees-Stealy is to maintain a separate filing system (charts, files stacks, in/out) for all occupational medical records at each of the Sharp Rees-Stealy sites. The storage area for Occupational Medicine records are separate and distinct from private medical records stored at the clinic sites. Each of the Sharp Rees-Stealy sites has records staff that are specifically assigned and trained to maintain, store and retrieve the Occupational Medicine records. All work related injuries treated by Sharp Rees-Stealy physicians will result in the creation of an Occupational Medicine chart. All Occupational records department utilized state-of-the-art color coded, terminal digit filing system for record storage. Sharp Rees-Stealy manages more than 50,000 new patient records per year and has the systems, staff and storage capacity to maintain the 2,200 city charts created annually. It is the policy of Sharp Rees-Stealy and OSHA requirements to maintain all occupational medicine medical records for a minimum of 30 years past end of employment.

I. Documentation and Reports
Sharp Rees-Stealy understands and agree that all documentation and reporting shall be as required by law.

J. Qualification and Experience
1. Physician Assistant Licenses
Please find in Appendix 3 California Physicians Assistant Licenses for each of the three Physician Assistants who may provide medical care to the City employees.

2. Physician Assistant Protocols
Sharp Rees-Stealy agrees to provide, upon request by the City, the written guidelines or protocols for the medical tasks the Physician Assistant is allowed to perform and the name of the physician assigned to supervise the job performance of the Physician Assistant.
3. California Workers’ Compensation Knowledge
The Sharp Rees-Stealy Occupational Medicine physician and staff are conversant with the Workers’ Compensation laws including the newer provisions of the Workers’ Compensation Law. They are consistently trained and updated on changes. Many staff personnel have attended I.E.A. (Insurance Education Association) courses and several have received certifications through I.E.A.

4. Staff Providing Audiometric and Respiratory Exams
Sharp Rees-Stealy Occupational Medicine staff are of the highest quality and have the best combination of credentials, training and experience of any provider in California. Listed in the following pages are the names and qualifications of all employees who will be involved in providing audiometric and respiratory fitness examinations. Note the employee’s experience in providing these and/or other similar services is included.

Chula Vista Occupational Medicine -
The Sharp Rees Stealy, Chula Vista Occupational Medicine Site Supervisor is Debbie Flores. Debbie has 16 ½ years of experience in occupational medicine and a total of 18½ years in healthcare. Debbie has completed IEA course in Basic Worker’s Compensation.

Silva Crawford, has 16 ½ years experience in healthcare, all of which as an Occupational Medicine Representative. She is certified in CPR.

Juanita Cardenas Occupational Medicine Service Representative, has 18 years of experience in healthcare, with 15 years specifically in workers compensation.

Patty Vargas has been an Occupational Medicine Service Representative for 12 years and in healthcare for a total of 13 years.

Lisa Arnold has been an Occupational Medicine Service Representative for 8 years and a total of 19 ½ years in healthcare.

Myrna Trill, MA has 9½ years of experience in healthcare, 8 of which are in occupational medicine. She has certifications in CAOHC, PFT and CPR.

Vicky King has been the Occupational Medicine Health Information Management representative at the Chula Vista site for 8 years. She has a total of 10 years of experience in healthcare. She has completed a medical terminology course.

Lapaz Bay-Ayuyao has been the Occupational Medicine Health Information Management representative at the Chula Vista site for 2 years. She has a total of 2 years of experience in healthcare.
Esther Rivera, MA has been in occupational medicine for 11 years with a total of 11 years in healthcare. She is certified in CAOHC, BAT, PFT and CPR. She is also fluent in Spanish.

Vicky Munoz, MA has 11 years of experience in healthcare, 2 of which are in occupational medicine. She has certifications in CAOHC, BAT, PFT, BAT and CPR.

Olga Furst, MA has 5 years of experience in healthcare, all of which are in occupational medicine. She has certifications in CAOHC, PFT, BAT, and CPT. She is also fluent in Spanish.

**Downtown Occupational Medicine**

The Sharp Rees-Stealy Downtown Occupational Medicine Site Supervisor is Charleena Days. She has 18 years of experience in healthcare with 17 of those in occupational medicine.

Lynelle Arnold, LVN has 4 years of experience in healthcare, 4 of which are in occupational medicine. She holds certificates in CPR, PFT, UDS, BAT and CAOHC.

Maylene Allegre, MA has 6 years of experience in healthcare, 5 of which are in occupational medicine. She holds certificates in CAOHC, PFT, UDS, BAT and CPR.

Virginia Marin has 17 years of experience in healthcare with 14 of those years as an Occupational Medicine Service Representative.

Dulce Barron, Occupational Medicine Service Representative has been in healthcare for 17 years with 5 of those years specifically in Occupational Medicine as a Service Representative.

Rosie Aduna has been in Occupational Medicine Health Information Management for 20 years and has a total of 25 years experience in healthcare. She is IEA certified.

**Kearny Mesa Occupational Medicine (Genesee)**

The Sharp Rees Stealy, Kearny Mesa Occupational Medicine Site Supervisory is Leticia Rawls, MA has 22 years of experience in healthcare, 17 of which have been in occupational medicine. She has certificates in CAOHC, PFT, Phlebotomy, Travel Medicine and CPR. She is also fluent in Spanish.

Barbara Smith, MA has been in healthcare for 17 years with 11 of those years specifically in occupational medicine. Aside from obtaining her Radiology
license, she holds certifications in CAOHC, BAT, PFT, Phlebotomy, Travel Medicine and CPR.

Hiroko Kawada, MA has experience in Healthcare for 21 years and 12 of those years in occupational medicine. She holds certification in CAOHC, PFT, Phlebotomy, Travel Medicine and CPR. She is fluent in Japanese.

Olivia Ayala, MA has experience in Healthcare for 12 years and 2 of those years in occupational medicine. She holds certification in CAOHC, PFT, Phlebotomy, BAT, Travel Medicine and CPT.

Emma Morales, MA has experience in Healthcare for 10 years and 3 of those years in occupational medicine. She holds certification in CAOHC, PFT, BAT, Phlebotomy, BAT, Travel Medicine and CPR.

Allison Roach, MA has experience in Healthcare for 18 years and 9 of those years in occupational medicine. She holds certification in CAOHC, PFT, Phlebotomy, Travel Medicine and CPR. Allison is also cross-trained as an Occupational Medicine Service Representative.

Priscilla Aiello has 10 years of experience in Occupational Medicine Health Information Management and a total of 12 years in healthcare.

Erika Diato has 17 years of experience in healthcare and 13 of those have been as an Occupational Medicine Service Representative and in Occupational Medicine Health Information Management.

Monica Zuniga has 12 years experience in health care; in 2006 joined this department and became an Occupational Medicine Service Representative.

La Mesa Occupational Medicine -  
The Occupational Medicine Site Supervisor for the Sharp Rees-Stealy La Mesa-GMP facility is Susan Horton. She has 17 years experience in occupational medicine and a total of 27 years in healthcare-all with Sharp Rees-Stealy.

Lynette Tofili, LVN has 14 years experience in healthcare and 5 years in occupational medicine. Amy has certifications in CPR, PFT, BAT and CAOHC.

Amy Espinoza MA has 11 years experience in healthcare and 8 years in occupational medicine. Amy has the certification in CPR, PFT, BAT and CAOHC.
Tisha Nohara, MA has been a medical assistant for 8 years in occupational medicine. She is certified in CPR, PFT, BAT and CAOHC. She is also cross trained as an Occupational Medicine Service Representative-front desk and Health Information Management.

Debbie Myer MA has 20 years experience in healthcare and 7 year in occupational medicine. Not only is Debbie a medical assistant with the following certifications: CPR, PFT, and CAOHC; she is also crossed trained as an occupational medicine service representative.

Cathy Simmerman has been in the healthcare industry for 22 years with 12 years in occupational medicine. She has worked as an Occupational Medicine Service Representative/front desk in La Mesa for 6 years.

Debbie Allen has been in the healthcare industry for 22 years with 12 years in occupational medicine. She has worked as an Occupational Medicine Service Representative/front desk in La Mesa for 6 years.

Isabel Mejia has been in the healthcare industry for 22 years with 12 years in occupational medicine. She has worked as an Occupational Medicine Representative/front desk in La Mesas for 6 years.

Teresa Kamisizian has 8 years of experience in Occupational Medicine Health Information Management and a total of 8 years in healthcare.

**Mira Mesa Occupational Medicine** -
The Sharp Rees Stealy, Mira Mesa Occupational Medicine Site Supervisor is Mary Townsend, who has a total of 32 years in health care and 23 years specifically in occupational medicine. She is certified in CPR, AMS, Psychemedics and can obtain UDS samples.

Donald Holmes, LVN has been in healthcare for 26 years with 11 of those years specifically in occupational health. Prior to joining Sharp Rees-Stealy Occupational Medicine in 1998, Mr. Holmes was in the US Navy as a corpsman. Don is currently the Drug Screen Trainer for Occupational Medicine Department. He also holds certifications in IV, CAOHC, BAT, PTF, BLS-ACLS, Phlebotomy and Travel Medicine.

Alicia Ramirez, MA has worked in the Healthcare for 6 years in Occupational medicine. She holds certifications in PFT, CPR, COAHC, Phlebotomy and in Travel Medicine. She is also fluent in Spanish.
Michelle Ragadio-Guzman, MA has been in healthcare for 3 years all specifically in occupational medicine. She is certified in PFT, UDS, BAT, CAOHC and CPT. In addition, she is cross-trained as an Occupational Medicine Service Representative and many other areas with the occupational medicine department.

Felecia Johnson has 9 years of experience in healthcare with all 9 of those years as an Occupational Medicine Service Representative.

Erica Magallanes has 2 years of experience in healthcare of all specifically in this department as an Occupational Medicine Representative.

Joseph Rodil has 4 years of experience in Occupational Medicine Health Information Management and a total of 14 years in healthcare.

Rancho Bernardo Occupational Medicine -  
The Occupational Medicine Department Site Supervisor is Jacqueline Hollins. She has been with Sharp Healthcare for 17 years and specifically with Occupational Health for 14 years.

Rachelle Hernandez, MA has been with Sharp Healthcare since 2005. She holds certificates in CPR, IV therapy, Spirometry and CAOHC.

Destiny Wilkins, MA has been with Sharp Healthcare since 2007. She holds certificates in CPT, IV therapy, Spirometry and CAOHC.

Kyla Falcon has been in the healthcare field for 6 years, specifically in occupational Medicine as an Occupational Medicine Service Representative.

Occupational Medicine Float staff –  
Josie Pedersen, MA has worked in healthcare for 15 years with 11 of those years in occupational medicine. She is certified in PFT, CPR, CAOHC, UDS, Phlebotomy and in Travel Medicine.

Wendy Mercado, MA. She has certifications in CAOHC, PFT, UDS, BAT and CPR.

Nila Desphy, MA. She has certifications in CAOHC, PFT, UDS, BAT and CPR.

Angelique Quiros, MA. She has certifications in CAOHC, PFT, UDS, BAT and CPR.

Jessica Roberson, MA. She has certifications in CAOHC, PFT, UDS, BAT and CPR.
Cindy Delisle, MA. She has experience in healthcare for 11 years and 2 of those years in occupational medicine. She holds certification in CAOHC, PFT, BAT, Phlebotomy, Travel Medicine and CPR.

Mary Aragon, MA. She has certifications in CAOHC, PFT, UDS, BAT and CPR.

Robin Linville has been in the healthcare field for 4 years and 2 of which are specifically in occupational medicine as an Occupational Medicine Service Representative.

Carlota Noceda joined occupational medicine as an Occupational Medicine Service Representative in 2007.

K. References
Please find in Appendix 10, six (6) references for Industrial Medicine and six references for Safety and Preventive services including Respiratory and Audiometric examinations. All six references are currently utilizing Sharp Rees-Stealy for both Industrial Medicine Workers’ Compensation Medical Treatment and Safety and Preventive services including Respiratory and Audiometric examinations.

L. Additional Technical Submittal/Forms
1. Please find references as specified in Section II, paragraph K in Appendix 10.
2. Please find Statement of Subcontractors in Appendix 11.
3. Please find Vendor Registration Form in Appendix 12.

SUMMARY

Sharp Rees-Stealy appreciates the opportunity to submit its proposal to provide industrial medical services to the City of San Diego Risk Management Department.

Sharp Rees-Stealy has developed (over the last 29 years) an extensive Occupational Medicine Program designed to meet the needs of large complex organizations like the City of San Diego. This program of well qualified and trained medical, professional, ancillary, and administrative staff, combined with the organizational structure of Sharp Rees-Stealy and Sharp HealthCare, allows Sharp Rees-Stealy to provide virtually every occupational health need through a single delivery system.

The Sharp Rees-Stealy Occupational Medicine Program has emphasized quality of medicine, appropriate utilization, disability management, preventive
services, patient satisfaction, data availability and strong communication with
employers to produce a quality, quantifiable, cost effective system to assist
employees and employers to reduce the human and financial burden of
workers’ compensation injuries and illnesses. These quantifiable cost effective
results have been consistently demonstrated showing Sharp Rees-Stealy to be
the most effective occupational medicine provider in San Diego County and
State of California.

Unique to this proposal is Sharp Rees-Stealy Occupational Medicine Program’s
quality, customer satisfaction, experience, proven performance in cost
containment, data availability for analysis, enhanced communications through
on-line electronic interface, scope of services with a proven track record and the
multiple services available directly through the Sharp HealthCare network, a
service oriented team member.

Sharp Rees-Stealy believes that it has set forth a new standard on how the cost
effectiveness of an Occupational Medicine Program should be measured. Sharp
Rees-Stealy has done this by providing data specific to the City demonstrating
an average medical cost per claim over a four year period that is less than half
of the State of California’s average.

Sharp Rees-Stealy believes that the average cost per claim is a much better and
more accurate measurement of cost effectiveness than an arbitrary discount off
the California OMFS.

Sharp Rees-Stealy looks forward to working closely with the City to develop
measurement tools that look at the total cost per claim so that as a team we can
continue to improve and reduce the City’s total cost of workers’ compensation.

Sharp Rees-Stealy has provided the City in this proposal a package including
Sharp Rees-Stealy and Sharp HealthCare’s services combined with subcontract
providers. This combination can cover any-and-all industrial medical needs the
City may have.

By choosing Sharp Rees-Stealy the City will retain proven performance, cost
effective and quality care, service and a dedicated team member. Sharp Rees-
Stealy and Sharp HealthCare representatives are available at the City’s request
to discuss this proposal as we look forward to a formal oral presentation at the
City Evaluation Committee.
APPENDIX I

Audiometric and Respiratory Medical Examination Forms
RESPIRATOR CLEARANCE EXAMINATION PACKET CONTENTS

1. Content of Examination from Respirator Regulation (Title 8, Section 5144 (e))----for physician and staff review. Complete copies of the regulation are available in physician offices. Sharp Rees-Stealy determined that we will perform a history (with mandated history form), physical exam and PFT to clear anyone using any respirator more than a dust mask. Other tests may be indicated by results of exam.

2. Occupational Medicine Patient Registration Form-----to be completed by patient and receptionist.

3. Authorization to Receive or Release Medical Information-----to be completed by patient and witnessed by receptionist

4. Respirator Clearance Employer Information Sheet***-----to be sent by fax at time of scheduling or phone call from MD to employer will occur. MD to review and comment if appropriate.

5. Mandatory Respirator Medical Evaluation Questionnaire-----to be completed by patient and physician to review and comment if appropriate.

6. Examination Form-----to be completed by nurse and physician.

7. Respirator Medical Examination Report, Copy -----to be completed by MD.

8. Envelope ----- to be self addressed by patient for return of employee copy of Examination Report.

*** The employer should provide additional information regarding; a) the type and weight of the respirator to be used, b) the frequency of respirator use, c) the expected physical work effort, d) any additional protective clothing and equipment to be worn, e) the temperature and humidity extremes that may be encountered. Please place form in patient’s chart.

Copyright Sharp Rees-Stealy Medical Group 2001
MEDICAL EVALUATION FOR RESPIRATOR USE

(TITLE 8, SECTION 5144 (e))

(e) Medical evaluation. Using a respirator may place a physiological burden on employees that varies with the type of respirator worn, the job and workplace conditions in which the respirator is used, and the medical status of the employee. Accordingly, this subsection specifies the minimum requirements for medical evaluation that employers must implement to determine the employee’s ability to use a respirator.

(1) General. The employer shall provide a medical evaluation to determine the employee’s ability to use a respirator, before the employee is fit tested or required to use the respirator in the workplace. The employer may discontinue an employee’s medical evaluations when the employee is no longer required to use a respirator. (2) Medical evaluation procedures.

(A) The employer shall identify a physician or other licensed health care professional (PLHCP) to perform medical evaluations using a medical questionnaire or an initial medical examination that obtains the same information as the medical questionnaire.

(B) The medical evaluation shall obtain the information requested by the questionnaire in Sections 1 and 2, Part A of Appendix C.

(3) Follow-up medical examination.

(A) The employer shall ensure that a follow-up medical examination is provided for an employee who gives a positive response to any question among questions 1 through 8 in Section 2, Part A of Appendix C or whose initial medical examination demonstrates the need for a follow-up medical examination.

(B) The follow-up medical examination shall include any medical tests, consultations, or diagnostic procedures that the PLHCP deems necessary to make a final determination.

(4) Administration of the medical questionnaire and examinations.

(A) The medical questionnaire and examinations shall be administered confidentially during the employee’s normal working hours or at a time and place convenient to the employee. The medical questionnaire shall be administered in a manner that ensures that the employee understands its content.

(B) The employer shall provide the employee with an opportunity to discuss the questionnaire and examination results with the PLHCP.

(5) Supplemental information for the PLHCP.

(A) The following information must be provided to the PLHCP before the PLHCP makes a recommendation concerning an employee’s ability to use a respirator:

1. The type and weight of the respirator to be used by the employee;

2. The duration and frequency of respirator use (including use for rescue and escape);

3. The expected physical work effort;

4. Additional protective clothing and equipment to be worn; and

5. Temperature and humidity extremes that may be encountered.

http://www.dir.ca.gov/title8/5144.html

4/23/2001
1) Any supplemental information provided previously to the PLHCP regarding an employee need not be provided for a subsequent medical evaluation if the information and the PLHCP remain the same.

3) The employer shall provide the PLHCP with a copy of the written respiratory protection program and a copy of this section.

Note to Subsection (e)(5)(C): When the employer replaces a PLHCP, the employer must ensure that the new PLHCP obtains this information, either by providing the documents directly to the PLHCP or having the documents transferred from the former PLHCP to the new PLHCP. However, OSHA does not expect employers to have employees medically reevaluated solely because a new PLHCP has been selected.

3) Medical determination. In determining the employee's ability to use a respirator, the employer shall:

A) Obtain a written recommendation regarding the employee's ability to use the respirator from the PLHCP. The recommendation shall provide only the following information:

1. Any limitations on respirator use related to the medical condition of the employee, or relating to the workplace conditions in which the respirator will be used, including whether or not the employee is medically able to use the respirator;

2. The need, if any, for follow-up medical evaluations; and

3. A statement that the PLHCP has provided the employee with a copy of the PLHCP's written recommendation.

B) If the respirator is a negative pressure respirator and the PLHCP finds a medical condition that may place the employee's health at increased risk if the respirator is used, the employer shall provide a PAPR if the PLHCP's medical evaluation finds that the employee can use such a respirator; if a subsequent medical evaluation finds that the employee is medically able to use a negative pressure respirator, then the employer is no longer required to provide a PAPR.

7) Additional medical evaluations. At a minimum, the employer shall provide additional medical evaluations that comply with the requirements of this section if:

A) An employee reports medical signs or symptoms that are related to ability to use a respirator;

B) A PLHCP, supervisor, or the respirator program administrator informs the employer that an employee needs to be reevaluated;

C) Information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for employee reevaluation; or

D) A change occurs in workplace conditions (e.g., physical work effort, protective clothing, temperature) that may result in a substantial increase in the physiological burden placed on an employee.

http://www.dir.ca.gov/title8/5144.html

4/23/2001
OCCUPATIONAL MEDICINE
PATIENT REGISTRATION

OCC MED NUMBER

HCL

CASE NUMBER

DATE OF INJURY

PATIENT INFORMATION (Please Print)

NAME

SOC. SEC. NUMBER

LAST

FIRST

MIDDLE INIT.

AKA

SEX

DMV LIC; STATE

BIRTHDATE

MARITAL STATUS

ADDRESS

ZIP

CITY, STATE

CELL PHONE

PHONE (HOME)

CURRENT OCCUPATION

VETERAN: Y

NO

PRIMARY OCCUPATION

INDUSTRY

EMPLOYER INFORMATION

EMPLOYER

DEPT #

ADDRESS

ZIP

CITY, STATE

YOUR WORK PHONE #

EXT

COMPANY CONTACT

CONTACT'S PHONE #

EXT

WORKER'S COMP INSURANCE

INSURANCE CO.

ADDRESS

ZIP

CITY, STATE

POLICY #

PHONE #

CONTACT

EFFECTIVE DATE

FAX #

PARENT/GUARDIAN INFORMATION

To be filled out if patient is under 18 years of age.

NAME

ADDRESS

ZIP

CITY, STATE

PHONE #

RELATIONSHIP TO PATIENT

SOC SEC #

EMPLOYER

ADDRESS

ZIP

CITY, STATE

PHONE #

I, ____________________________, am the parent or legal guardian of ____________________________, and give my permission to treat ____________________________ for any occupational physical and/or injury.

SIGNATURE

PARENT/GUARDIAN

DATE

PATIENT'S NAME

EMERGENCY CONTACT INFORMATION

NAME

RELATIONSHIP

HOME PHONE #

WORK PHONE #

My signature below indicates that I acknowledge receipt of, or have previously received, the Sharp HealthCare Notice of Privacy Practices.

PATIENT SIGNATURE

DATE

*********** OFFICE USE ONLY ***********

EMPLOYEE #

NEW

CHANGE

SITE
Please read carefully and complete the reverse side of this form.

All sections of this authorization must be completely filled out before Sharp is permitted to disclose your protected health information.

EXPLANATION: This form authorizes the use or disclosure of protected health information in the manner described below and is voluntary. Sharp HealthCare will still provide medical treatment for you if you do not sign this authorization, except under limited circumstances that are described in our Notice of Privacy Practices. Please be aware that once your information leaves Sharp HealthCare, Sharp HealthCare will no longer be able to protect that information, and the recipients of your information may not be legally required to protect your information.

NOTICE TO OCCUPATIONAL MEDICINE PATIENTS: California law allows your employer to access your health records only if you authorize the disclosure in writing, or for certain specific reasons. Some of the reasons include situations when your employer is required to do so by law; when you're involved in a lawsuit (or similar process) with your employer and your medical history is at issue; when the information requested was requested or paid for by your employer; when the information is required to evaluate your need for medical leave or disability related benefits; or when it is necessary to administer your employee benefits plan. If you have questions or concerns about whether any of the above situations apply to you, please notify your provider before beginning any procedure and consider notifying your employer.

AUTHORIZATION TO DISCLOSE SPECIFIC PROTECTED HEALTH INFORMATION: Federal and State laws require us to obtain specific authorization from patients to release especially sensitive information. Sensitive information is defined as treatment or documentation related to HIV and AIDS test results; Psychiatric care, and Treatment for Alcohol or Drug Abuse. Be aware that we will automatically try to exclude these types of information unless you specifically identify them for release.

RESTRICTIONS: I understand that Sharp HealthCare may not further use or disclose the information described on the reverse side of this form unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law. I hereby release Sharp HealthCare from any/all liability that may arise from the release of this information to the party named on the reverse side of this form.

ADDITIONAL COPY: I further understand that I have a right to receive a copy of this authorization upon my request.

DURATION: I understand that I may revoke this authorization in writing at any time (see the Sharp HealthCare Notice of Privacy Practices for instructions), except to the extent that action has already been taken. Unless otherwise noted, this authorization will expire one year from the date of my signature.

CHARGES: If your health information is being released directly to you, you may be responsible for payment of a reasonable, cost based processing fee. The fee covers clerical costs as well as any/all costs associated with copying of the information.

Please complete the reverse side of this form.
1. Authorization: I authorize disclosure of medical information and health records as described below:

Name of Patient: ____________________________________________

Date of Birth: __/__/______ Telephone: (_____) ___________________

2. Record Holder's Name: Sharp Rees-Stealy Medical Center

Address: ____________________________________________ City: __________ State: _______ Zip: ________

3. Records Released To: ____________________________________________

Address: ____________________________________________ City: __________ State: _______ Zip: ________

4. Information to be Released for these Dates of Service: From __________ To __________

5. Information to Release: Place your initials next to each category of information we will be releasing.

___ HIV Test Results (Human Immunodeficiency Virus) ___ Psychiatric Records
___ Treatment for Alcohol and/or Drug Abuse ___ Billing Information
___ Operative/Procedure Reports ___ Discharge Summary
Initial ___ Radiology/Nuclear Medicine Reports ___ Progress Notes
___ Emergency Department Reports Initial ___ Laboratory Tests
___ Consultation Reports Initial ___ History/Physical Exam
___ Still or Video Images and Sound Prepared for (Sharp/Non-Sharp) Marketing Purposes
Initial ___ Other (Please Specify): Respirator Clearance Examination

6. Use of Information: The individual or entity identified above is permitted to use my information for the following purposes: Please initial all that apply.

___ Continuing Medical Care ___ Second Opinion ___ Legal
___ Print Marketing or Educational Media ___ Personal ___ Insurance
___ Audio/Visual Marketing or Education Media Initial ___ Other (please specify): Employment

7. Signature:

Printed Name: ____________________________________________

Signature: ____________________________________________ Date/Time: ___________________________

If signed by other than patient, indicate relationship to patient: ____________________________________________

Witness Signature: ____________________________________________ Date/Time: ___________________________

(Sharp HealthCare Representative)

Attending Physician (Required for Behavioral Health): ____________________________________________

Date/Time: ____________________________________________

8. Mailing Instructions: Please mail both sides of this authorization form to:

___________________________________________________________________

(Sharp staff to enter appropriate address)
OCCUPATIONAL HEALTH SERVICES

RESPIRATOR CLEARANCE EMPLOYER INFORMATION SHEET

PATIENT NAME: ________________________________________________

EMPLOYER NAME: ______________________________________________

EMPLOYER CONTACT PERSON: ____________________________________

EMPLOYER PHONE NUMBER: ______________________________________

EMPLOYER FAX NUMBER: ________________________________________

TO EMPLOYER: Please provide answers to the following questions by having your employee bring this form with him at the time of the examination or fax this form to the appropriate clinic prior to appointment.

I. The type and weight of the respirator to be used by the employee.

II. The duration and frequency of respirator use (including use for rescue and escape).

III. The expected physical work effort.

IV. Additional protective clothing and equipment to be worn.

V. Temperature and humidity extremes that may be encountered.

Fax Numbers
Chula Vista (619) 585-4054
Downtown (619) 234-9160
Kearny Mesa (858) 616-8400
La Mesa (619) 644-6632
Mira Mesa (858) 653-6153
Rancho Bernardo (858) 521-2354
OSHA RESPIRATOR MANDATORY
MEDICAL EVALUATION QUESTIONNAIRE

Section 1
The following is required mandatory information that must be provided by every employee who has been selected to use any type of respirator (every year).

**PLEASE PRINT**

Name: ____________________________ Date: __________
Job Title: __________________________ Age (to the nearest year): __________
Sex (circle one): Male or Female Height: __________ ft. __________ in.
Daytime phone number (area code): __________________________ Weight: __________ lbs.
Best time to reach you at that number: __________________________

Check the type of respirator you will use (You can check more than one category).

- N, R, or P disposable respirator (filter-mask, non-cartridge type only).
- Other type (for example, half - or full-facepiece type, powered-air purifying, supplied-air.
- Self-contained breathing apparatus (SCBA)

Have you worn a respirator. ____________________________________________________________
If "yes", what type(s): _______________________________________________________________

Section 2

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month?

2. Have you ever had any of the following conditions?

   - Seizures (fits)
   - Allergic reactions that interfere with your breathing
   - Trouble smelling odors
   - Diabetic (sugar disease)
   - Claustrophobia (fear of closed-in places)

3. Have you ever had any of the following pulmonary or lung problems?

   - Asbestosis
   - Asthma
   - Pneumonia
   - Silicosis
   - Lung Cancer
   - Any chest injuries or surgeries
   - Chronic bronchitis
   - Emphysema
   - Tuberculosis
   - Pneumothorax (collapsed lung)
   - Broken ribs
   - Any other lung problem that you've been told about

4. Do you currently have any of the following symptoms of pulmonary of lung illness?

   - Shortness of breath
   - Shortness of breath when walking with other people at an ordinary pace on level ground
   - Shortness of breath when washing or dressing yourself
   - Coughing that precedes phlegm (thick sputum)
   - Coughing that occurs mostly when you are lying down
   - Wheezing
   - Shortness of breath when walking fast on level ground or walking up a slight hill or incline
   - Chest pain when you breathe deeply
   - Have to stop breath when walking at your own pace on level ground
   - Shortness of breath that interferes with your job
   - Coughing that wakes you early in the morning
   - Coughing up blood in the last month
   - Wheezing that interferes with your job
   - Any other symptoms that you think may be related to lung problems

SHC-OHS-1114-S (3/00)
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever had any of the following cardiovascular or heart problems?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart attack</td>
<td></td>
<td></td>
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<tr>
<td>Angina</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swelling in your legs or feet (not caused by walking)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High blood pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty hearing</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Wear a hearing aid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other hearing or ear problem?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have you ever had any of the following cardiovascular or heart symptoms?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent pain or tightness in your chest</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Pain in your chest that interferes with your job</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the past two years, have you noticed your heart skipping or missing a beat</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Do you currently take medication for any of the following problems?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breathing or lung problems</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Blood pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart trouble</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Seizures (fits)</td>
<td></td>
<td></td>
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<tr>
<td>Have you ever lost vision in either eye (temporarily or permanently)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wear contact lenses</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Color blind</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other eye or vision problems</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Do you currently have any of the following vision problems?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wear contact lenses</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Color blind</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wear glasses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other eye or vision problems</td>
<td></td>
<td></td>
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<tr>
<td>Have you ever had any injury to your ears, including a broken eardrum?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Do you currently have any of the following hearing problems?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty hearing</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Any other hearing or ear problem?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had a back injury?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Do you currently have any of the following musculoskeletal problems?</td>
<td></td>
<td></td>
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<tr>
<td>Weakness in any of your arms, hands, legs, or feet</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Difficulty fully moving your arm or legs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty fully moving your head up or down</td>
<td></td>
<td></td>
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<tr>
<td>Difficulty bending at your knees</td>
<td></td>
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<tr>
<td>Climbing a flight of stairs or ladder carrying more than</td>
<td></td>
<td></td>
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<tr>
<td>25 lbs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Climb a flight of stairs or ladder carrying more than 25 lbs.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Any other muscle or skeletal problem that interferes with</td>
<td></td>
<td></td>
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<tr>
<td>using a respirator</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003 Required by federal regulation 45 CFR 164.520

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Pledge Regarding Your Health Information

We understand that information about you and your health is confidential. We are committed to protecting the privacy of this information. Each time you visit a Sharp HealthCare facility we create a record of the care and services you receive. We need this record to provide you with quality care and to comply with legal requirements. This notice applies to all of the records of your care created by any of the Sharp HealthCare affiliated entities, whether made by any health care personnel or your physician.

This notice describes your health care information privacy rights and the obligations Sharp HealthCare has regarding how we may use and disclose your health information.

Our Responsibilities

Federal and California law makes us responsible for safeguarding your personal health information. We must provide you with this notice of our privacy practices and follow the terms of the notice currently in effect.

Changes to this notice: We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have on file about you as well as any information we receive in the future. We will post a copy of the current notice throughout our organization and on our Web site at www.sharp.com. A copy of the notice currently in effect will be available at the registration area of each Sharp HealthCare facility.

How We May Use and Disclose Health Information About You

The following categories describe different ways that we use your health information within Sharp HealthCare and disclose your health information to persons and entities outside of Sharp HealthCare. We have not listed every use or disclosure within the categories below, but all permitted uses and disclosures will fall within one of the following categories. In addition, there are some uses and disclosures that will require your specific authorization.

Treatment: Your health information may be used to provide or coordinate your medical treatment and services. We may disclose health information about you to doctors, nurses, technicians, medical students, interns or other allied health personnel who are involved in providing for your well-being during your visit with us. We also may communicate information to another non-Sharp health care provider for the purposes of coordinating your continuing care. If you telephone our Nurse Connection service to seek advice for health care, we may use and disclose the information you provide to us to a care team member to assist in providing quality health care.

Payment: We may use and disclose your information for billing and to arrange for payment from you, an insurance company, a third party or a collection agency. This also may include the disclosure of health information to obtain prior authorization for treatment and procedures from your insurance plan.

Health Care Operations: Uses and disclosures of health information are necessary to operate our health care facility and to make sure all of our patients receive quality care. We may use and disclose relevant health information about you for health care operations. Examples include quality assurance activities, post-discharge telephone calls to follow-up on your health status, granting medical staff credentials, administrative activities including Sharp HealthCare financial and business planning and development, customer service activities including investigation of complaints, and certain marketing activities such as health education options for treatment and services.

Business Associates: There are some services provided in our organization through contracts with business associates. Examples of business associates include accreditation agencies, management consultants, quality assurance reviewers, and billing and collection services. We may disclose your
health information to our business associates so that they can perform the job we've asked them to do. To protect your health information, we require our business associates to sign a contract or written agreement stating that they will appropriately safeguard your health information.

**Appointment Reminders:** We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care within our organization. These appointment reminders may be initiated by an automated voice message system.

### Special Situations That Do Not Require Your Authorization

California and federal law permits the following disclosures of your health information without any verbal or written permission from you:

**Organ and Tissue Donation:** We may release health information to organizations that handle organ, eye or tissue procurement or transplantation.

**Research That Does Not Involve Your Treatment:** When a research study does not involve any treatment, we may disclose your health information to researchers after an Institutional Review Board (IRB) has reviewed the research proposal, established appropriate procedures to ensure the privacy of your health information, and waived the need for your authorization.

**Military and Veterans:** If you are a member of the armed forces, we may release health information about you as required by military command authorities.

**Worker's Compensation:** We may release health information about you for worker's compensation or similar programs if you have a work-related injury. These programs provide benefits to you for your work-related injuries.

**Averting a Serious Threat to Health or Safety:** When necessary, we may use and disclose health information about you to prevent a serious threat to your health or safety or to the health and safety of another person or the public.

**Health Oversight Activities:** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

**Public Health Activities:** We may disclose health information about you for public health activities. These generally include the following:

- To prevent or control disease, injury or disability
- To report births and deaths
- To report child and adult abuse or neglect
- To report reactions to medications, problems with products or other adverse events
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

**Law Enforcement:** We may disclose health information if asked to do so by law enforcement officials for the following reasons:

- In response to a court order, subpoena, warrant, summons or similar process
- To identify or locate a suspect, fugitive, material witness or missing person
- To identify the victim of a crime if, under certain circumstances, we are unable to obtain the person's authorization
- To release information about a death we believe may be the result of criminal conduct
- To provide information about criminal conduct at our facility
- In emergency circumstances, to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime
Coroners, Medical Examiners and Funeral Directors: We may disclose health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death of a person. We also may release health information about patients at our facility to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities: We may disclose health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Inmates: If you are an inmate of a correctional institution or under custody of a law enforcement officials, we may disclose health information about you to the correctional institution or the law enforcement officials. This is necessary for the correctional institution to provide you with health care, to protect your health and safety and the health and safety of others, and to protect the safety and security of the correctional institution.

Legal Requirements: We will disclose health information about you without your permission when required to do so by federal or California law.

With Your Verbal Agreement

Individuals Involved in Your Care or Payment for Your Care: With your verbal agreement, we may disclose health information about you to a family member or friend who is involved in your medical care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort (such as the Red Cross) so that your family can be notified about your condition, status and location.

Directory Information: Each Sharp HealthCare hospital has a 'directory' of limited information about currently hospitalized patients available to anyone who asks for a patient by name. The directory information includes four items: 1) patient name, 2) location, 3) general condition (undetermined, good, fair, serious, critical), and 4) religious affiliation (available to clergy only). Directory information allows visitors to find your room and florists to deliver flowers to you. You will be asked to agree to have all or part of this information included in the directory each time you come to a Sharp HealthCare hospital. If you refuse to have your information included in the directory, we will not be able to reveal your presence or your location in the hospital to your family or friends.

Situations Requiring Your Written Authorization

If there are reasons we need to use your information that have not been described in the sections above, we will obtain your written permission. This permission is described as a written "authorization." If you authorize us to use or disclose health information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons stated in your written authorization. Please understand that we are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care we provide to you. Some typical disclosures that require your authorization are:

Special Categories of Treatment Information: In most cases, federal or California law requires your written authorization or the written authorization of your representative for disclosures of drug and alcohol abuse treatment, Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) test results, and mental health treatment.

Research Involving Your Treatment: When a research study involves your treatment, we may disclose your health information to researchers only after you have signed a specific written authorization. In addition, an Institutional Review Board (IRB) will already have reviewed the research proposal, established appropriate procedures to ensure the privacy of your health information and approved the research. You do not have to sign the authorization, but if you refuse you cannot be part of the research study and may be denied research-related treatment.

Marketing: Under most circumstances, we will obtain your authorization for Sharp HealthCare related marketing activities. Exceptions include direct face-to-face communication, if we give you a gift that is of nominal value, or if the marketing activity is to provide you with information about Sharp HealthCare's treatment options or services.

Fund Raising: We may use demographic information and your dates of service for our own fundraising purposes, otherwise we will obtain your authorization.
Your Rights Regarding Health Information About You

You have the following rights regarding health information we maintain about you. You may contact a health information representative where services were provided to obtain additional information and instructions for exercising the following rights.

You have the right to:

1. Obtain a copy of Sharp HealthCare’s Notice of Privacy Practices.
2. Request a restriction on certain uses and disclosures of your information. This request must be in writing. If we agree to your request, we will comply with your request unless the information is needed to provide you with emergency treatment. However, if our system capabilities will not allow us to comply with your request, then we are not required to do so. We can only address requests for Sharp HealthCare’s affiliated entities. Your request will not extend to a physician's private practice.
3. Inspect and request a copy of your health record. This request for inspection or copies must be in writing and directed to the Sharp HealthCare entity where services were provided. A reasonable fee for copies will be charged. We may deny your request under limited circumstances. If you are denied access to health information, you may request that the denial be reviewed by another health care professional chosen by someone on our health care team. Sharp HealthCare will abide by the outcome of that review.
4. Request an amendment to your health record if you feel the information is incorrect or incomplete. Your request must be made in writing and it must include a reason that supports the request. We may deny your request if the information was not created by our health care team, if it is not part of the information kept by our entity, if it is not part of the information which you are permitted to inspect and copy, or if the information is accurate and complete as stated. Please note: If we accept your request for amendment, we are not required to delete any information from your health record.
5. Obtain an accounting of disclosures to others of your health information. The accounting will provide information about disclosures made for purposes other than treatment, payment, health care operations, disclosures excluded by law or those you have authorized.
6. Request confidential communications. You have the right to request that we communicate with you about health issues in a certain way or at a certain location. For example, you may ask that we only contact you at work or by mail. We will accommodate all requests that are reasonable based on our system capabilities. Your request must be in writing and specify the exact changes you are requesting.
7. Revoke your authorization. You have the right to revoke your authorization for the use or disclosure of your health information except to the extent that action has already been taken.
8. Complain about any aspect of our health information practices to us or to the United States Department of Health and Human Services. Complaints about this notice or how Sharp HealthCare handles your health information should be directed in writing to: Sharp HealthCare Privacy Officer, 8695 Spectrum Center Blvd., San Diego, CA 92123. There will be no retaliation against you if you file a complaint with Sharp HealthCare. You also may submit a formal complaint in writing to the Secretary of the United States, Department of Health and Human Services.

Sharp HealthCare Affiliated Entities

San Diego Hospital Association  Grossmont Hospital Corporation
Sharp Memorial Hospital  Sharp Chula Vista Medical Center
Sharp Mesa Vista Hospital  Sharp Coronado Hospital and HealthCare Center
Sharp Mary Birch Hospital for Women  Sharp Mission Park Medical Centers
Sharp Vista Pacifica  Sharp Rees-Stealy Medical Centers
Sharp Cabrillo  Sharp Community Medical Group

And Affiliated Medical Staff Members

Contact the Compliance Department’s Privacy Officer at 1-800-82-SHARP if you have questions about this Notice of Privacy Practices.
OCCUPATIONAL HEALTH SERVICES
RESPIRATOR MEDICAL EXAM REPORT

□ Employer Copy  □ Employee Copy

PATIENT PLEASE COMPLETE SECTION 1 ONLY BELOW

NAME: ___________________________ BIRTHDATE: ___________ AGE: ___________
ADDRESS: _________________________ CITY: ___________ STATE: ________ ZIP CODE: ___________
EMPLOYER: _________________________ JOB TITLE: _________________________

TO THE EMPLOYER: The employee named above has had a respirator examination. He/she has been found to have the following restrictions or findings. Please note that re-examination is necessary if the employee develops any condition which may affect his ability to wear a respirator, a significant change in the workplace conditions affects the respirator wear or according to the interval noted below.

TO THE EMPLOYEE: Thank you for coming to Sharp Rees-Stealy Medical Group for your respirator examination. Please note any comment by the reviewing physician below, and discuss these with your personal health care provider. Should you have any questions, please feel free to call the office where you received your examination.

2. ______ Not cleared to wear any respirator
    ______ Cleared to wear dust mask only
    ______ Cleared to wear any respirator except Self Contained Breathing Apparatus (SCBA)
    ______ Cleared to wear any respirator including Self Contained Breathing Apparatus (SCBA)

Re-evaluation recommended under conditions listed above or by __________________________ date.

NOTE: Routine re-evaluation to occur:
• Not indicated for dust mask wear
• Every 5 years if less than 35, every 2 years for 35-45, annually if over 45
• Annually if SCBA wear

Comments to Employer Including any Limitations: __________________________

______________________________ __________________________
Examine/Reviewing Physician Signature Date

Comments to Employee: __________________________

NOTE: Your employee has received a copy of this report. This report is based on information provided to us by the employee and employer.
OCCUPATIONAL HEALTH SERVICES
RESPIRATOR MEDICAL EXAM REPORT

□ Employer Copy   □ Employee Copy

PATIENT PLEASE COMPLETE SECTION 1 ONLY BELOW

NAME: ______________________ BIRTHDATE: __________ AGE: ______

ADDRESS: __________________ CITY: ______ STATE: ______ ZIP CODE: ______

EMPLOYER: __________________ JOB TITLE: __________________

TO THE EMPLOYER: The employee named above has had a respirator examination. He/she has been found to have the following restrictions or findings. Please note that re-examination is necessary if the employee develops any condition which may affect his ability to wear a respirator, a significant change in the workplace conditions affects the respirator wear or according to the interval noted below.

TO THE EMPLOYEE: Thank you for coming to Sharp Rees-Stealy Medical Group for your respirator examination. Please note any comment by the reviewing physician below, and discuss these with your personal health care provider. Should you have any questions, please feel free to call the office where you received your examination.

RESPIRATOR EXAMINATION
SECTION 2 CLINIC USE ONLY

_____ Not cleared to wear any respirator

_____ Cleared to wear dust mask only

_____ Cleared to wear any respirator except Self Contained Breathing Apparatus (SCBA)

_____ Cleared to wear any respirator including Self Contained Breathing Apparatus (SCBA)

Re-evaluation recommended under conditions listed above or by ______________ date.

NOTE: Routine re-evaluation to occur:

• Not indicated for dust mask wear
• Every 5 years if less than 35, every 2 years for 35-45, annually if over 45
• Annually if SCBA wear

Comments to Employer Including any Limitations: __________________________________________________________

________________________________________________________

Examining/Reviewing Physician __________________________ Signature __________________________ Date __________________________

Comments to Employee: __________________________________________________________

________________________________________________________

NOTE: Your employee has received a copy of this report. This report is based on information provided to us by the employee and employer.
EMPLOYEE AUDIOMETRIC FORM
PLEASE PRINT CLEARLY

COMPANY NAME ______________________ DATE __________-________-________

SOCIAL SECURITY # __________-________-________

LAST NAME ___________________________ FIRST ___________ M.I. ________

SEX  □ MALE  □ FEMALE

DEPARTMENT ___________________________ SHIFT ______________________

JOB DESCRIPTION __________________________

DATE OF BIRTH __________-________-________  DATE HIRED __________-________-________

MEDICAL HISTORY

CHECK IF YOU HAVE ANY OR HAVE HAD ANY OF THE FOLLOWING CONDITIONS:

10  □ Ear Pain (Presently)  □ L  □ R 26  □ Measles
11  □ Drainage (Presently)  □ L  □ R 27  □ Meningitis
12  □ Dizziness (Presently)  □ L  □ R 28  □ Diabetes
13  □ Severe Ringing  □ L  □ R 29  □ Kidney Disease
14  □ Sudden Hearing Loss  □ L  □ R 31  □ Allergies (Presently)
15  □ Fluctuating Loss  □ L  □ R 32  □ Family Hearing Loss
16  □ Fullness/Discomfort  □ L  □ R 33  □ Were You Exposed To High Noise
18  □ Recent Prescr'n Drugs  □ L  □ R 14 Hours Prior To Test? (Checked Means Yes)
19  □ High Blood Pressure  □ L  □ R 34  Did You Wear Hearing Protection?
20  □ See MD For Ears  □ L  □ R  □ Yes  □ No
21  □ Ear Surgery (Ever)  □ L  □ R 35  □ Head Cold Today
22  □ Unconsciousness  □ L  □ R 36  □ Military Service (Ever)
23  □ Wears Hearing Aid  □ L  □ R 37  □ Noisy Hobbies (Ever)
24  □ Mumps  □ L  □ R 38  □ Loud Music/Headphone
25  □ Scarlet Fever  □ L  □ R 39  □ Fire Arms/Guns (Ever)

00  □ I have never experienced any of the above symptoms or participated in any activities stated.

________________________________________________________
EMPLOYEE SIGNATURE

________________________________________________________
TECHNICIAN COMMENTS

REVISED 4/02
RECORD AUDIOMETRICO DEL EMPLEADO

NOMBRE DE LA CIA

FECHA ___ / ___ / ___

______________________________
Month Day Year

NÚMERO DE SEGURO SOCIAL ___ ___ ___ - ___ ___ ___

APellido_________________________NOMBRE__________________________INICIAL ___

SEXO: M____ F____

DEPARTAMENTO ________________________ TURNO ________________________

DESCRIPCIÓN DE SU TRABAJO ________________________________

FECHA DE NACIMIENTO ___ / ___ / ___

FECHA DEL EMPLEO ___ / ___ / ___

HISTORIA MEDICA

SENALE CON UNA "X" SOLO SI HA TENIDO:

10 □ Dolor Del Oido (Ahora)
   □ Izq □ Der

11 □ Desague Del Oido (Ahora)
   □ Izq □ Der

12 □ Vertigo (Ahora)

13 □ Silbido Fuerte En El Oido
   □ Izq □ Der

14 □ Ha Dejado De Oir?______Sordera?______
   □ Izquierdo □ Derecho

15 □ Oye A veces, A veces No?___ / ___
   □ Izq □ Der

16 □ Siente Malestar De Oidos?
   □ Izq □ Der

18 □ Ha Tomado VD. Medicinas Recetadas O
   Ordenadas Por Un Medico
   Recientemente?________

19 □ Tiene Alta Presion De La Sangre?

20 □ Ha Visto Un Medico Para Los Oidos?
   □ Izq □ Der

21 □ Cirugia Del Oido Alguna Vez?
   □ Izq □ Der

22 □ Ha Perdido Conocimiento? ______

23 □ Utiliza Aparatos Para Oir? □ Izq □ Der

24 □ Paperas

25 □ Escarlatina

26 □ Sarampion

27 □ Meningitis

28 □ Diabetes

29 □ Enfermedad De Los Rinones

31 □ Alergias (Ahora)

32 □ Herencia De Sordera

33 □ Durante Las Utimas 14 Horas,
   Ha Trabajado En Un Sitio Con Ruidos
   Muy Fuertes? □ Se □ No

34 □ Si Contesto Que Si, Uso Tapones
   Para Los Oidos? □ Si □ No

35 □ Esta Resfriado Hoy?

36 □ Servicio Militar Alguna Vez?

37 □ Tiene Pasatiempos Ruidosos?

38 □ Musica Fuerte/Audifonos?

39 □ Utiliza VD. Armas De Fuego?
   (Práctica Tiro Al Blanco?)

00 □ Yo Nunca He Tenido Ninguna De Los Sintomas Mencionados Aquí En Este Papel.

________________________________________________________________________

FIRMA DEL EMPLEADO

TECHNICIAN COMMENTS ________________________________

Revised 12/01
APPENDIX II

Locations, Hours of Operation, Contact Information and Maps
SHARP REES-STEALY OCCUPATIONAL MEDICINE
LOCATIONS AND TELEPHONE NUMBERS

Billing 	 (858) 637-6650
Executive Health Program 	 (858) 616-8411
Magnetic Resonance Imaging (MRI) Services 	 (858) 653-6133
Medical Director: Frederick Fung, M.D. 	 (619) 446-1510
Operations Director: Joseph Marty 	 (858) 505-5414
Services On-site Program 	 (858) 616-8414
Specialty Care Case Management 	 (858) 637-6616
Toxicology Consulting Services 	 (858) 637-6616

Occupational Health Services

**Sharp Rees-Stealy Chula Vista**
525 Third Avenue, Chula Vista, CA 91910
(619) 585-4050, Fax (619) 585-4054
Monday - Friday 7 a.m. - 5 p.m.
Kathy Head, M.D.
Debbie Flores, Supervisor
Urgent Care: Daily 8 a.m. to 8 p.m.

**Sharp Rees-Stealy Downtown**
2001 Fourth Ave. San Diego, CA 92101
(619) 446-1524, Fax (619) 234-9160
Monday - Friday 8 a.m. - 5 p.m.
Robert Power, M.D.
Charleena Days, Supervisor
Urgent Care: Daily 8 a.m. to 10 p.m.

**Sharp Rees-Stealy La Mesa**
5525 Grossmont Center Drive, La Mesa, CA 91942
(619) 644-6600, Fax (619) 644-6631
Monday - Friday 8 a.m. - 5 p.m.
Michael Hughes, M.D., MPH
Susan Horton, Supervisor
Urgent Care: Daily 8 a.m. to 8 p.m.

**Sharp Rees-Stealy Mira Mesa**
8901 Activity Road, San Diego, CA 92126
(858) 653-6150, Fax (858) 653-6153
Monday - Friday 8 a.m. - 5 p.m.
Stan Besser, M.D.
Mary Townsend, Supervisor
Urgent Care: Daily 8 a.m. to 8 p.m.

**Sharp Rees-Stealy Rancho Bernardo**
16950 Via Tazon, San Diego, CA 92127
(858) 521-2350, Fax (858) 521-2354
Monday - Friday 8 a.m. - 5 p.m.
Jeff Sugar, D.O., MPH
Jacqueline Hollins, Supervisor
Urgent Care: Daily 8 a.m. to 8 p.m.

**Sharp Rees-Stealy Kearny Mesa/Genesee**
2020 Genesee Ave., San Diego, CA 92123
(858) 616-8400, Fax (858) 616-8420
Monday - Friday 7 a.m. - 5 p.m.
Kathlyn Ignacio, M.D.
Leticia Rawls, Supervisor

*Pharmacy Location

Marketing Department
8695 Spectrum Center Blvd.
San Diego, CA 92123
Fax (858) 499-4696

Ellen Edwards - Genesee and Mira Mesa............(858) 499-4949
Judy Wodyn - Downtown and Chula Vista..........(858) 499-4603
Trent Timmons - La Mesa and Rancho Bernardo...(858) 499-4698
Marlene Mead - Client and Sales Support...........(858) 499-4957
**Hospitals**

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Address</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Sharp Chula Vista Medical Center</td>
<td>751 Medical Center Ct., Chula Vista, CA 91911</td>
<td>(619) 482-5800</td>
</tr>
<tr>
<td>Sharp Grossmont Hospital</td>
<td>5555 Grossmont Center Dr., La Mesa, CA 91942</td>
<td>(619) 740-6000</td>
</tr>
<tr>
<td>Sharp Coronado Hospital</td>
<td>250 Prospect Pl., Coronado, CA 92118</td>
<td>(619) 522-3400</td>
</tr>
<tr>
<td>Sharp Memorial Hospital</td>
<td>7901 Frost St., San Diego, CA 92123</td>
<td>(858) 939-3400</td>
</tr>
<tr>
<td>Sharp Coronado Hospital</td>
<td>250 Prospect Pl., Coronado, CA 92118</td>
<td>(619) 522-3400</td>
</tr>
<tr>
<td>Sharp Memorial Hospital</td>
<td>7901 Frost St., San Diego, CA 92123</td>
<td>(858) 939-3400</td>
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**Specialty Hospitals**

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<th>Hospital Name</th>
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<tr>
<td>Sharp Mary Birch Hospital for Women</td>
<td>3003 Health Center Dr., San Diego, CA 92123</td>
<td>(858) 939-3400</td>
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<tr>
<td>Sharp Mesa Vista Hospital</td>
<td>7850 Vista Hill Ave., San Diego, CA 92123</td>
<td>(858) 278-4110</td>
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**Physical Therapy and Rehabilitation Services**

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<tr>
<th>Service Location</th>
<th>Address</th>
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<tbody>
<tr>
<td>Sharp Rees-Stealy Chula Vista Physical Therapy</td>
<td>525 Third Avenue., Chula Vista, CA 91910</td>
<td>(619) 585-4081</td>
</tr>
<tr>
<td>Sharp Rees-Stealy Chula Vista Physical Therapy</td>
<td>525 Third Avenue., Chula Vista, CA 91910</td>
<td>(619) 585-4080</td>
</tr>
<tr>
<td>Sharp Rees-Stealy Downtown</td>
<td>2001 Fourth Ave., San Diego, CA 92101</td>
<td>(619) 446-1730</td>
</tr>
<tr>
<td>Sharp Rees-Stealy Kearny Villa</td>
<td>3666 Kearny Villa Rd., Ste 200, San Diego, CA 92123</td>
<td>(858) 505-5400, Physical therapy</td>
</tr>
<tr>
<td>Sharp Rees-Stealy La Mesa West</td>
<td>7862 El Cajon Blvd., La Mesa, CA 91942</td>
<td>(619) 644-6452</td>
</tr>
<tr>
<td>Sharp Rees-Stealy Mira Mesa</td>
<td>8901 Activity Road., Ste 275 San Diego, CA 92126</td>
<td>(858) 653-6180</td>
</tr>
<tr>
<td>Sharp Rees-Stealy Otay Ranch</td>
<td>1400 East Palomar St., Chula Vista, CA 91913</td>
<td>(619) 397-3077</td>
</tr>
<tr>
<td>Sharp Rees-Stealy Rancho Bernardo</td>
<td>16950 Via Tazon., San Diego, CA 92127</td>
<td>(858) 521-2265</td>
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**Occupational Health**

**Physical Therapy**

- Upper extremity rehabilitation
- Occupational performance center

**Speech Therapy**

- Physical and speech therapy

**Upper Extremity Rehabilitation**

- Physical and speech therapy, upper extremity rehabilitation

**Occupational Performance Center**

- Physical and speech therapy, upper extremity rehabilitation
FOR A WORK-RELATED INJURY OR ILLNESS

Send Employee to the Nearest
Sharp Rees-Stealy Occupational Health Services Facility

SHARP REES-STEALY
CHULA VISTA
525 Third Ave.
Chula Vista, CA 91910
(619) 585-4050
Occupational Health Services
7 a.m. to 5 p.m., Mon. to Fri.
Urgent Care Services
8 a.m. to 8 p.m., daily

SHARP REES-STEALY
LA MESA
Grossmont Medical Plaza
5525 Grossmont Center Drive,
Suite 601
La Mesa, CA 91942
(619) 446-1524
Occupational Health Services
8 a.m. to 5 p.m., Mon. to Fri.
Urgent Care Services
8 a.m. to 8 p.m., daily

SHARP REES-STEALY
DOWNTOWN
2001 Fourth Ave.
San Diego, CA 92101
(619) 446-1524
Occupational Health Services
8 a.m. to 5 p.m., Mon. to Fri.
Urgent Care Services
8 a.m. to 10 p.m., daily

SHARP REES-STEALY
MIRA MESA
8901 Activity Road
San Diego, CA 92126
(858) 653-6150
Occupational Health Services
8 a.m. to 5 p.m., Mon. to Fri.
Urgent Care Services
8 a.m. to 8 p.m., daily

SHARP REES-STEALY
GENESEE
2020 Genesee Ave.
San Diego, CA 92123
(858) 616-8400
Occupational Health Services
7 a.m. to 5 p.m., Mon. to Fri.
Urgent Care Services available
at Sharp Rees-Stealy Downtown
and Mira Mesa locations

SHARP REES-STEALY
RANCHO BERNARDO
16950 Via Tazon
San Diego, CA 92127
(858) 521-2350
Occupational Health Services
8 a.m. to 5 p.m., Mon. to Fri.
Urgent Care Services
8 a.m. to 8 p.m., daily

Occupational Health
SHARP
Rees-Stealy
Medical Centers

See Reverse for Sharp Hospital Emergency Department Locations
AFTER-HOURS CARE FOR A WORK-RELATED INJURY OR ILLNESS
Send Employee to the Nearest Sharp Hospital Emergency Department
APPENDIX III

Physicians Assistant Licenses
<table>
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<tr>
<th>Licensee Name</th>
<th>LISA MARIA EILERMAN</th>
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<tr>
<td>Primary Status</td>
<td>RENEWED/CURRENT</td>
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<tr>
<td>License Number</td>
<td>PA17355</td>
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<tr>
<td>License Type</td>
<td>PA</td>
</tr>
<tr>
<td>Address</td>
<td>7916 PLAY MOR TERRACE</td>
</tr>
<tr>
<td>City State ZIP</td>
<td>SAN DIEGO CA 92122</td>
</tr>
<tr>
<td>Country</td>
<td>USA</td>
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<tr>
<td>License Issue Date</td>
<td>03/15/2004</td>
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<td>License Expiration Date</td>
<td>11/30/2009</td>
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<tr>
<td>Physician Assistant Training Program</td>
<td>STANFORD UNIVERSITY, FOOTHILL COLLEGE (PC) - CA</td>
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<tr>
<td>Year Graduated</td>
<td>2003</td>
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Note: data current as of: 06/25/2009 12:00 a.m. Pacific Standard Time

Direct questions and comments about these results to the California Medical Board Home Page or you may E-Mail the California Medical Board directly

Please read the NEW MEDICAL BOARD Disclaimer
## Medical Board of California Search Results
### Confidential Facility Search Results
### Agency Code 7000

<table>
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<tr>
<th>Licensee Name</th>
<th>ZERLA J CRUZ</th>
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<tr>
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<td>SAN DIEGO CA 92108</td>
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<tr>
<td>Physician Assistant Training Program</td>
<td>WESTERN UNIV OF HEALTH SCIENCES AKA OSTEOPATHIC MED OF THE PACIF</td>
</tr>
<tr>
<td>Year Graduated</td>
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**Note:** data current as of: 06/25/2009 12:00 a.m. Pacific Standard Time

Direct questions and comments about these results to the California Medical Board Home Page or you may E-Mail the California Medical Board directly

Please read the NEW MEDICAL BOARD Disclaimer

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http://lvs.docboard.org/cgi-shl/nhayer.exe

verified on 6/29/2009 by Anitra L. Kaye
### Medical Board of California Search Results
### Confidential Facility Search Results
#### Agency Code 7000

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Note: data current as of: 06/25/2009 12:00 a.m. Pacific Standard Time

Direct questions and comments about these results to the California Medical Board Home Page or you may E-Mail the California Medical Board directly

Please read the NEW MEDICAL BOARD Disclaimer

APPENDIX IV

Physical Therapy and Rehabilitation
Description and Locations
Physical Therapy, Upper Extremity Rehabilitation,
Occupational Performance Center & Preventive Services

The Sharp Rees-Stealy Occupational Medicine Program offers one of the most comprehensive continuums of rehabilitation care in the region and state. The goal of these programs are to provide comprehensive, multidisciplinary evaluation and state of the art treatment, that produces optimal outcomes with a focus on early productive return to work. Our preventive services focus on decreasing the incidence and severity of injuries.

Working as part of a collaborative team with Sharp Rees-Stealy Occupational Medicine physicians for over 25 years, these programs consistently demonstrate efficient, cost effective care that produce superior functional outcomes.

Sharp Rees-Stealy Physical Therapy facilities are located throughout the county to facilitate employee access and offer Registered Physical Therapists (RPTs) and Registered Occupational Therapists (OTRs) who specialize in the evaluation and treatment of musculoskeletal injuries. Our physical therapy and upper extremity rehabilitation treatment focuses on treating the needs of the worker for early productive return to work, through treatment programs based on active participation versus passive therapy.

Each patient is educated in a home exercise and self-treatment program; how to prevent re-injury; and how to maximize work productivity and safety through proper work methods. All hands-on treatment and exercise program design are provided by the same registered physical therapist or registered occupational therapist. This continuity of care minimizes the number of patient visits necessary to achieve optimal outcomes and provide the lowest overall cost of treatment.

The California Workers' Compensation Institute reports that on a national basis, the average number of physical therapy visits (non-diagnostic specific) are 12-15. The average number of visits at Sharp Rees-Stealy's Physical Therapy and Upper Extremity Rehabilitation average 7-9 visits (non-diagnostic specific).

Sharp Rees-Stealy Physical Therapy, Upper Extremity Rehabilitation, Occupational Performance Center and Preventive Services are able to assure the highest quality service and cost effective care by committing to the following:

**Quality:**
- Collaborative team effort between therapist and physician
- Therapists specialized in orthopedic manual therapy
- Certified hand therapists
- Established treatment protocols for most common diagnoses
- All direct patient care is provided by a consistent RPT or OTR
- High patient, employer and carrier satisfaction
- Quality assurance chart review
- Functional outcomes tracked per diagnosis per therapist per patient
- Strong emphasis on staff development and post graduate continuing education
- Open communication philosophy
Service:
- Seven regional locations:
  - Downtown
  - Kearny Mesa
  - Mira Mesa
  - La Mesa
  - Chula Vista
  - Chula Vista Otay Ranch
  - Rancho Bernardo

- Appointments available from 7 A.M. to 7 P.M. Monday through Friday
- High patient, employer and carrier satisfaction

Cost Savings:
- Average number of visits (non-diagnosis specific) = 7-9
- Monitoring number of patient visits per diagnosis
- Strong return to work emphasis
- Treatment is active participation based
- Continuity of Care
- Patient education regarding self-care, injury prevention and proper work method
- Utilization principles of a managed care philosophy
- Classes or group exercise available at a cost savings
- On-site work-hardening
- Transitional work programs
- Preventive Services

**Sharp Rees-Stealy comprehensive Rehabilitation Services include:**
- Outpatient Orthopedic Physical Therapy
- Outpatient Neurological Physical Therapy
- Upper Extremity Rehabilitation
- Occupational Performance Center
- Work Evaluation
- Functional Capacity Evaluation
- Work Hardening
- Transitional Work Program
- Job Analysis
- Ergonomic Risk Analysis
- Pre-placement Functional Testing
- Injury Prevention Training
- ADA Accommodation Consultation
- Biomechanics Lab
- Speech Pathology
- Audiology

Listed below are brief descriptions of the Sharp Rees-Stealy Physical Therapy, Upper Extremity Rehabilitation, Occupational Performance Center, Preventive Services and Associated Sharp HealthCare Rehabilitation Services.
Physical Therapy Services
Our specialized Orthopedic Manual Physical Therapist provides state-of-the-art evaluation and treatment of musculoskeletal injuries and neurological disorders. All direct care is provided by a consistent Registered Physical Therapist. Each patient is educated in a home exercise and self-treatment program on how to prevent re-injury and how to maximize work productivity and safety through proper work methods. Treatment focuses on early productive return to work through treatment plans based on active participation.

Specialized Care for:
- Spinal and extremities sprains and strains
- Pre and post-surgical rehabilitation including ACL, rotator cuff, spinal surgeries, and Achilles tendon repair.
- Ligamentous injuries
- Overuse syndrome
- Peripheral entrapment (radiculopathies)
- HNP for C-T & L-spine
- Neurovascular entrapment
- Myofascial pain
- Total joint rehabilitation
- Orthotics
- Back class
- Wound Care

Upper Extremity Rehabilitation Services
Injuries to the hands, wrists, and arms provide unique challenges to industry. Upper Extremity Rehabilitation is a dedicated program meeting these challenges and is staffed by Certified Hand Therapists with advanced training and skills in testing and treating upper extremity injuries.

Specialized Care for:
- Pre and post-surgical diagnosis and rehabilitation.
- Cumulative Trauma Syndrome (including injury prevention techniques)
- Elbow, wrist, and hand fractures
- Wound care
- Arthritis
- Flexor and extensor tendon lacerations
- Ligamentous injuries
- Overuse syndrome
- Reflux sympathetic dystrophy/chronic regional pain syndrome
- Lymphedema
- Myofascial Pain
- Custom Splinting
- Continuous Passive Motion
- Work simulation
- Overuse class
Occupational Performance Center
The occupational Performance Center is staffed by occupational and physical therapists with advanced training in occupational ergonomics, job analysis, injury prevention training, work hardening and functional capacity evaluation.

Services Offered:

- **Work Hardening:** A progressively graded program of work simulation and exercise with worker education to increase safe work capacity. This program can be very effective in quickly moving the employee from modified to full duty. An outcome study for 2001 revealed that 85% of the participants in work hardening returned to work or to work-ready status. This service is offered either on-site at our Kearny Mesa clinic or on-the-job.

- **On-site work hardening:** This can be a beneficial adjunct to modified duty. The therapist assists the employer in designing effective modified duty and then visits/consults on a weekly basis to monitor progress and gradually add duties to assist in a graded progression to full duty. Because the service is provided on-site, other issues can be identified that may be limiting return to full duty. For example, ergonomic issues can be identified with practical suggestions provided. In addition, training in safe work methods also takes place to assist in changing unsafe work behaviors.

- **Functional Capacity Evaluation:** A standardized test conducted over two half days which determines the individuals safe work capacity compared to general physical capacity standards and/or specific job demands. Testing is conducted to determine the validity of the client’s demonstrated performance. This evaluation assists in determining if the individual can safely perform the essential job functions and assists in clarifying work limitations and offer suggestions to facilitate return to work.

- **Work Evaluation:** Skills, aptitudes, interests, and physical capacity are objectively assessed for one to eight days using a wide range of standardized paper and pencil tests, work samples, and job simulations.

- **Job Analysis (Ergonomic and Essential Function Job Analysis):** Conducted by an Occupational Therapist/Occupational Ergonomics Consultant or Physical Therapist/Occupational Ergonomics Consultant to define the essential job functions, the marginal job functions, and the related physical and mental requirements.

- **Ergonomic Risk Analysis:** A systematic process of identifying the ergonomic risk hazards associated with a job for the purposes of preventing cumulative trauma disorders or assisting in the rehabilitation and return-to-work efforts of an injured worker. This service assists the employer to comply with CAL-OSHA ergonomic regulations. Sharp Rees-Stealy is currently a provider of Ergonomic Consultation Services for the County of San Diego.

- **Injury Prevention Training:** Classes are provided to employers and include “Working Safely with Computers,” “Cumulative Trauma Prevention,” “Back Care,” “Ergonomics for Supervisors,” and “Ergonomic Train-the-Trainer Programs.” Work force, supervisor, and train-the-trainer programs assist employers to comply with SB198 and CAL-OSHA ergonomic regulations.
• **Accommodation Consultation:** A process of identifying the functional impact of an individual’s disability and determining the availability and cost of accommodations that can effectively allow an individual with a disability to perform the essential function of a job. This may require completion of an essential function job analysis and/or functional capacity evaluation with the opportunity to try suggested accommodations to document effectiveness.

These comprehensive Physical Therapy, Upper Extremity Rehabilitation, occupational Performance Center and Preventive Services are scientifically based, outcome driven and customer service oriented. These services are delivered directly through Sharp Rees-Stealy and Sharp Healthcare. This assures quality of care, appropriate utilization, open communication and cost effectiveness.

**Comprehensive Inpatient and Outpatient Rehabilitation**

For those with catastrophic injuries or illnesses:

- **Spinal Cord Injury Rehabilitation:** Using innovative therapies, this specialized program offers treatment adapted to suit an individual’s needs, with a goal of helping patients achieve their highest level of independence so they can return to their home, family and work.

- **Brain Injury Rehabilitation:** Treatment includes comprehensive care during an acute hospital stay and a process of rehabilitation phases which can include continuum of care and work retraining for workers having brain injuries.

**Acute rehabilitation**

These programs are guided by an interdisciplinary team of professionals specializing in the treatment of persons with Stroke, Brain Injury, Spinal Cord Injury, and other neurologic and musculoskeletal injuries. These programs include specialized nursing care, intensive physical, occupational, and speech therapy and extensive patient family education.

**The SubAcute/Skilled Rehabilitation**

This program is multidisciplinary and offers varying levels of care depending on the patient’s personal nursing and rehabilitation needs. Services at the SubAcute level are typically used to transition patients from the acute medical setting to home or, when needed, on to more intensive acute rehabilitation care.

**Community Re-entry Programs**

The outpatient community re-entry programs are unique to San Diego and are designed to facilitate maximum independence, productivity and enhanced quality of life for persons with cognitive or physical impairment. Special services include: Residential Care, Day Treatment, Home Re-integration, Work Re-Entry and Transitional Employment services.
Work Re-entry Program
This specialized program provides job placement assistance to individuals recovering from brain injury or spinal cord injury. Services are determined on an individual basis and include: intake/screening, vocational evaluation, work adjustment/work hardening, job development, job analysis, vocational counseling, job placement, employer support, job coaching and monthly support groups/follow-up.

These comprehensive Physical Therapy, Upper Extremity Rehabilitation, Occupational Performance Center and Preventive Services are scientifically based, outcome driven, and customer service oriented. The services are delivered directly through Sharp Rees-Stealy and Sharp HealthCare. This assures quality of care, appropriate utilization, open communication and cost effectiveness.
SHARP REES-STEALY
PHYSICAL THERAPY AND REHABILITATION SERVICES LOCATIONS

**Sharp Rees-Stealy Downtown**
'Physical Therapy'
2001 4th Ave., San Diego, CA 92101
(619) 446-15730
7:00am to 7:00pm, Monday thru Friday

**Sharp Rees-Stealy Chula Vista**
'Physical Therapy'
344 F Street, Suite 300
Chula Vista, CA 91910
(619) 585-4080
7:00am to 7:00pm, Monday thru Friday
Doreen Estrin, P.T. Supervisor

'Upper Extremity Rehabilitation'
525 Third Ave., Chula Vista, CA 91910
(858) 492-3940
7:00am to 7:00pm, Monday thru Friday
Kathy Gatley, OTR, CHT, Supervisor

**Sharp Rees-Stealy Kearny Villa**
'Physical Therapy'
5666 Kearny Villa Rd., San Diego, 92123
(858) 505-5400
7:00am thru 7:00pm, Monday thru Friday
Nancy Bresocnik, Supervisor

'Upper Extremity Rehabilitation'
(858) 505-5460
7:00am to 7:00pm, Monday thru Friday
Kathy Gatley, OTR, CHT, Supervisor

'Occupational Performance Center'
(858) 505-5480
8:30am to 4:30p., Monday thru Friday
Anthony Sanchez, P.T., Supervisor

**Sharp Rees-Stealy Mira Mesa**
'Physical Therapy'
8990 Miramar Rd., #275
San Diego, Ca 92126
7:00am to 7:00pm, Monday thru Friday
(858) 653-6180
James Rose, P.T. Supervisor

'Speech Pathology'
(858) 653-6180
9:00am to 5:00pm, Monday thru Friday
Nancy Blaksley, CCC/A, Supervisor

**Sharp Rees-Stealy Otay Ranch**
'Physical Therapy'
1400 E. Palomar St., Chula Vista, CA 91913
(619) 397-3077
7:00am to 7:00pm, Monday thru Friday
Noe Nava, P.T., Supervisor

'Speech Pathology'
(858) 653-6180
9:00am to 5:00pm, Monday thru Friday
Nancy Blaksley, CCC/A, Supervisor

**Sharp Rees-Stealy Rancho Bernardo**
'Physical Therapy'
16950 Via Tazon, San Diego, 92127
(858) 521-2265
7:00am to 7:00pm, Monday thru Friday
Erin Whitaker, P.T., Supervisor

'Upper Extremity Rehabilitation'
(858) 492-3940
7:00am to 7:00pm, Monday thru Friday
Kathy Gatley, OTR, CHT, Supervisor

'Speech Pathology'
(858) 653-6180
9:00am to 5:00pm, Monday thru Friday
Nancy Blaksley, CCC/A, Supervisor
PHYSICAL THERAPY AND REHABILITATION SERVICES CONTINUED

Sharp Rees-Stealy La Mesa West
‘Physical Therapy’
7862 El Cajon Blvd. La Mesa, CA 91941
7:00am to 7:00pm, Monday thru Friday
(619)64406452
Sabine Brendel, P.T., Supervisor

‘Upper Extremity Rehabilitation’
(858)492-3940
7:00am to 7:00pm, Monday thru Friday
Kathy Gatley, OTR, CHT, Supervisor

‘Speech Pathology’
(959)653-6180
9:00am to 5:00pm, Monday thru Friday
Nancy Blaksley, CCC/A, Supervisor
APPENDIX V

City Patient Satisfaction Survey
**SUMMARY SHEET:** During the months of March and April, 2005, 1422 surveys were sent to employees. 78 surveys were sent back to SRS Occupational Services marked "Return to Sender" (new population = 1344). The dates of service are from 1/1/04 through 1/31/05. The following is the summation of the respondent; n=169 (12.6%) as of 6/30/05.

### A. Access to Care

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<tr>
<td>2. Length of time to get through on phone (3.5)</td>
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<tr>
<td>3. Time waiting to see physician (3.6)</td>
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Comments: ____________________________________________________________________________________

### B. Nursing Care

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<td>5. Professionalism of the nurse(s) (4.0)</td>
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<td>2</td>
<td>3</td>
<td>4</td>
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<td>6. Quality of care the nurse(s) provided to you (4.0)</td>
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<td>2</td>
<td>3</td>
<td>4</td>
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Comments: ____________________________________________________________________________________

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<td>8. Professionalism of the physician(s) (4.4)</td>
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<td>9. Quality of care the physician(s) provided to you (4.2)</td>
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<td>10. Clear explanation of condition and treatment plan (4.2)</td>
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Comments: ____________________________________________________________________________________

### D. Overall Care

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<td>11. Overall Satisfaction with services provided (4.1)</td>
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<tr>
<td>12. Likelihood you would use our services in the future (4.1)</td>
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<td>5</td>
</tr>
<tr>
<td>13. Likelihood you would recommend our services to your family/friends (4.0)</td>
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Comments: ____________________________________________________________________________________

### E. Thinking of the overall services that were provided to you, how would you rank the quality? (4.2)

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### F. Did you choose to leave SRS at any point during your course of treatment? (Please circle one)

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APPENDIX VI

Sharp Rees-Stealy List of Physicians and Providers with Contractual Agreement
### Allergy/Immunology

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<th>SRS PHYSICIAN</th>
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<td>Pauls, John, M.D.</td>
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<tr>
<td>Salt, Bryn, M.D.</td>
<td>Scripps Ranch</td>
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### Cardiology

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<td>Beyer, Reinaldo, M.D.</td>
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<td>A49623</td>
</tr>
<tr>
<td>Bier, Alan, M.D.</td>
<td>San Diego</td>
<td>G65842</td>
</tr>
<tr>
<td>Gillespie, Robert, M.D.</td>
<td>San Diego/Rancho Bernardo</td>
<td>G68094</td>
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<tr>
<td>Ingersoll, Henry G., M.D.</td>
<td>San Diego/La Mesa</td>
<td>G27265</td>
</tr>
<tr>
<td>Noll, H. Elizabeth, M.D.</td>
<td>San Diego</td>
<td>G48722</td>
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<tr>
<td>Ostrander, David, M.D.</td>
<td>San Diego</td>
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### Dermatology

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<tbody>
<tr>
<td>Littler, Curt, M.D.</td>
<td>Carmel Del Mar</td>
<td>G48096</td>
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<tr>
<td>Ozanich, Katherine, M.D.</td>
<td>Rancho Bernardo</td>
<td>G47006</td>
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<tr>
<td>Scott, Richard, M.D.</td>
<td>Mira Mesa</td>
<td>G72265</td>
</tr>
<tr>
<td>Synkowski, Daniel R., M.D.</td>
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### Endocrinology

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<tr>
<td>Christiansen, Louis, M.D.</td>
<td>Downtown</td>
<td>G50367</td>
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<tr>
<td>Chung, Joyce, M.D.</td>
<td>Mira Mesa</td>
<td>A50122</td>
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<tr>
<td>Roy, Rajiv, M.D.</td>
<td>Chula Vista</td>
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### ENT

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<td>Benz, Ronald, M.D.</td>
<td>Mira Mesa</td>
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<tr>
<td>Keefe, Michael, M.D.</td>
<td>Scripps Ranch</td>
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<tr>
<td>Mathiasen, Ronald, M.D.</td>
<td>San Diego</td>
<td>A64829</td>
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<tr>
<td>Schuetz, Charles, M.D.</td>
<td>San Diego</td>
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<td>Tesar, Charles, M.D.</td>
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<td>Boyer, Franklin, M.D.</td>
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### Location Details:
- **Carmel Del Mar**: 12710 Carmel Country Rd., San Diego, CA 92130
- **Chula Vista**: 525 Third Ave., Chula Vista, CA 91910
- **La Mesa**: 5525 Grossmont Ctr. Dr., La Mesa, CA 91942
- **Point Loma**: 3555 Kenyon St., San Diego, CA 92110
- **San Diego Main**: 2929 Health Center Dr., San Diego, CA 92123
- **Outpatient Pavillion**: 3075 Health Center Dr., San Diego, CA 92123
- **Downtown**: 2001 Fourth Ave., San Diego, CA 92101
- **La Mesa West**: 7862 El Cajon Blvd., La Mesa, CA 91941
- **Rancho Bernardo**: 16950 Via Tazon, San Diego, CA 92127
- **La Mesa West**: 7862 El Cajon Blvd., La Mesa, CA 91941

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**Clarifications:**
- **Hergan, Lori, M.D.**
- **Kearse, Jr., Wilfred, M.D.**
- **MacIntyre, Ronald C., M.D.**
- **Address Details:**
  - **Carmel Del Mar**
  - **Kearny Mesa**
  - **Mira Mesa**
  - **Otay Ranch**
  - **Mira Mesa-East**
  - **Scripps Ranch**
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APPENDIX VII

List of Ancillary Services and Providers that will be Providing Medical Services Within City MPN
6. The following list represents the names, license numbers, tax identification numbers, specialties or type of service and location of each ancillary service that will be providing medical services within the MPN as a contractual agreement exists between Sharp Rees-Stealy and these ancillary services providers.

The following list includes, but is not limited to the following disciplines.

- Physical Therapy
- Occupational Therapy (Upper Extremity Rehab)
- Occupational Performance Center (F.C.E., Work Reconditioning)
- Speech Pathology
- Audiology
- Acupuncture
- Chiropractic
- Psychologist
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### Locations

- **Chula Vista**
  - 525 Third Ave.
  - Chula Vista, CA 91910
- **Downtown**
  - 2001 Fourth Ave.
  - San Diego, CA 92101
- **Kearny Mesa**
  - 2020 Genesee
  - San Diego, CA 92123
- **La Mesa**
  - 5525 Grossmont Ctr. Dr.
  - La Mesa, CA 91942
- **Point Loma**
  - 3555 Kenyon St.
  - San Diego, CA 92110
- **Rancho Bernardo**
  - 16950 Via Tazon
  - San Diego, CA 92127
- **Scripps Ranch**
  - 10690 Wexford St.
  - San Diego, CA 92129
- **San Diego Main**
  - 2929 Health Center Dr.
  - San Diego, CA 92123
- **Outpatient Pavilion**
  - 3075 Health Center Dr.
  - San Diego, CA 92123
- **Carmel Del Mar**
  - 12710 Carmel Country Rd.
  - San Diego, CA 92130
- **Mira Mesa**
  - 8901 Activity Road.
  - San Diego, CA 92126
- **Otay Ranch**
  - 1400 E. Palomar
  - Chula Vista, CA 91910
- **Mira Mesa-East**
  - 8933 Activity Rd.
  - San Diego, Ca 92126
- **La Mesa-West**
  - 7382 El Cajon Blvd.
  - La Mesa, CA 91941
- **San Diego Main**
  - 2929 Health Center Dr.
  - San Diego, CA 92123
- **Upper Extremity**
  - 858-505-5460 KV
  - 16950 Via Tazon
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APPENDIX VIII

Customized Reports for Audiometric and Respiratory Examinations
OCCUPATIONAL HEALTH SERVICES
RESPIRATOR MEDICAL EXAM REPORT

PATIENT PLEASE COMPLETE SECTION 1 ONLY BELOW

NAME: __________________ BIRTHDATE: ________ AGE: ________

ADDRESS: __________________ CITY: ________ STATE: ________ ZIP CODE: ________

EMPLOYER: __________________ JOB TITLE: __________________

TO THE EMPLOYER: The employee named above has had a respirator examination. He/she has been found to have the following restrictions or findings. Please note that re-examination is necessary if the employee develops any condition which may affect his ability to wear a respirator, a significant change in the workplace conditions affects the respirator wear or according to the interval noted below.

TO THE EMPLOYEE: Thank you for coming to Sharp Rees-Stealy Medical Group for your respirator examination. Please note any comment by the reviewing physician below, and discuss these with your personal health care provider. Should you have any questions, please feel free to call the office where you received your examination.

RESPIRATOR EXAMINATION
SECTION 2 CLINIC USE ONLY

_____ Not cleared to wear any respirator
_____ Cleared to wear dust mask only
_____ Cleared to wear any respirator except Self Contained Breathing Apparatus (SCBA)
_____ Cleared to wear any respirator including Self Contained Breathing Apparatus (SCBA)

Re-evaluation recommended under conditions listed above or by _______________ date.

NOTE: Routine re-evaluation to occur:
• Not indicated for dust mask wear
• Every 5 years if less than 35, every 2 years for 35-45, annually if over 45
• Annually if SCBA wear

Comments to Employer Including any Limitations: __________________________________________

__________________________________________________________________________________

Examining/Reviewing Physician ____________________ Signature ____________________ Date ____________

Comments to Employee: _________________________________________________________________

__________________________________________________________________________________

NOTE: Your employee has received a copy of this report. This report is based on information provided to us by the employee and employer.
EMPLOYEE AUDIOMETRIC FORM

PLEASE PRINT CLEARLY

COMPANY NAME ___________________________ DATE ____________

SOCIAL SECURITY # — — — — — — — — — — — — —

LAST NAME _______________________________ FIRST __________________ M.I. ______

SEX □ MALE □ FEMALE

DEPARTMENT _________________________________ SHIFT ______________________

JOB DESCRIPTION ____________________________

DATE OF BIRTH ____________ — — — DATE HIRED ____________ — — —

MEDICAL HISTORY

CHECK IF YOU HAVE ANY OR HAVE HAD ANY OF THE FOLLOWING CONDITIONS:

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<td>14</td>
<td>Sudden Hearing Loss</td>
<td>L</td>
<td>R</td>
</tr>
<tr>
<td>15</td>
<td>Fluctuating Loss</td>
<td>L</td>
<td>R</td>
</tr>
<tr>
<td>16</td>
<td>Fullness/Discomfort</td>
<td>L</td>
<td>R</td>
</tr>
<tr>
<td>17</td>
<td>recent Prescr'n Drugs</td>
<td></td>
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</tr>
<tr>
<td>18</td>
<td>High Blood Pressure</td>
<td></td>
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<td>19</td>
<td>See MD For Ears</td>
<td>L</td>
<td>R</td>
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<tr>
<td>20</td>
<td>Ear Surgery (Ever)</td>
<td>L</td>
<td>R</td>
</tr>
<tr>
<td>21</td>
<td>Unconsciousness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Wears Hearing Aid</td>
<td>L</td>
<td>R</td>
</tr>
<tr>
<td>23</td>
<td>Mumps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Scarlet Fever</td>
<td></td>
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</tr>
</tbody>
</table>

00 □ I have never experienced any of the above symptoms or participated in any activities stated.

______________________________
EMPLOYEE SIGNATURE

______________________________
TECHNICIAN COMMENTS

REVISED 4/02
### RECORD AUDIOMETRICO DEL EMPLEADO

<table>
<thead>
<tr>
<th>NOMBRE DE LA CIA</th>
<th>FECHA</th>
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| NÚMERO DE SEGURO SOCIAL |  |  |
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<thead>
<tr>
<th>APELLIDO</th>
<th>NOMBRE</th>
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<th>SEXO: M</th>
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<tr>
<th>DEPARTAMENTO</th>
<th>TURNO</th>
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<thead>
<tr>
<th>DESCRIPCIÓN DE SU TRABAJO</th>
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<table>
<thead>
<tr>
<th>FECHA DE NACIMIENTO</th>
<th>FECHA DEL EMPLEO</th>
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### HISTORIA MEDICA

<table>
<thead>
<tr>
<th>SENALE CON UNA “X” SOLO SI HA TENIDO:</th>
</tr>
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<tbody>
<tr>
<td>10 □ Dolor Del Oido (Ahora)</td>
</tr>
<tr>
<td>□ Izq □ Der</td>
</tr>
<tr>
<td>11 □ Desague Del Oido (Ahora)</td>
</tr>
<tr>
<td>□ Izq □ Der</td>
</tr>
<tr>
<td>12 □ Vertigo (Ahora)</td>
</tr>
<tr>
<td>13 □ Silbido Fuerte En El Oido</td>
</tr>
<tr>
<td>□ Izq □ Der</td>
</tr>
<tr>
<td>14 □ Ha Dejado De Oir? Sordera?</td>
</tr>
<tr>
<td>□ Izquierdo □ Derecho</td>
</tr>
<tr>
<td>15 □ Oye A veces, A veces No?</td>
</tr>
<tr>
<td>□ Izq □ Der</td>
</tr>
<tr>
<td>16 □ Siente Malestar De Oidos?</td>
</tr>
<tr>
<td>□ Izq □ Der</td>
</tr>
<tr>
<td>18 □ Ha Tomado VD. Medicinas Recetadas</td>
</tr>
<tr>
<td>□ Ordenadas Por Un Medico</td>
</tr>
<tr>
<td>□ Recientemente?</td>
</tr>
<tr>
<td>19 □ Tiene Alta Presion De La Sangre?</td>
</tr>
<tr>
<td>20 □ Ha Visto Un Medico Para Los Oidos</td>
</tr>
<tr>
<td>□ Izq □ Der</td>
</tr>
<tr>
<td>21 □ Cirugia Del Oido Alguna Vez?</td>
</tr>
<tr>
<td>□ Izq □ Der</td>
</tr>
<tr>
<td>22 □ Ha Perdido Conocimiento?</td>
</tr>
<tr>
<td>23 □ Utiliza Aparatos Para Oir?</td>
</tr>
<tr>
<td>□ Izq □ Der</td>
</tr>
<tr>
<td>24 □ Paperas</td>
</tr>
<tr>
<td>25 □ Escarlatina</td>
</tr>
<tr>
<td>26 □ Sarampion</td>
</tr>
<tr>
<td>27 □ Meningitis</td>
</tr>
<tr>
<td>28 □ Diabetes</td>
</tr>
<tr>
<td>29 □ Enfermedad De Los Rinones</td>
</tr>
<tr>
<td>30 □ Alergias (Ahora)</td>
</tr>
<tr>
<td>31 □ Diabetes</td>
</tr>
<tr>
<td>32 □ Enfermedad De Sordera</td>
</tr>
<tr>
<td>33 □ Durante Las Ultimas 14 Horas,</td>
</tr>
<tr>
<td>□ Ha Trabajado En Un Sitio Con Ruidos</td>
</tr>
<tr>
<td>□ Muy Fuertes? □ Se □ No</td>
</tr>
<tr>
<td>34 □ Si Contesto Que Si, Uso Taponas</td>
</tr>
<tr>
<td>□ Para Los Oidos? □ Si □ No</td>
</tr>
<tr>
<td>35 □ Esta Resfriado Hoy?</td>
</tr>
<tr>
<td>36 □ Servicio Militar Alguna Vez?</td>
</tr>
<tr>
<td>37 □ Tiene Pasatiempos Ruidosos?</td>
</tr>
<tr>
<td>38 □ Musica Fuerte/Audifonos?</td>
</tr>
<tr>
<td>39 □ Utiliza VD. Armas De Fuego?</td>
</tr>
<tr>
<td>(Practica Tiro Al Blanco?)</td>
</tr>
<tr>
<td>00 □ Yo Nunca He Tenido Ninguna De Los Sintomas Mencionados Aquí En Este Papel.</td>
</tr>
</tbody>
</table>

FIRMA DEL EMPLEADO

TECHNICIAN COMMENTS

Revised 12/01
APPENDIX IX

Confidentiality Policies and Procedures
# CONFIDENTIALITY OF INFORMATION

## SUBJECT:
Confidentiality

## KEYWORD(S):
CONFIDENTIALITY, HIPAA, COMPLIANCE; Protected Health Information - PHI

## ALL ENTITIES
- All Comm Care
- All ICD
- SMP
- Other
- GPSC
- SCM
- SHI
- Sub/LTC

## AFFECTED DEPARTMENTS:
All Departments

## ACCREDITATION:
The Joint Commission - IM

## ORIGINATOR:
Privacy Officer

## STANDARDS/LEGAL REFERENCES:
45 CFR Parts 160 & 164

### I. PURPOSE:
To establish policy to meet Sharp's legal and ethical responsibility to protect the confidentiality of all sensitive information (financial, medical, demographic).

### II. DEFINITIONS:

**Affiliate:** Any member of the non-employee workforce, eligible and authorized by Sharp, to perform services as part of Sharp's business operations.

**Authorized:** Means the individual has an approved need to access, review and/or use the information in order to perform the duties of his or her position and is expressly permitted by policy and/or procedure or the instructions of his or her supervisor to access, review and/or use the information. Authorized means that the appropriate designee has specifically approved access for an eligible person (has "authorized" access).

**Confidentiality:** The obligation to protect the privacy of records and all other sensitive information of individuals receiving services at Sharp. The principle that information is not made available or disclosed to unauthorized individuals, entities or processes.

**Inappropriate Disclosure:** Disclosing sensitive information, in verbal, written or electronic form:
1. To individuals not involved in the care or treatment of patients
2. To individuals who are involved or know the patient but have no need to know the information
3. In a setting where that information could be overheard by individuals who have no need to know (for example in elevators, lobbies, waiting rooms, hallways, dining rooms, etc.)
4. In a setting where information can be read or transferred from an unattended computer monitor or through any violation of Sharp's Acceptable Use of Information & Computing Resources Policy

**Minimum Necessary Restriction:** When a provider requests, uses or discloses sensitive information of another provider, it must make reasonable efforts to limit the sensitive information to the minimum amount of information necessary. Providers must identify those in its workforce who need access to a patient's information and to limit access accordingly. The restriction does not apply to disclosing medical records for treatment.

[PROPRIETARY INFORMATION]

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Protected Health Information (PHI): means individually identifiable health information that is:
(1) transmitted or maintained by electronic media, or
(2) transmitted or maintained any other form or medium.

Sensitive Information: Any information classified as Restricted or Proprietary, as defined in the Sharp Data Classification Policy #13204.

1. Data contained on the Sharp network, including data input and output sources shall be assigned one of three sensitivity classifications:
   Restricted or
   Proprietary or (default classification)
   Public

2. Data on Sharp's information systems shall be classified into one of these 3 categories. The default category is Proprietary for all data which is otherwise not yet explicitly assigned to one of the other three classifications.

This standard sensitivity classification system shall be used throughout Sharp HealthCare. These classifications are defined as follows:

i. RESTRICTED: Protected Health Information (PHI), as defined by federal HIPAA Act of 1996 and HIPAA Privacy regulations) and California statutes on medical privacy, requiring specific handling, accounting and security measures to protect patient medical privacy. (See definitions in Section II); includes all clinical data sources which contain, process or pass through individually identifiable health information. This classification also applies to the most sensitive business information that is intended for use strictly within Sharp HealthCare covered entities. Examples include: quality variance reports (QVRs), de-identified health information, patient credit card data, physician peer review data, personnel information such as HR, payroll and benefits, research data, business vendor contracts, technical data concerning the Sharp network, devices, applications, operations or configurations. Unauthorized disclosure of restricted data could seriously and adversely impact Sharp HealthCare, its business partners, and/or its customers.

ii. PROPRIETARY: Information pertaining to Sharp business which is intended for use within Sharp HealthCare. Its unauthorized disclosure could seriously and adversely impact Sharp HealthCare and/or its employees. Examples: business practices, budgets, academic materials, intellectual property, policies, protocols and procedures, intranet web pages (including those requiring authentication such as login and password) and all data that is not defined within the other two categories.

iii. PUBLIC: Information explicitly designated as information for dissemination generally or under specified criteria. Examples include: consumer health information, research publications, internet web pages, calendars, conference materials, marketing, public relations and advertising materials. This information, if it is disclosed, is not expected to seriously or...
adversely impact Sharp HealthCare, its employees, its business partners, and/or its customers.

**Workforce:** Means employees, volunteers, trainees, and other persons whose employment function is under the direct control of Sharp, whether or not they are paid Sharp.

### III. TEXT:

**A. Commitment Statement.** Sharp is committed to the principle of fair and ethical business practices and to protecting the confidentiality of records and related sensitive information. To uphold this principle, Sharp will take appropriate action to vigorously apply established confidentiality practices and safeguards.

**B. Applicability.** This policy applies to all Sharp workforce, including employees, non-employees (volunteers, contractors, students and vendors), and affiliates to whom confidential information is disclosed.

**C. Non-Retaliation.** Investigation of suspected privacy violations will be conducted in the manner that ensures that no retaliation will be taken against any person who, in good faith, reports a suspected violation.

**D. Confidentiality and Non-Disclosure Statement.** Access to Sharp's computer or information systems or confidential medical information is contingent upon execution of a Confidentiality and Non-Disclosure agreement. The Statement shall include at least the following acknowledgments:

1. Appropriate access to information
2. Appropriate disclosure of sensitive information
3. Sharp's surveillance practices
4. Disciplinary actions and sanctions
5. Passwords, security and maintenance
6. Obligations for confidentiality while affiliated with, and after disassociation from, Sharp

**E. Minimum Necessary.** It is Sharp's policy that when accessing, using, or disclosing sensitive information, reasonable efforts be made to limit the amount of sensitive information to the minimum necessary to accomplish the intended request, use, or disclosure. This requirement will be incorporated into all policies and processes that are established to address access, use and/or disclosure of sensitive information.

**F. Business Associate Agreements.** A Business Associate agreement is required in all relationships where a person or entity not employed by Sharp, performs a function or activity on behalf of Sharp that involves the disclosure of sensitive information. This agreement will provide for the protection of information in accordance with state and federal law.

**G. Safeguarding of Information.** Sensitive information collected and/or generated within Sharp shall be maintained in such a manner that access to it is restricted to those with a need

[PROPRIETARY INFORMATION]
CONFIDENTIALITY OF INFORMATION

H. Termination of Employment. Individuals who cease their affiliation with Sharp (voluntarily or involuntarily) shall continue to be obligated to maintain confidentiality as defined in this policy and other Sharp policies, and as set forth in the Confidentiality and Non-disclosure agreement. Terminating individuals must cease all access to computer and information systems and return originals and copies of documents containing confidential information in their custody or control.

I. Unauthorized Use or Viewing of Sensitive Information. Viewing or obtaining sensitive information not needed for an assigned or professionally appropriate task (regardless of the medium of storage) constitutes a violation of confidentiality. Individuals may not:
   1. Allow or participate in access, use or disclosure of sensitive information not needed for their job. This includes, but is not limited to, information belonging to employees, coworkers, family or friends.
   2. Display patient specific or diagnosis, specific information in public view (i.e. white boards, computer screens, etc.)
   3. Shred, destroy, alter, dismantle, disfigure, prevent rightful access to or otherwise interfere with the integrity of any patient information and/or information assets unless you are authorized to do so as part of your regular job duties.
   4. Invade the privacy of individuals or entities that are subjects of the information.
   5. Obtain sensitive information outside of established channels without documented authorization for use or disclosure of from the patient.

J. Infractions, Disciplinary Actions, Sanctions and Fines. Infractions of this Confidentiality Policy shall be subject to corrective action by Sharp, up to, and including, loss of privileges and/or termination of employment. Unauthorized access, use or disclosure of sensitive information may have personal legal consequences in addition to corrective action by Sharp.

K. Sharp workforce members shall be responsible for maintaining the confidentiality of all sensitive information entrusted to them and for reporting known or suspected unauthorized access, use or disclosure of confidential information.

L. The professional licensed staff will identify individuals involved in a patient's care based on the patient's expressed desires, clinical situation and patient care needs. The professional patient care staff may disclose relevant health information as needed for treatment purposes, unless the patient has expressed a restriction on the information or as required by law.

M. Department managers are responsible to:
   1. Determine workforce members' role based access to sensitive information necessary to perform their job function in compliance with minimum necessary standards.
   2. Establish safeguards to protect privacy and security of information.
   3. Establish Business Associate Agreements as appropriate.

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CONFIDENTIALITY OF INFORMATION

SUBJECT: Confidentiality

KEYWORD(s): CONFIDENTIALITY, HIPAA, COMPLIANCE; Protected Health Information - PHI

4. Report unauthorized access, use or disclosure of sensitive information and other policy violations.
5. Adhere to Human Resource policies for corrective action.
6. Establish consistent procedures for appropriate disposal of documents or items containing sensitive information.
7. Periodic monitoring of compliance with Sharp policies pertaining to confidentiality, privacy and security.
8. Provide periodic education and training on privacy and security policies and procedures.
9. Monitor staff’s completion of mandatory compliance and privacy education requirements.
10. Notify the appropriate departments of their workforce member termination.

N. Workforce members are expected to:
   1. Follow all policies and department specific procedures appropriate to their role and responsibilities.
   2. Protect all sensitive information from unauthorized access, use and disclosure.
   4. Report and/or secure all sensitive information found unattended or unsecured.
   5. Report known or suspected instances of unauthorized access, use or disclosure of sensitive information.
   6. Report any suspicion that another individual may be using or sharing passwords.

O. Statement of Confidentiality and Non-Disclosure: Each member of the Sharp workforce must execute a Confidentiality and Non-Disclosure Agreement upon hire/credentialing/initiation of service (volunteers and contracted). Signed statements shall be maintained in the appropriate file (i.e., an employee’s personnel file, a contract service or credentialing file).

P. Report suspected violations.
   Each individual is responsible to report suspected violations of confidentiality through the existing compliance reporting channels. These include:
   1. Supervisor, Manager, or Department Head
   2. Quality Variance report
   3. Customer Service Representative or Patient Advocate
   4. Sharp “Compliance Connection” hotline (1-800-350-5022)
   5. HIPAA Liaison
   6. Human Resources
   7. or directly to Sharp’s Privacy Officer.

Q. Application of standard safeguards to work processes.
   1. Any accessible computer information, whether on the computer monitor or on a printed document is owned by, and its use is governed by, Sharp HealthCare. This information may not be disseminated, reproduced, used, disclosed, removed or personally maintained by any individual except as necessary to perform services on behalf of the [PROPRIETARY INFORMATION]

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<table>
<thead>
<tr>
<th>TITLE:</th>
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2. An unauthorized person's view or access to sensitive information in any media must be limited (i.e., electronic files, computer images, hardcopy).
   a. White boards in public view used for patient tracking must limit the display of patient names to first name and last initials or first initial and last name. White boards used in areas that are not open to public (i.e., OR or procedure areas) may include additional identification as a patient safety precaution.
   b. Health records must not be left unattended in public areas. Efforts must be made to limit exposure of the patient's name and other sensitive information to public view. Cover or secure records on transport carts, gurneys, or exposed work areas.
   c. Limit exposure of computer screens containing sensitive information to public view.
   d. Paper or other items containing sensitive information must not be disposed of in the regular trash. Such items must be disposed of in accordance with established disposal processes (i.e., shred or medical waste systems).

3. Discussion of PHI will be limited to work or patient care related communication. Discussions will be conducted in private areas whenever possible. Discussion in public areas, hallways, elevators, cafeterias, restrooms, etc., is strictly prohibited.

4. Strict confidentiality of computer passwords must be maintained.

5. Physical security and access control must be maintained as appropriate.

6. Sensitive information shall not physically or electronically be removed from Sharp without authorization.

IV. PROCEDURE:

RESPONSIBILITY

A. Employee shall sign general confidentiality statement upon hire.

Resources

B. Signed statement will be retained in employee's personnel file.

Human Operations Specialist

Human Resources Operations Specialist

V. REFERENCES:

A. JCAHO Accreditation, Standards, RI, IM
B. Health & Safety Code 199.20
C. Health Insurance Portability and Accountability Act of 1996 (HIPAA)
D. California State Confidentiality of Medical Information Act
E. California Code of Regulations, Title 22, Section 70707(b)(8)

VI. CROSS REFERENCES:

A. 01958 – Business Associate Agreement
B. 42311.99 – Code of Conduct; Medical staff

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D. 04306 – Coaching and Corrective Action Policy
E. 01957 – Facsimile Transmission of PHI
F. 01221 – Record Retention and Destruction Guidelines Policy
G. 01959 – Health Information: Request for Accounting of Disclosures
H. 01952.99 – Health Information: Disclosure of Patient Information to Public and Media
I. 01951.99 – Health Information: Access, Use and Disclosure
J. 13204 - Information Security – Data Classification

VII. ATTACHMENTS: (Click on attachment name to access)
A. Confidentiality and Non-Disclosure Agreement
B. Vendor Confidentiality Agreement

VIII. APPROVALS:
A. HIPAA Privacy Steering Committee – 11/02
B. Entity Compliance Committees – 11/02
C. System Policy & Procedure Steering Committee – 03/03
D. Director, Privacy Officer – Corporate Compliance – 03/05; 09/06; 11/06; 01/08
E. SMV Medical Executive Committee – 06/06

IX. REPLACES:
A. #13800.99 Confidentiality of Information

X. HISTORY: System #01950.99; originally dtd 03/03
Revised/Reviewed: 05/04, 04/05; 09/06-REVIEWED, NO CHANGES; 11/06; 01/08
CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

Obligations Regarding Confidentiality

Applies to all employees (including administration, managers, supervisors and applicable physicians); volunteers; agency, temporary and registry personnel; students, interns, and contracted personnel.

Patient health and Sharp Organizational information is protected by law and by Sharp HealthCare policies. The intent of these laws and policies is to assure that confidentiality of information is maintained while used for business and clinical operations. In my job, I may see or hear confidential information in any form (oral, written, electronic) regarding:

- Patients and/or their family members (such as patient records, test results, conversations, financial information)
- Employees, physicians, volunteers and contractors (such as employment records, corrective action, disciplinary action)

I AGREE TO AND ACKNOWLEDGE THE FOLLOWING:

- I will protect the privacy of all business and medical information relating to our patients, members, employees and health care providers.
- I know that confidential information I learn on my job does not belong to me and I have no right or ownership to it. Sharp HealthCare may take away my access to confidential information at any time.
- I will not misuse confidential information and will only access information necessary to do my job. I will not disclose any confidential information unless required to do so in the official capacity of my relationship, employment or contract with Sharp HealthCare.
- I will not share, change or destroy any confidential information unless it is part of my job to do so. If any of these tasks are part of my job, I will follow the correct department procedure or the instructions of my supervisor (such as shredding confidential paper). If a demand from an oversight agency, law enforcement or government agency is made upon me from outside Sharp HealthCare to disclose confidential information, I will document this by giving written notice to my supervisor.
- I will only print information from a Sharp HealthCare information system when necessary for a legitimate work related purpose. I am accountable for this information until it is properly filed or disposed of.
- If I have access to electronic equipment and/or records, I will keep my computer password secret and I will not share it with any unauthorized individual. I am responsible to protect my password or other access to confidential information. I understand that my use of an electronic system may be periodically monitored and audited to ensure compliance with this agreement.
- I understand that I have an obligation to report to my supervisor and/or the Compliance Hotline if I think someone is misusing confidential information or is using my password. I further understand that Sharp HealthCare will not tolerate any retaliation against me for making a report.
- On termination of my employment, I will return to Sharp HealthCare all copies of documents containing Sharp HealthCare's confidential information or data in my possession or control.

I understand that failure to comply with this agreement may result in corrective action up to, and including, termination of employment or other relationships with Sharp HealthCare. I understand that I may also be subject to other remedies allowed by law. I understand that I must also comply with any laws, regulations, and Sharp HealthCare policies, including the Commitment to Principles, Privacy, Confidentiality and Security policies that address confidentiality. This agreement shall survive the termination of my official relationship, employment or contract with Sharp HealthCare.

I have read and understand this Confidentiality and Non-Disclosure Agreement, have had my questions fully addressed and have received a copy.

Date: __________________________  Printed Name __________________________ Signature __________________________

Date: __________________________  Printed Name __________________________ Witness __________________________
This Confidentiality Agreement (the "Agreement") is made effective as of the _____ day of ____________, 200___.

by and between Sharp HealthCare, a California nonprofit public benefit corporation ("Sharp") and ________________ ("Vendor"); hereinafter Sharp and Vendor are referred to collectively as the "parties" or individually a "party" to assure the protection and preservation of the confidential and proprietary information to be made available by Sharp to Vendor and its employees.

A. "Confidential Information" means information or data designated as confidential or proprietary or which reasonably ought to be considered as confidential from its nature or from the circumstances surrounding its disclosure including, without limitation, the following:

1. Medical and certain other personal information about patients.

2. Medical personnel and certain other information about employees.

3. Medical Staff records and committee proceedings.

4. Proprietary information.

5. Reports, policies and procedures, marketing or financial information, business & strategic plans, corporate minutes and other information related to the business or services of Sharp and its affiliates which have not been released previously to the public at large by a duly authorized representative of Sharp.

B. Confidential Information shall not include information that:

(i) was or becomes generally available to the public other than as a result of disclosure by the recipient, his/her/its employees, agents or representatives or others acting on behalf of the recipient;

(ii) was lawfully in the recipient's possession prior to any disclosure by the other party, provided that the source of such information was rightfully in possession of the information without a duty of confidentiality;

(iii) is independently developed by the recipient without use of the other party's Confidential Information;

(iv) voluntarily disclosed, without similar restrictions on use or disclosure to a third party by the party owning the Confidential Information;

(v) was approved for disclosure by written authorization by the other party; and

(vi) is required to be disclosed by court order or other lawful governmental action, but only to the extent so ordered, and provided that the recipient so ordered shall notify the disclosing party that the disclosing party may attempt to obtain a protective order.

C. Vendor acknowledges that in the course of his/her/its performance of this Agreement, Vendor may be supplied with Confidential Information concerning Sharp's business affairs, property, methods of operation, processing systems or other information and may not be disclosed except as permitted or required by law and by Sharp. This Confidential Information may be available via any media (i.e.: computer information, paper records, microfiche, x-rays, videotapes, email, voicemail, verbal information and communication, etc.).

D. Vendor hereby agrees:

1. 
to hold and maintain Confidential Information in the strictest confidence and not to disclose the information to any person or in any manner which is inconsistent with applicable policies and procedures of Sharp unless required by law.
2. to treat Confidential Information with the same degree of care and security as Vendor treats his/her/its own confidential information, but in no event using less than reasonable security measures appropriate to the information and consonant to those measures taken by Sharp.

3. not to use the Confidential Information other than in connection with the performance of Vendor's assigned functions and that accessing data not related to the scope of Vendor's responsibilities is considered to be a breach of confidentiality and may result in termination of access, employment or association with Sharp and/or legal action.

4. not to divulge Confidential Information to any other person or entity and that impermissible disclosure of Confidential Information about a person or entity may result in legal action being taken against Vendor by or on behalf of that person.

5. that Vendor's confidentiality obligation shall continue indefinitely, including at all times after Vendor's association with Sharp and its affiliates, such as termination of Vendor's employment or contract role, function or position with Sharp and its affiliates.

E. Vendor acknowledges that the disclosure of any of the Confidential Information referred to herein or any information which, at law or equity ought to remain confidential, shall give rise to irreparable injury to Sharp inadequately compensable in damages and agrees that Sharp may seek appropriate injunctive relief relevant to any such disclosure, without need to comply with special notice or bond requirements.

F. Confidential Information shall not be duplicated in any form by either party. Without explicit written authorization from a Senior Vice President of Sharp, no documents or data may leave Sharp's premises.

G. All confidential information shall remain the property of the applicable party and promptly upon termination of this Agreement, shall be returned to the appropriate party (including all whole or partial copies thereof); provided that in lieu of returning such Confidential Information, either party may affirm in writing that it has destroyed (via shredding or incineration) such Confidential Information.

H. This Agreement shall be governed by and interpreted in accordance with the laws of the State of California.

I. All of the undertakings and obligations relating to confidentiality and non-disclosure, whether contained in this paragraph or elsewhere in this Agreement, and whether of Vendor or Sharp, shall survive the termination of this Agreement for whatever reason.

J. No delay or failure on the part of Sharp in exercising any right, power, or privilege hereunder shall operate as a waiver thereof, nor shall any single or partial exercise thereof preclude any other or further exercise thereof, or the exercise of any other right, power or privilege.

SHARP:

By:

Date:

Name:

Title:

VENDOR:

By:

Date:

Name:
I. PURPOSE:

A. To outline requirements for upholding the confidentiality of health record information and protecting the individual's right to privacy in the collection and disclosure of identifiable medical and social information.

B. To delineate guidelines for a patient to exercise the right to amend his/her medical record.

C. To provide guidelines for response to requests for access to and release of information from Sharp Rees-Stealy (SRS) medical records.

D. To emphasize the need to prevent inadvertent release of information.

II. DEFINITIONS:

A. Consent

Voluntary agreement by a person in the possession and exercise of sufficient mental capacity to make an intelligent choice to do something proposed by another. For the purposes of this policy, consent means patient permission to use or disclose protected health information to carry out treatment, payment, and healthcare operations.

B. Authorization

To give another a right to act. To permit a thing to be done in the future. For purposes of this policy, authorization means patient permission for specific health information disclosures not otherwise permitted or required by law.

C. Authorized healthcare practitioners

Persons directly involved in the care of the patient or who have been given consent by the patient for access to his/her medical record.

III. TEXT:

Medical and social information documented in Sharp Rees-Stealy health records to facilitate and evaluate [PROPRIETARY INFORMATION]

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patient care is protected health information which may be disclosed only as the patient authorizes or consents, or as required by statute.

A. At Sharp Rees-Stealy, uniquely identifiable health records are created on all patients accepted for treatment.

B. Sharp Rees-Stealy has an organized system for patient records' maintenance, filing and retrieval, in which each record's contents are organized and secured according to a predetermined, approved format.

C. The health record is the property of the Sharp Rees-Stealy Medical Group, Inc. (SRSMG).

D. Except when otherwise required by law, any record that contains clinical, social, financial, or other data on a patient is treated as strictly CONFIDENTIAL and is protected from loss, tampering, alteration, destruction and unauthorized or inadvertent disclosure.

E. Each health record is maintained to serve the needs of the patient, health care providers, and Sharp Rees-Stealy in accordance with legal, accrediting and regulatory requirements, and must be preserved in its original form for the period of time required by statute and Sharp Rees-Stealy policy.

1. All medical records (paper based and electronic) must be maintained in a safe area restricted from public access.
2. All medical information must be stored in an anonymous manner.
3. Any disposal of individually identifiable medical information must be by shredding, erasing, or otherwise modifying the personal information in those records to make it unreadable or undecipherable through any means.

F. All clinical information relevant to a patient shall be readily available to authorized healthcare practitioners any time Sharp Rees-Stealy is open to patients.

G. Original health records may not be removed from Sharp Rees-Stealy's jurisdiction and safekeeping except in accordance with institutional policies, court order, subpoena or statutes.

H. Any data collection on a patient, whether by interview, observation, or review of documents, shall be conducted in a setting that provides maximum privacy and protects the information from unauthorized individuals.

I. Sharp Rees-Stealy and its providers shall not intentionally share, sell, or use medical information for any purpose not necessary to provide health care services, except as authorized by the patient or patient's legal representative, unless otherwise required by statute.

J. Upon request from the patient, Sharp Rees-Stealy will provide written information regarding Sharp Rees-Stealy's confidentiality practices, to include uses and disclosures of protected health information

[PROPRIETARY INFORMATION]

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that may be made by Sharp Rees-Stealy.

K. Computer processed and other electronically transmitted and maintained health record information shall be protected with the same diligence for safety and integrity as hard copy records.

L. When facsimiles (photocopies, disks, tapes, cartridges or cassettes) of medical records are provided to authorized internal users, the same controls are applied for protection of these facsimiles as for the original medical record.

M. A patient may provide a written amendment as an addendum to his or her own record with respect to any item or statement that the patient believes to be incomplete or incorrect. The addendum

1. shall be limited to 250 words per alleged incomplete or incorrect item in the patient’s record
2. should clearly indicate that the patient wishes the addendum to be made a part of his or her record
3. must be appended to the patient’s record without editing or change
4. shall be regarded as an integral part of the record
5. must be included whenever disclosure of the allegedly incomplete or incorrect portion of the patient’s records is made to any third party [Health & Safety Code 123111]

N. EMPLOYEE RESPONSIBILITY

1. All personnel having access to confidential information shall sign the Sharp Confidentiality Agreement.
2. All Sharp Rees-Stealy employees are responsible for prohibiting the release of health record data to unauthorized persons and must otherwise prevent inadvertent disclosure.
3. Employees shall refer requests for release of copies of medical record information to the Health Information Management Department.
4. The unauthorized divulging, removing, or copying of confidential information is subject to disciplinary action.

O. WRITTEN AUTHORIZATION

1. Written permission of the patient or patient’s legally qualified representative is required for release of health information to persons not otherwise authorized to receive such information.

No provider of health care shall disclose medical information regarding a patient to any person or entity that is not engaged in providing direct health care services without first obtaining an authorization as provided by law.

a. Practitioners are prohibited from requiring a patient, as a condition to receiving health care services, to sign an authorization, release, consent, or waiver permitting the disclosure of any medical information subject to confidentiality protections.

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CONFIDENTIALITY AND RELEASE OF INFORMATION –

SUBJECT: Confidentiality

2. Examples of circumstances when patient authorization is not required to release information are:
   a. to other health care providers in documented medical emergencies
   b. for assessments of the quality and appropriateness of care
   c. for reporting in compliance with accreditation, regulatory and licensing standards
   d. for subpoenas and court order
   e. in conservatorship proceedings
   f. to third party payors

3. Medical information shall be released to a coroner upon request in specified circumstances.

4. Medical information may be released to a disease management organization or an independent medical review organization without the consent of the patient.

5. Access to electronically stored records must be made available to the Division of Licensing and Certification of the State Department of Health Services staff promptly, upon request.

6. A valid authorization should contain at least the following information:
   a. name of individual and/or institution to release the information
   b. name of individual and/or institution to receive the information
   c. patient’s full name, address and date of birth
   d. purpose or need for information
   e. extent or nature of information to be released, specifying dates
   f. specific date, event or condition upon which authorization will expire unless revoked earlier

[PROPRIETARY INFORMATION]

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TITLE:  CONFIDENTIALITY AND RELEASE OF INFORMATION – Confidentiality

SUBJECT:

KEYWORD(S):

g. date the consent is signed
i. the Health Information Management Department will not accept an authorization older than one year
ii. the authorization must be dated after or on the date of treatment information to be released, unless otherwise specified in detail in the “extent or nature of information to be released” statement

h. signature of patient or patient’s legal representative

7. Information released to authorized parties shall be strictly limited to that information required to fulfill the purpose stated on the authorization.

8. The signed authorization is retained in the health record with notation of what information was released, the date of the release, and the signature of the individual who released the information. If an abstract (instead of copies) is released, a copy of the abstract shall be attached to the authorization instead of noting documents released on the authorization.

9. Health Information Management staff will follow Sharp Rees-Stealy Procedure for Processing Written Requests for Release of Medical Information.

P. BONA FIDE MEDICAL EMERGENCY

1. When responding to a bona fide medical emergency over the telephone, the person taking the call shall call the requesting party back when necessary to verify the identity of the person or institution requesting the information.

2. Information in an emergency shall be released only to the physician in charge of the patient.

3. The person releasing the information shall document in the patient’s record the specific information released and to whom, then date and sign the entry. Clinicians should use a Progress Record for this purpose. Health Information Management staff should use the HIPAA Communication Log.

Q. SUBPOENA

As the designated custodian of Sharp Rees-Stealy patient records, the Sharp Rees-Stealy Health Information Management Department will accept service of Subpoenas for release of SRS Medical records. The printout of the electronic record shall be considered the original for introduction into evidence in administrative or court proceedings.

R. PATIENT ACCESS TO HEALTH RECORDS

Subject only to specific contraindications noted by the attending physician and to any legal constraints (such as those governing minors and persons adjudicated as incompetent), a patient may have access to and photocopies of his or her health record upon written request with reasonable notice. [Refer to SRS policy 12001, “Medical Records: Patient Access”]
S. MENTAL HEALTH AND DEVELOPMENTAL DISABILITY INFORMATION

The Lanterman-Petris-Short Act places special restrictions on the release of information and records of patients receiving mental health and developmental disability services. When records from a mental health/developmental disability program are incorporated into SRSMG records, that part of the record should not be released without specific written permission from the patient or legal representative and the physician treating the psychological condition.

T. ALCOHOL OR DRUG ABUSE INFORMATION

When records from a substance abuse program are incorporated into SRSMG records, those records are subject to special protection set forth in "Confidentiality of Alcohol and Drug Abuse Patient Records", 42 Code of Federal Regulations, and that part of the record should not be released without specific written permission from the patient or legal representative.

U. AIDS TESTING INFORMATION

Refer to SRS policy 7, 2,3a, "Confidentiality of Medical Records: AIDS Information"

V. All requests for the release of information shall be referred to the Health Information Management Department.

IV. REFERENCES:

A. California Health and Safety Code, sec. 123100 et seq., 123149 and sec. 120975 et seq.
B. California Welfare & Institutions Code, sec. 5328 et seq.
C. Confidentiality of Medical Information Act, California Civil Code, sec. 56 et seq.
D. 42 C.F.R., sec. 2.1 et seq.
F. Lanterman-Petris-Short Act
G. Federal Privacy Act of 1974

V. CROSS REFERENCES:

A. Sharp HealthCare Policy & Procedure 01203.99, "Confidentiality of Protected Health Information"
B. Sharp HealthCare Policy & Procedure 01951.99, "Health Information: Access, Use and Disclosure"

VI. ATTACHMENTS: None

VII. APPROVALS:

A. Medical Records Committee 08/29/2002
B. Quality Council 09/11/2002; 01/30/07

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C. Council of Department Chairs 10/01/2002; 01/16/07
D. Policy & Procedure Steering Cmte - 11/07/02
E. Health Information Manager - 11/05
F. Health Information Management Committee – 10/17/06

VIII. REPLACES: None

IX. HISTORY: System #12037; originally dated 11/02;
Revised/Reviewed: 11/05-revised/reviewed by Health Information Manager; 03/07- revised/reviewed by Health Information Manager

[PROPRIETARY INFORMATION]
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Please read carefully and complete the reverse side of this form.

All sections of this authorization must be completely filled out before Sharp is permitted to disclose your protected health information.

EXPLANATION: This form authorizes the use or disclosure of protected health information in the manner described below and is voluntary. Sharp HealthCare will still provide medical treatment for you if you do not sign this authorization, except under limited circumstances that are described in our Notice of Privacy Practices. Please be aware that once your information leaves Sharp HealthCare, Sharp HealthCare will no longer be able to protect that information, and the recipients of your information may not be legally required to protect your information.

NOTICE TO OCCUPATIONAL MEDICINE PATIENTS: California law allows your employer to access your health records only if you authorize the disclosure in writing, or for certain specific reasons. Some of the reasons include situations when your employer is required to do so by law; when you're involved in a lawsuit (or similar process) with your employer and your medical history is at issue; when the information requested was requested or paid for by your employer; when the information is required to evaluate your need for medical leave or disability related benefits; or when it is necessary to administer your employee benefits plan. If you have questions or concerns about whether any of the above situations apply to you, please notify your provider before beginning any procedure and consider notifying your employer.

AUTHORIZATION TO DISCLOSE SPECIFIC PROTECTED HEALTH INFORMATION: Federal and State laws require us to obtain specific authorization from patients to release especially sensitive information. Sensitive information is defined as treatment or documentation related to HIV and AIDS test results; Psychiatric care, and Treatment for Alcohol or Drug Abuse. Be aware that we will automatically try to exclude these types of information unless you specifically identify them for release.

RESTRICTIONS: I understand that Sharp HealthCare may not further use or disclose the information described on the reverse side of this form unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law. I hereby release Sharp HealthCare from any/all liability that may arise from the release of this information to the party named on the reverse side of this form.

ADDITIONAL COPY: I further understand that I have a right to receive a copy of this authorization upon my request.

DURATION: I understand that I may revoke this authorization in writing at any time (see the Sharp HealthCare Notice of Privacy Practices for instructions), except to the extent that action has already been taken. Unless otherwise noted, this authorization will expire one year from the date of my signature.

CHARGES: If your health information is being released directly to you, you may be responsible for payment of a reasonable, cost based processing fee. The fee covers clerical costs as well as any/all costs associated with copying of the information.
1. **Authorization:** I authorize disclosure of medical information and health records as described below:

   - Name of Patient: ___________________________________________
   - Date of Birth: ____/____/____ Telephone: (____) ___________________________

2. **Record Holder’s Name:** ___________________________________________

   - Address: __________________ City: __________________ State: ______ Zip: _______

3. **Records Released To:** ___________________________________________

   - Address: __________________ City: __________________ State: ______ Zip: _______

4. **Information to be Released for these Dates of Service:** From _______ To _______

5. **Information to Release:** Place your initials next to each category of information we will be releasing.

   - HIV Test Results (Human Immunodeficiency Virus)  
   - Treatment for Alcohol and/or Drug Abuse  
   - Operative/Procedure Reports  
   - Radiology/Nuclear Medicine Reports  
   - Emergency Department Reports  
   - Consultation Reports  
   - Psychiatric Records  
   - Billing Information  
   - Discharge Summary  
   - Progress Notes  
   - Laboratory Tests  
   - History/Physical Exam  
   - Still or Video Images and Sound Prepared for (Sharp/Non-Sharp) Marketing Purposes  
   - Other (Please Specify): ___________________________________________

6. **Use of Information:** The individual or entity identified above is permitted to use my information for the following purposes: **Please initial all that apply.**

   - Continuing Medical Care  
   - Second Opinion  
   - Legal  
   - Print Marketing or Educational Media  
   - Personal  
   - Insurance  
   - Audio/Visual Marketing or Education Media  
   - Other (please specify): ___________________________________________

7. **Signature:**

   - Printed Name: ___________________________________________
   - Signature: __________________ Date/Time: __________________
   - If signed by other than patient, indicate relationship to patient: __________________
   - Witness Signature: __________________ Date/Time: __________________
   - (Sharp HealthCare Representative)
   - Attending Physician (Required for Behavioral Health): __________________ Date/Time: __________________

8. **Mailing Instructions:** Please mail **both sides** of this authorization form to:

   ___________________________________________
   (Sharp staff to enter appropriate address)
AUTORIZACIÓN DE USO O DIVULGACIÓN DE INFORMACIÓN MÉDICA PROTEGIDA
Authorization for Use or Disclosure of Health Information

Nombre del paciente: __________________________
Fecha de nacimiento: __________________________
Número del Historial Médico: ____________________

Lea con cuidado y complete el reverso de este formulario.

Todas las secciones de esta autorización deben completarse íntegramente antes de que Sharp tenga autorización para divulgar su información médica protegida.

EXPLICACIÓN: este formulario ha sido preparado voluntariamente y autoriza el uso o divulgación de la información médica protegida en la forma descrita a continuación. Sharp HealthCare le ofrecerá tratamiento médico aún si usted no firma esta autorización excepto en los casos específicos que se describen en nuestra Notificación de procedimientos para asuntos confidenciales. Tenga en cuenta que una vez que su información salga de Sharp HealthCare, Sharp HealthCare ya no podrá protegerla y es posible que los destinatarios de su información no estén obligados legalmente a hacerlo.

NOTIFICACIÓN A PACIENTES DE MEDICINA OCUPACIONAL: la legislación del estado de California le permite a su empleador acceder a su historial médico sólo si usted autoriza por escrito la divulgación o por ciertas razones específicas. Algunas de estas razones incluyen situaciones en las que su empleador está obligado por ley a acceder a su historial médico: si usted es parte de una demanda (o un proceso similar) con su empleador en la que su historial médico es objeto de debate, si su empleador solicitó o pagó dicha información, en los casos en que se necesita la información para evaluar su necesidad de obtener una licencia por enfermedad o por prestaciones relacionadas a discapacidades o si es necesario para la administración de su plan de prestaciones para empleados. Si tiene preguntas o dudas acerca de si alguna de las situaciones mencionadas se aplica a su caso particular, notifique a su proveedor antes de comenzar cualquier tratamiento o procedimiento. También se recomienda que notifique a su empleador.

AUTORIZACIÓN PARA DIVULGAR INFORMACIÓN MÉDICA PROTEGIDA ESPECÍFICA: para que Sharp HealthCare pueda divulgar información particularmente confidencial, las leyes federales y estatales exigen que los pacientes firmen una autorización específica. A dicha información confidencial se la define como aquella derivada de los tratamientos psiquiátricos, los tratamientos para casos de abuso de drogas y alcohol y la documentación o los tratamientos relacionados con los resultados de las pruebas de VIH y SIDA. Tenga en cuenta que automáticamente trataremos de excluir esta clase de información a menos que usted específicamente autorice su divulgación.

RESTRICCIONES: entiendo que Sharp HealthCare no puede usar o divulgar la información médica descrita en el reverso de este formulario a menos que yo otorgue otra autorización o a menos que dicho uso o divulgación sea específicamente requerido o permitido por la ley. Por medio de la presente eximo a Sharp HealthCare de toda responsabilidad que pueda surgir a raíz de la revelación de esta información a la parte nombrada en el reverso de este formulario.

COPIA ADICIONAL: entiendo también que tengo derecho a recibir una copia de esta autorización, previa solicitud.

DURACIÓN: entiendo que puedo revocar esta autorización por escrito en cualquier momento (consultar las instrucciones en la Notificación de procedimientos para asuntos confidenciales), excepto en los puntos que ya se hubiesen llevado a cabo. A menos que se estipule lo contrario, esta autorización caducará un año después de la fecha en la que fuera firmada por mí.

GASTOS: si se le revela la información sobre su salud directamente a usted, será responsable por el pago de una tarifa de procesamiento razonable, basada en los costos. Dicha tarifa incluye gastos administrativos así como también cualquier tipo de gastos relacionados con la copia de la información.

Complete el reverso de este formulario
1. Autorización: autorizo a que se divulgue la información médica y el historial médico, tal como se describe a continuación:

  Nombre del paciente: ________________________________
  Fecha de nacimiento: __/__/ ______  Teléfono: (____)______________

2. Nombre del titular del historial médico: ________________________________
   Domicilio: _____________________ Ciudad: ___________ Estado: ______ Cód. postal: ______

3. Se autoriza a tener acceso al historial médico a:
   Domicilio: _____________________ Ciudad: ___________ Estado: ______ Cód. postal: ______

4. La información a ser divulgada corresponde a estas fechas de servicio: Desde ____________ a ____________

5. Información a ser divulgada: escriba sus iniciales al lado de cada categoría de la información que desea divulgar.
   __ Resultados de pruebas de VIH (Virus de Inmunodeficiencia Humana)
   __ Tratamiento por abuso de drogas y/o alcohol
   __ Informes operativos/de procedimiento
   __ Informes de radiología/medicina nuclear
   __ Informes del Departamento de emergencias
   __ Informes de las consultas
   __ Imágenes o video y sonido preparados para fines de comercialización de Sharp o ajenos a Sharp
   __ Otros (especificar):

6. Uso de la Información: a la persona física o entidad mencionada anteriormente se le permite usar mi información para los siguientes fines: **Escriba sus iniciales en todas las categorías que correspondan.**
   __ Cuidado médico continuo
   __ Segunda Opinión
   __ Legal
   __ Medios educativos o comercialización en medios impresos
   __ Personal
   __ Seguros
   __ Comercialización audio/visual o medios educativos
   __ Otros (especificar):

7. Firma: Nombre en letra de imprenta: ________________________________
   Firma: ________________________________ Fecha/hora: ______________
   Si la firma es de otra persona que no sea el paciente, indique el parentesco o relación:
   Firma del testigo: ________________________________ Fecha/hora: ______________
   (Representante de Sharp HealthCare)
   Médico tratante (requerido para salud del comportamiento): ________________________________
   Fecha/hora: ________________________________

8. Instrucciones de envío: envíe ambos lados de este formulario de autorización a:
   ________________________________
   (Dirección correcta que será ingresada por el personal de Sharp)

SHC-MR-2055-NS (Rev. 11-1-06)
f. Rape

3. Parent or Legal Guardian of minor under age 18

4. Conservator

5. Power of Attorney for Health Care

6. Personal Representative

B. Information requiring specific patient acknowledgement and authorization:

1. Screen all information to be released for the following types of information:
   a. Mental health/psychiatric diagnoses
   b. HIV/AIDS test results
   c. Drug and alcohol treatment programs

2. If this type of information is present:
   a. Patient or authorized individual must specifically check on the authorization form the specific category box associated with the information, indicating that the hospital has their permission to release the specific category of information.

   b. Copies of information disclosed must include the following notice:
   "THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY FEDERAL LAW, PART 2 OF TITLE 42 OF THE CODE OF FEDERAL REGULATION WHICH PROHIBITS YOU FROM ANY FURTHER DISCLOSURE OF IT WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS. A GENERAL AUTHORIZATION FROM THE RELEASE OF MEDICAL OR OTHER INFORMATION IS NOT SUFFICIENT FOR THIS PURPOSE."

   c. Mental Health information must be reviewed by the attending physician, Behavioral Health Director or Chief or Staff, and be approved in writing for release if the patient is asking for copies for their personal use. If approval for release is not obtained, the physician denying the release will provide a statement for inclusion in the medical record. The requesting individual will be directed to the reviewing physician for further explanation or inquiry.

   d. Facsimile transmission of this information is prohibited.

C. Verify the identity and authority of individuals requesting information by:

1. Requiring government issued photo identification and compare signatures

2. When communicating via telephone, return the call to a number that you have from some source other than the caller (directory, admission record, telephone book, etc.)

3. If verification cannot be obtained, the information may not be released

D. Patient access to their health information:

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1. Screen requested information for circumstances where access to an individual is not permitted. If present or information is questionable, notify the attending physician or Health Information Department for review and denial procedures.

2. Inspecting/review open medical record information:
   a. If a patient requests to view their open medical record, inform them that the record is incomplete and that you will need to notify their physician of their request.
   b. Inform the physician of the patients request and obtain an approval for the patient to view the record.
   c. Complete an Authorization for Use or Disclosure of Health Information Form.
   d. Designate an appropriate clinical person to accompany the patient during the review.

3. For requests for copies of health information:
   a. Whenever possible refer the patient to the Health Information/Medical Records department during business hours.
   b. Obtain a completed and signed Authorization For Use or Disclosure of Health Information form from the patient.

E. Complete appropriate disclosure documentation:
   1. Obtain patient authorization: Patient must complete an “Authorization For Use Or Disclosure Of Health Information form (Attachment A). Provide original form to Health Information/Medical Records Department or place in the medical record, with a copy to be provided to the patient/representative.

F. Disclosures must be documented in one of the following ways:
   1. By use of the “Report of Information Disclosure” form (Attachment B) for disclosures made under mandated requirements or other circumstances (i.e. verbal disclosure to law enforcement). Place in medical record or forward to Health Information/Medical Records Department.
   2. Record all information provided to the patient in the medical record (i.e. lab result, x-ray, discharge summary).
   4. By including a copy of the mandated reporting form in the medical record (i.e. child, elder abuse, assault reporting forms).

G. Release health record in copy form only. Original health records can be removed from the premises by court order, statute or subpoena only. An exception may be made for off-site storage, microfilming or for authorized use by Sharp for litigation purposes.

VI. REFERENCES:
California Healthcare Association Consent Manual
Federal law 42 CFR, part 2
Add California laws and Health and Safety codes

VII. CROSS REFERENCES:
Abuse – Reporting of Dependent Adult
Abuse – Reporting of Child
Confidentiality of Protected Health Information
HIV testing

[PROPRIETARY INFORMATION]

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# HEALTH INFORMATION: ACCESS, USE AND DISCLOSURE

**Subject:** Privacy & Compliance  
**Keyword(s):** HIPAA, Privacy, Compliance, Confidentiality; PHI; Protected Health Information

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<th>XI. HISTORY:</th>
</tr>
</thead>
</table>
| System #01951.99; originally dated 03/03  
Revised/Reviewed: 04/03-updated section III d 4; 05/04-updated Attachment A; 10/04-reviewed; 09/06-reviewed, no changes; |

[PROPRIETARY INFORMATION]

Paper copies of this document may not be current and should not be relied on for official purposes.  
The current version is at http://sharpnet/policies
I. PURPOSE:

Federal Law allows health care providers the authority, in certain circumstances, to use or disclose an individual's protected health information without the individual's authorization. This policy provides guidance and a consistent standard for using and disclosing protected health information without the patient's authorization.

II. DEFINITIONS:

Health information
Any information, oral or recorded in any form or medium, that:
(1) Is created or received by a covered entity, public health authority, employer; and
(2) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

Protected Health Information ("PHI")
(1) transmitted or maintained by electronic media, or
(2) transmitted or maintained in any other form or medium.

Individually Identifiable Health Information ("IIHI")
A subset of health information that:
A. Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and
B. Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual, or can be used to identify the individual. Specific identifiers include:
1. Names
2. Addresses
3. All dates directly related to an individual (e.g., birth date, admission date, discharge date, date of death)
4. Telephone numbers
5. Fax numbers
6. Electronic mail addresses

[PROPRIETARY INFORMATION]

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7. Social Security Numbers
8. Medical record numbers
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate and license numbers
12. Vehicle Identification Numbers and license plate numbers
13. Device Identifiers and serial numbers
14. Websites or Universal Resource Locator (URL)
15. Internet Protocol (IP) address number
16. Fingerprint or voice prints
17. Full face photographic images and any comparable images
18. Any other unique identifying number, characteristic or code

III. TEXT: In accordance with Federal Privacy laws, Sharp HealthCare outlines the following as circumstances under which certain disclosures may be made without the individual's authorization:

A. **Disclosures required by law.**
   Whenever Sharp HealthCare is required by law to disclose PHI, the patient's authorization is not required.

B. **Disclosures for public health activities.**
   Sharp HealthCare may disclose PHI to any of the following, for purposes of public health activities, and the patient's authorization is not required:
   1. A public health authority to prevent or control a disease or disability;
   2. A public health authority for child abuse or neglect;
   3. The Food and Drug Administration (FDA) for reporting purposes;
   4. A person who may have been exposed to a communicable disease or condition; or
   5. An employer, about its employees, if:
      a. Sharp HealthCare provided care at the employer's request to evaluate medical surveillance of the workplace, or to determine whether the individual has a work-related illness or injury;
      b. The PHI disclosed concerns a medical surveillance or work-related illness or injury;
      c. The employer needs such findings to comply with its duties under federal or state law;
      d. Sharp HealthCare provides written notice to the individual that PHI relating to medical surveillance of the workplace and work-related illnesses or injuries is disclosed to the employer.

C. **Victims of Abuse, Neglect or Domestic Violence.**
   Sharp HealthCare may disclose PHI about an individual reasonably believed to be a victim of abuse, neglect, or domestic violence to a government authority authorized to receive such reports.

   Sharp HealthCare must promptly inform the individual that such a report has been or will be made, except:

   [PROPRIETARY INFORMATION]

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1. When it places the individual at risk of serious harm; or
2. When it would result in informing a personal representative, who may be responsible for the abuse, neglect, or injury.

D. **For health oversight activities.**
   Sharp HealthCare may disclose PHI to health oversight agencies for oversight activities authorized by law (e.g., audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate health care oversight).

E. **Judicial or Administrative Proceedings.**
   Sharp HealthCare may disclose PHI in the course of any judicial or administrative proceeding:
   1. in response to an order of the court or administrative tribunal
   2. In response to a subpoena, discovery request, or other lawful process if:
      a. Sharp HealthCare receives satisfactory assurance that the individual has been given notice of the request, or
      b. Reasonable efforts have been made to secure a qualified protective order.
   3. Upon receipt of satisfactory assurances from a party seeking PHI (i.e., written statement and accompanying documentation) demonstrating that:
      a. The party has made a good faith attempt to provide written notice to the individual (or to mail a notice to the individual’s last known address);
      b. The notice included sufficient information about the litigation in which the PHI is requested to permit the individual to raise an objection to the court; and
      c. The time for the individual to raise objections to the court has elapsed, and:
         (i) No objections were filed; or
         (ii) All objections filed by the individual have been resolved by the court.
   4. Upon receipt of satisfactory assurances from a party seeking PHI (i.e., written statement and accompanying documentation) demonstrating that the parties have agreed, or one has filed for, a qualified protective order.
   5. A qualified protective order means an order of a court or a stipulation by the parties that:
      a. Prohibits the parties from using or disclosing the PHI for any purpose other than the litigation; and
      b. Requires the return to Sharp HealthCare or destruction of the PHI (including all copies made) at the end of the litigation.
   6. Sharp HealthCare may disclose PHI in response to lawful process without receiving satisfactory assurance, if Sharp HealthCare makes reasonable efforts to provide notice to the individual or seeks a qualified protective order.

F. **Decedents.**
   Sharp HealthCare may disclose PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law.
Sharp HealthCare may disclose PHI to funeral directors as necessary to carry out their duties with respect to the decedent. If necessary, Sharp HealthCare may provide PHI to the funeral director prior to, and in reasonable anticipation of, the individual's death.

G. **For cadaveric organ, eye or tissue donation purposes.**

Sharp HealthCare may disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating such donation or transplantation.

H. **Averting Serious Threat to Health or Safety**

Whenever a member of the Sharp HealthCare workforce, in good faith believes that the use or disclosure of PHI is necessary for the following reasons, then certain PHI may be disclosed:

- To prevent a serious or immediate threat to the health or safety of a person or the public, and the disclosure is made to a person who is reasonably able to prevent or lessen the threat.
- For law enforcement to identify or apprehend an individual who either admits, outside the course of treatment or a request for treatment, to have participated in a violent crime, or appears to have escaped from lawful custody.

Sharp HealthCare may disclose only the following PHI:

1. Name and address;
2. Date and place of birth;
3. Social security number;
4. ABO blood type and Rh factor;
5. Type of injury;
6. Date and time of treatment;
7. Date and time of death, if applicable; and
8. A description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair (beard or moustache), scars, and tattoos.

I. **Specialized Government Functions**

**Armed forces and foreign military personnel**

Sharp HealthCare may use or disclose the PHI of individuals who are armed forces or foreign military personnel for activities deemed necessary by appropriate military command authorities to assure proper execution of the military mission, if the authority has published in the Federal Register the purpose for which the PHI will be used or disclosed.

**National security and intelligence activities**

[PROPRIETARY INFORMATION]

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Sharp HealthCare may disclose PHI to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by the National Security Act.

**Protective services of the president**

Sharp HealthCare may disclose PHI to authorized federal officials for the provision of protective services to the President or foreign heads of state.

**Correctional institutions**

Sharp HealthCare may disclose to a correctional institution or law enforcement official with lawful custody of an inmate, the inmate's PHI, so long as the correctional institution or law enforcement official represents that such PHI is necessary:

- for health care
- for the health and safety of the inmate or other inmates
- for the health and safety of the officers or personnel at the correctional institution
- for the health and safety of the individuals responsible for transporting inmates
- for law enforcement at the correctional institution
- for the administration of the safety, security and good order of the correctional institution

**J. Worker's Compensation**

Sharp HealthCare may disclose PHI to comply with laws relating to worker's compensation and other similar programs that provide benefits for work related injuries or illness without regard to fault.

**K. Limited uses and disclosures when the patient is not present**

If a patient is not present, lacks capacity, or in an emergency, use professional judgment to determine if the disclosure is in the patient's best interest. Use professional judgment and experience with common practice in allowing a representative on behalf of a patient to pick up filled prescriptions or medical supplies. Verification of the individual's identity and documentation of same is required.

**IV. REFERENCES:**

Health Insurance Portability and Accountability Act of 1996 (HIPAA) Section 164.512(a)-(l)

**V. CROSS REFERENCES:**

A. Health Information: Disclosures to Law Enforcement Officers (Policy & Procedure #01953.99)
B. Research: Authorization for Use and Disclosure of Protected Health Information (Policy & Procedure #01965.99)
C. "Release of Authorized Materials to Law Enforcement" (Procedure #35051.01)
D. "Law Enforcement Interaction with Staff and Patients" (Policy & Procedure #18801.99)
E. "Reportable Injuries & Diseases" (Policy #30067.99)
F. "Communicable Diseases/Reportable Conditions" (Policy & Procedure #35048.99)
G. "Exposure, Disease, Pre-Hospital Personnel (Reportable)" (Policy & Procedure #35313.99)
H. "Abuse – Reporting of Dependent Elder" (Policy & Procedure #01828.99)

[PROPRIETARY INFORMATION]

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The current version is at http://sharpnet/policies
HEALTH INFORMATION:
PERMITTED DISCLOSURES WITHOUT PATIENT AUTHORIZATION

SUBJECT:
Disclosures of Patient Information

KEYWORD(S): HIPAA, PRIVACY, COMPLIANCE; PHI; Disclosure, Release

I. "Abuse – Reporting of Child" (Procedure #01829.99)
J. "Patient Abuse & Patient Abuse Reporting" (Policy & Procedure #32103.99)
K. "Abuse – Elder: Identification & Reporting" (Policy & Procedure #39600.99)
L. "Subpoena, Summons & Complaint Acceptance" (Policy & Procedure #04309.99)
M. "Exposure Risks – Employee: Communicable Disease Types" (Policy #03220)
N. "Communicable Disease in SNF Resident Handling & Admitting" (Policy and Procedure #05303.99)
O. "Compliance: Government Investigations" (Policy & Procedure #01506.99)

VI. ATTACHMENTS: N/A

VII. APPROVALS:
A. System Policy & Procedure Steering Committee – 06/03
B. HIPAA Steering Committee – 03/28/03
C. Entity Compliance Committees – 03/21/03
D. HIPAA Liaisons – 03/21/03
E. Director, Privacy Officer – Corporate Compliance – 05/04; 07/05; 09/06; 01/08; 04/08
F. SMV Medical Executive Committee – 06/06

VIII. REPLACES: N/A

IX. HISTORY: System #01954; originally dated 04/03
Revised/Reviewed: 05/04; 07/05; 09/06-reviewed, no changes; 01/08; 04/08

[PROPRIETARY INFORMATION]

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I. **PURPOSE:**

To establish policy and procedures for access, use and disclosure of health information so as to protect health information in compliance with state and federal regulations. This policy addresses the following categories of circumstances under which protected health information is used and disclosed:

1. In order to carry out treatment, payment and health care operations
2. For which consent or authorization or opportunity to agree or object is not required
3. For which patient/legal representative authorization is required

II. **DEFINITIONS:**

Protected health information means individually identifiable health information that is:

1. Transmitted or maintained by electronic media, or
2. Transmitted or maintained in any other form or medium.

III. **TEXT:**

A. **Commitment Statement:** Sharp shall disclose protected health information with authorization of the patient/legal representatives and in accordance with mandated state and federal disclosure requirements. Guidance and complete information beyond the scope of this policy for use and disclosure of information may be obtained from the California Health Care Association Consent Manual and the Privacy Regulation.

B. **Patient Access:** Sharp recognizes the patient’s right to review/inspect and obtain copies of their health information except in circumstances where access may be denied. Requests for inspection and copies must be in writing and directed to the Health Information Department of the Sharp facility where treatment was provided.

C. **Sharp Workforce Access:** Access to health information will be limited to:

1. Personnel providing care and treatment
2. Individuals requiring information for payment/billing activities
3. Individuals participating in functions of health care operations

D. **Minimum Necessary:** Health information disclosure under all circumstances should be limited to the amount reasonably necessary to achieve the purpose of the disclosure. Personnel shall

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exercise professional judgment in determining the minimum amount of information necessary to achieve the purpose of access, use or disclosure of the information.

E. **Suspected Violations:** Suspected violations of health information access, use and disclosure will be reported through the Quality Variance reporting processes to include investigation, mitigation and development of an action plan as appropriate.

F. **Categories of access, use and disclosure of health information:**

1. **Category I: Treatment, payment and health care operations.** The Federal Privacy Rule allows the use and disclosure of health information for these purposes. Examples include but are not limited to:
   
   
b. Sharing of pertinent health information with another healthcare provider or third party for the purpose of obtaining payment. *Note, this does not include HIV test results which require specific authorization from the patient/legal representative.*
   
c. Sharing relevant information verbally with individuals identified by the patient or clinical staff as being involved in the patients care.
   
d. Students and or clinical affiliates with valid identification seeking information from records of a discharged patient to whom the individual provided direct patient care.
   
e. Risk Management and utilization review activities in support of hospital operations.
   
f. Information needed for quality assurance/ performance improvement or infection control activities of another covered entity having a relationship with the patient.
   
g. Accreditation and quality oversight processes, (i.e., JCAHO).

2. **Category II: Mandated or Permitted Disclosures not requiring authorization.**

Information may be released to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law.

a. Disclosures for this purpose include but are not limited to:
   
i. Licensing oversight as authorized by law.
   
ii. Public health activities and authorities for the purpose of preventing or controlling disease or disability, FDA, communicable disease or condition.
   
iii. Reasonably believe that the patient may be a victim of abuse, neglect or domestic violence
   
iv. Internal and external audits, civil, administrative, or criminal investigations
   
v. Judicial and administrative proceedings, court orders, subpoenas
   
vi. Law enforcement officials, when statutory reporting is required.
   
vii. Decedent information: to medical examiner, funeral directors
   
viii. Tissue donation or transplant, organ procurement
   
ix. Specialized government functions, (i.e., military, veterans)
   
x. Workers compensation or similar programs established by laws that provide benefits for work-related injury or illness.
   
xi. Correctional institutions, if in lawful custody or as an inmate.

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b. Requests for information should be directed to the Health Information Department. For additional guidance in responding to requests, contact or access:
   i. Supervisor or manager
   iii. Legal Department

c. Disclosures under this category must be documented and provided to the Health Information/Medical Records department. Documentation must include:
   i. Date of disclosure
   ii. Name (and address if known) of entity or person who received the PHI
   iii. Brief description of the PHI disclosed.
   iv. Brief statement explaining why information was disclosed.

3. Category III: Disclosure requiring authorization from the Patient/Legal Representative

a. Disclosure of Protected Health Information for any reason other than the categories above requires patient/legal representative authorization.

b. Health information requiring specific patient acknowledgment and authorization for disclosure:
   Disclosures of the following types of health information are subject to specific authorization from the patient/legal representative:
   1. Mental Health/Psychiatric diagnoses
   2. HIV/AIDS test results
   3. Drug and alcohol treatment program

c. Denial of Access to Information: Sharp is authorized under certain circumstances to deny individuals access to information. Refer requests to the Health Information department for consultation and, if necessary, procedures to deny access for information that is questionable or may include the following circumstances:
   1. Information that is compiled in reasonable anticipation of, or for use in a civil, criminal, or administrative action or proceeding
   2. Obtained in the course of research that includes treatment may be temporarily suspended
   3. Obtained through a third party under a promise of confidentiality
   4. Denied per direction of a correctional institution
   5. In a Licensed professional individual's judgment, access would be reasonably likely to endanger the individual or others

d. Authorization Requirements: Authorization for release of health information must:
   1. Include a description of the information to be disclosed.
   2. Sufficiently identify the entity or entities that would be authorized to disclose the information.
3. Identify the person or persons that would be allowed to receive the information.
4. Include a description of the purpose of the disclosure.
5. Specify an expiration date or event (i.e. end of research study).
6. Include dated signature.

In addition to the above six elements, an Authorization must contain the following three statements:

1. A statement that the individual understands they can revoke an authorization in writing at any time, according to the instructions in the Notice of Privacy Practices, except to the extent that action has been taken in reliance on the authorization.
2. A statement that Sharp HealthCare cannot condition services on whether or not the patient signs the authorization, except under limited circumstances, such as for services related to research, eligibility or enrollment determinations, or services performed solely to create information for an outside requestor (such as Worker's Compensation).
3. A statement to alert the patient that once their information leaves Sharp HealthCare, Sharp will no longer be able to protect the information, and recipients of the information may not be required to protect it.

IV. Responsibilities:

A. All personnel providing services within the Sharp organization to include but not limited to, employees, volunteers, physicians, Allied Health Professionals, students and contracted and affiliated business associates are responsible for awareness of policy and for protecting patient health information from unauthorized access, use or disclosure.

B. Requests for protected health information should be processed through the Health Information/Medical Records Department whenever possible. In the absence of Health Information/Medical Records personnel, the Department Supervisor, Charge Nurse or designee may respond to requests to ensure safety, treatment and continuity of care.

V. Procedures:

A. Disclosure to Authorized Personnel. Information may be disclosed to the following upon receipt of a written authorization:

1. Adult (18 years or older) patient information about themselves who is currently or was formerly in receipt of health care services at the facility.
2. Minor, under 18 years of age must have permission of the parent or guardian to access their records except in the following circumstances:

   a. Emancipated minors (in addition to other specified categories of minors), as specified by law, may inspect or request copies of part or all of their health record.
   b. Pregnancy
   c. Drug abuse
   d. Mental health
   e. Reportable disease

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APPENDIX X

References
PROPOSER'S REFERENCES

The Proposer is required to provide a minimum of three (3) references where work of a similar size and nature was performed within the past three (3) years. This will enable the City of San Diego to judge the responsibility, experience, skill, and business standing of the Proposer.

REFERENCES

Company Name: SDG & E
Contact Name: Tim Brown, OHN
Address: 8326 Century Park Court
Phone Number: 858-654-8758
Fax Number: 858-650-4000
Dollar Value of Contract: $183,000 per year
Contract Dates: 12/08/07 – 12/08/09
Requirements of Contract: Industrial Medicine – Workers’ Compensation Medical Treatment, Safety and Preventive Services including Respiratory and Audiometric examinations

Company Name: JPA-SD & Imperial County Schools
Contact Name: Felicia Amenta
Address: 6401 Linda Vista Rd Ste. 505
Phone Number: 858-571-7221
Fax Number: 858-279-6236
Dollar Value of Contract: $385,000 per year
Contract Dates: 07/01/097 – 06/30/10
Requirements of Contract: Industrial Medicine – Workers’ Compensation Medical Treatment, Safety and Preventive Services including Respiratory and Audiometric examinations

Company Name: City of Santee
Contact Name: Jodene Dunphy
Address: 10601 Magnolia Ave
Phone Number: 619-258-1120
Fax Number: 619-258-9113
Dollar Value of Contract: $15,000 per year
Contract Dates: -N/A-
Requirements of Contract: Industrial Medicine – Workers’ Compensation Medical Treatment, Safety and Preventive Services including Respiratory and Audiometric examinations
PROPOSER’S REFERENCES

The Proposer is required to provide a minimum of three (3) references where work of a similar size and nature was performed within the past three (3) years. This will enable the City of San Diego to judge the responsibility, experience, skill, and business standing of the Proposer.

REFERENCES

Company Name: San Diego County Water Authority Contact Name: Robert Homer
Address: 4677 Overland Ave Phone Number: 858-522-6600 ext. 6655
San Diego, CA 92123 Fax Number: 858-522-6568

Dollar Value of Contract: $50,000 per year Contract Dates: 02/28/09 – 02/28/10
Requirements of Contract: Industrial Medicine – Workers’ Compensation Medical Treatment, Safety and Preventive Services including Respiratory and Audiometric examinations

Company Name: City of Escondido Contact Name: Jodi Vinson
Address: 201 N. Broadway Phone Number: 760-839-4869
Escondido, CA 92025 Fax Number: 760-739-7039

Dollar Value of Contract: $90,000 Contract Dates: 05/01/09 – 05/01/10
Requirements of Contract: Industrial Medicine – Workers’ Compensation Medical Treatment, Safety and Preventive Services including Respiratory and Audiometric examinations

Company Name: City of Chula Vista Contact Name: Teri Enos
Address: 276 Fourth Ave Phone Number: 619-691-5284
Chula Vista, CA 91910 Fax Number: 619-691-5199

Dollar Value of Contract: $180,000 Contract Dates: 01/01/09 – 01/01/10
Requirements of Contract: Industrial Medicine – Workers’ Compensation Medical Treatment, Safety and Preventive Services including Respiratory and Audiometric examinations
July 10, 2009

Subj: LETTER OF RECOMMENDATION

To: Whom It May Concern

San Diego Gas & Electric Company, as well as SEMPRA ENERGY Corporation, is self-insured and self-administered for our Workers' Compensation claims. We have two field Occupational Health Nurses to support the Occupational Health and Wellness activities in the San Diego region for over 4,000 employees. Sempra’s standards for work injury care and administration have a few simple but important requirements:

- Accessible primary care facilities located throughout our service region.
- Board certified occupational medicine physicians at acute care locations.
- Reasonably available appointment times or open walk-in slots for urgent injury care.
- Follow up appointments at appropriate intervals.
- Closely located specialty care physicians, with co-located imaging and therapy facilities.
- Treatment and care plans conforming to ACOEM guidelines.
- Timely reports of work status, along with narrative reports with required content for claim administration, processing and rating purposes.
- The best possible outcome for our employees’ recovery from industrial injuries.

We have been using the Sharp Rees-Stealy Occupational Medicine network of clinics for the past eleven years because they have met, and continue to meet and often exceed our expectations for services provided. The physicians are skilled in their care of our employees, dealing with the peculiarities of our work environment to minimize lost time and utilizing our Modified Work program. We enjoy a very open and professional line of communication with all SRS physicians during the care and recovery process.

Unique to the SRS Occ Med team is the flexibility and full-service capability to provide a myriad of physical examination variations to fully assess our 80+ job classifications. We believe we are getting the finest integrated medical services available in the region for our employees.

Sharp Rees-Stealy Occupational Medicine has earned our trust and respect, and enjoys a positive reputation with our line employees over these last several years. We endorse this system of Occupational Medicine for any company wishing to control costs, increase efficiencies, and utilize the highest quality occupational medical services in this region. I would be happy to discuss the contents of this letter with any interested organization.

Tim Brown, RN, COHN-S/CM, COSS
San Diego Gas & Electric
Safety & Emergency Services
8326 Century Park Court, CP61B
San Diego, CA 92123
858 654-8758
APPENDIX XI

Statement of Subcontractors
PROPOSER'S STATEMENT OF SUBCONTRACTORS

The Proposer is required to state below all subcontractors to be used in the performance of the proposed contract, and what portion of work will be assigned to each Subcontractor. Failure to provide details of Subcontractors may be grounds for rejection of proposal. NOTE: Add additional pages if necessary.

Company Name: Sharp HealthCare Contact Name: Ann Pumpian

Address: 28695 Spectrum Center Blvd. Phone Number: 858-499-4041

San Diego, CA 92123 Fax Number: 858-499-4030

Percentage of dollars of the sub compared to total contract value: TBD %

What work will be assigned to this Subcontractor? Hospital services, in-out patient surgery, emergency room, Home Health Care, in-outpatient rehab

Company Name: Mission Valley Heights Surgical Center Contact Name: Glenn Cozen

Address: 7485 Mission Valley Rd Ste. 106 Phone Number: 619-291-3737

San Diego, CA 92108 Fax Number: 619-291-0912

Percentage of dollars of the sub compared to total contract value: TBD %

What work will be assigned to this Subcontractor? Outpatient surgical center

Company Name: Poway Surgical Center Contact Name: Glenn Cozen

Address: 15525 Pomerado Road Phone Number: 858-521-0031

Poway, CA 92064 Fax Number: 858-521-0912

Percentage of dollars of the sub compared to total contract value: TBD %

What work will be assigned to this Subcontractor? Outpatient surgical center
PROPOSER'S STATEMENT OF SUBCONTRACTORS

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Company Name: Safe Hearing America    Contact Name: Willena Beyer
Address: 7704 Eddy Lane    Phone Number: 760-446-0880
Vacaville, CA 95698    Fax Number: 760-446-9362
Percentage of dollars of the sub compared to total contract value: TBD %
What work will be assigned to this Subcontractor? On-Site audiometric van and audiometric training

Company Name: Jennifer Moffit L.A.C.    Contact Name: Jennifer Moffit L.A.C.
Address: 2810 Camino del Rio So.    Phone Number: 619-688-0061
San Diego, CA 92108    Fax Number: 619-688-0026
Percentage of dollars of the sub compared to total contract value: TBD %
What work will be assigned to this Subcontractor? Acupuncture

Company Name: Robinda Paul, MD    Contact Name: Robinda Paul, MD
Address: 2810 Camino del Rio So. #305    Phone Number: 619-280-3422
San Diego, CA 92108    Fax Number: 619-280-3406
Percentage of dollars of the sub compared to total contract value: TBD %
What work will be assigned to this Subcontractor? Psychiatry
PROPOSER'S STATEMENT OF SUBCONTRACTORS

The Proposer is required to state below all subcontractors to be used in the performance of the proposed contract, and what portion of work will be assigned to each Subcontractor. Failure to provide details of Subcontractors may be grounds for rejection of proposal. NOTE: Add additional pages if necessary.

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<tr>
<th>Company Name</th>
<th>Contact Name</th>
<th>Address</th>
<th>Phone Number</th>
<th>Fax Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Reiss, MD</td>
<td>David Reiss, MD</td>
<td>2810 Camino del Rio So. #305, San Diego, CA 92108</td>
<td>619-280-3422</td>
<td>619-280-3406</td>
</tr>
<tr>
<td>Robert Zink, Ph.D.</td>
<td>Robert Zink, Ph.D.</td>
<td>2477 Congress Street, San Diego, CA 92110</td>
<td>619-296-5802</td>
<td>619-297-6372</td>
</tr>
<tr>
<td>Paul Dores, Ph.D.</td>
<td>Paul Dores, Ph.D.</td>
<td>2477 Congress Street, San Diego, CA 92110</td>
<td>619-296-5802</td>
<td>619-297-6372</td>
</tr>
</tbody>
</table>

Percentage of dollars of the sub compared to total contract value: TBD %

What work will be assigned to this Subcontractor? Psychiatry

Percentage of dollars of the sub compared to total contract value: TBD %

What work will be assigned to this Subcontractor? Psychologist

Percentage of dollars of the sub compared to total contract value: TBD %

What work will be assigned to this Subcontractor? Psychologist
**PROPOSER'S STATEMENT OF SUBCONTRACTORS**

The Proposer is required to state below all subcontractors to be used in the performance of the proposed contract, and what portion of work will be assigned to each Subcontractor. Failure to provide details of Subcontractors may be grounds for rejection of proposal. NOTE: Add additional pages if necessary.

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Contact Name</th>
<th>Address</th>
<th>Phone Number</th>
<th>Fax Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sam Maywood, MD</td>
<td>Sam Maywood, MD</td>
<td>3444 Kearney Villa Rd. #305, San Diego, CA 92123</td>
<td>858-874-0033</td>
<td>858-874-8957</td>
</tr>
</tbody>
</table>

Percentage of dollars of the sub compared to total contract value: TBD %

What work will be assigned to this Subcontractor? Pain Management

<table>
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<tr>
<th>Company Name</th>
<th>Contact Name</th>
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<th>Phone Number</th>
<th>Fax Number</th>
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</thead>
<tbody>
<tr>
<td>Kamshad Raiszadeh, MD</td>
<td>Kamshad Raiszadeh, MD</td>
<td>6719 Alvarado Rd. #308, San Diego, CA 92120</td>
<td>619-265-7912</td>
<td>19-265-7922</td>
</tr>
</tbody>
</table>

Percentage of dollars of the sub compared to total contract value: TBD %

What work will be assigned to this Subcontractor? Orthopedic Spine Surgery

<table>
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<th>Contact Name</th>
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<th>Phone Number</th>
<th>Fax Number</th>
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<tbody>
<tr>
<td>Rick Loos, D.C.</td>
<td>Rick Loos, D.C.</td>
<td>2334 Carmel Valley Rd. So., Del Mar, CA 92014</td>
<td>858-755-0889</td>
<td>858-755-6618</td>
</tr>
</tbody>
</table>

Percentage of dollars of the sub compared to total contract value: TBD %

What work will be assigned to this Subcontractor? Chiropractic
PROPOSER’S STATEMENT OF SUBCONTRACTORS

The Proposer is required to state below all subcontractors to be used in the performance of the proposed contract, and what portion of work will be assigned to each Subcontractor. Failure to provide details of Subcontractors may be grounds for rejection of proposal. NOTE: Add additional pages if necessary.

Company Name: Jeffrey Steinhardt, D.C.  Contact Name: Jeffrey Steinhardt, D.C.
Address: 2707 Congress Street #2A  Phone Number: 619-234-2221
San Diego, CA 92110  Fax Number: 619-234-9232
Percentage of dollars of the sub compared to total contract value: TBD %
What work will be assigned to this Subcontractor? Chiropractic

Company Name: John Toro, D.C.  Contact Name: John Toro, D.C.
Address: 4626 Mercury Street  Phone Number: 858-292-4040
San Diego, CA 92111  Fax Number: 858-292-5272
Percentage of dollars of the sub compared to total contract value: TBD %
What work will be assigned to this Subcontractor? Chiropractic

Company Name: Wayne Whalen, D.C.  Contact Name: Wayne Whalen, D.C.
Address: 29570 Cuyamaca Street, Ste 101  Phone Number: 619-258-1144
Santee, CA 92071  Fax Number: 619-258-6887
Percentage of dollars of the sub compared to total contract value: TBD %
What work will be assigned to this Subcontractor? Chiropractic
APPENDIX XII

Vendor Registration Form
The City of San Diego
Purchasing and Contracting Department
Vendor Registration

Firm Information

Firm Name: Sharp Rees-Stealy Medical Group
Firm Address: 2001 4th Avenue
City: San Diego
State: CA
Zip: 92101
Phone: (619) 233-4730
Fax: (619) 233-4730
Taxpayer ID: 330106028
Business License: 81995006268

Contact Information

Name: Joseph Marty
Title: Director
Email: joseph.marty@sharp.com
Phone: (858) 509-5400
Cell: (858) 945-3999

Address to Which Bids Should Be Sent (if different from above)

Check here if same from above X

Mailing Address:
City:

Contractor Licenses

<table>
<thead>
<tr>
<th>License Number</th>
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</table>
Ownership Classification

Classification: **OBE-Other Business Enterprise**

(* select from the list of Ownership Classification Codes provided below)

Check here if Certified by Agency: ☐

| Certification #: | (Minority Business Enterprise/African American) |
| Agency: | (Minority Business Enterprise/Hispanic) |
| Certification #: | (Minority Business Enterprise/Asian) |
| Agency: | (Minority Business Enterprise/Pacific Islander) |
| Certification #: | (Minority Business Enterprise/Native American) |
| Agency: | (Women Business Enterprise) |
| Certification #: | (Disadvantaged Business Enterprise) |
| Agency: | (Disabled Veteran Business Enterprise) |
| Certification #: | (Other Business Enterprise) |

Product/Services Description:

**Industrial Medical Services**

Product/Services Information:

NAICS Codes: 621111, 621340, 621310, 621391, 621399, 621420, 621493, 621511, 621512, 621610, 622210, 622210, 623110

*select from a list of available NAICS Codes either from the website http://www.census.gov/epcd/www/naics.html and select 2007 NAICS codes 6 digit only or from a hard copy available at Purchasing and Contracting*
U.S. HealthWorks

City of San Diego

RESPONSE TO REQUEST FOR PROPOSAL
FOR
Industrial Medical Services

July 23, 2009
July 20, 2009

The City of San Diego
Bill Broderick
Procurement Specialist
1200 Third Avenue, Suite 200
San Diego, CA 92101-4195

Dear Mr. Broderick,

U.S. HealthWorks is respectfully submitting a proposal to provide Industrial Medicine services for the City of San Diego. As one of the nation’s largest providers of occupational health services, U.S. HealthWorks is grateful for the opportunity to demonstrate its qualifications to deliver quality, cost-effective medical care.

This proposal shows the high level of experience and expertise U.S. HealthWorks has in providing the services covered in this contract. In addition, we believe it demonstrates that U.S. HealthWorks will be a valuable asset in partnering with the City of San Diego to establish a superior Industrial Medicine program.

U.S. HealthWorks is confident that the following proposal will meet the expectations and requirements of the City of San Diego.

Sincerely,

Jeanne Osterlund
Regional Sales Director
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I. EXECUTIVE MANAGEMENT SUMMARY

U.S. HealthWorks is pleased to provide the City of San Diego with the following response to its Request for Proposal to provide Industrial Medicine Services. With 123 clinics nationwide and 65 located in California, U.S. HealthWorks is the second largest occupational healthcare provider in the nation and the largest provider of occupational health services in California. U.S. HealthWorks treats nearly 1.4 million patients annually. Out of the 65 centers in California, 12 are located in San Diego County and 4 are within the City of San Diego.

Currently U.S. HealthWorks serves over 6,000 employers in San Diego. By focusing almost exclusively on occupational health, which represents 96% of our patient volume, U.S. HealthWorks offers employers significant benefits as healthcare costs and workers' compensation claims continue to rise. The timely service, quality of care and rehabilitation offered by U.S. HealthWorks allows employees to return to work as quickly as possible minimizing workers' compensation utilization and reducing overall medical and indemnity costs. Our expertise also allows us to assist employers with regulatory compliance thus reducing employer time and resources dedicated to complying with workers' compensation and other regulations.

The City of San Diego spends a tremendous amount of its resources building a loyal staff of employees. When one of your staff is injured, nothing shows your level of caring more than your choice of medical providers. At U.S. HealthWorks your employees will be cared for in a pristine and friendly environment. Treatment is delivered by a well-trained staff of clinical professionals who understand the workers' compensation system.

U.S. HealthWorks has the ability and experience to meet the qualifications required by the City of San Diego. The City will receive the benefit of a medical partner who will work hard to help reduce medical and indemnity costs and is prepared to demonstrate this through outcome data. Our strategy focuses on being the City of San Diego's healthcare partner and our guarantee is to offer cost-effective services with superior demonstrable outcomes.

In San Diego County, we have twelve locations and a Center for Specialty Care conveniently located within the Kearny Mesa location. Our San Diego centers see over 220,000 patient visits per year. Leonard Okun, M.D. serves as the Regional Medical Director for the San Diego region. Dr. Okun, along with many of his physicians and staff, has been actively involved in the treatment of injured workers for over 30 years.
Employers value U.S. HealthWorks' wide network of clinics, our consistent medical care among multiple locations, and our proprietary patient management software system that tracks employee injuries and outcomes. U.S. HealthWorks treats employees of many of the largest employers in the county, such as San Diego Unified School District, San Diego County Schools, United States Postal Service, Coca Cola, Qualcomm and the County of San Diego. In fact, U.S. HealthWorks is currently the exclusive contracted provider for the County of San Diego for all occupational medical services.

U.S. HealthWorks has become a leader, not just because of the scope of our business, but because of our approach to it. At each of our centers we adhere to a unique Triad leadership approach. This physician-centered management structure revolves around a Center Manager who assures that our operations and service are unsurpassed, a Regional Account Manager who serves as a client liaison and resource, and a Managing Physician who focuses solely on the delivery of appropriate medical care. Following this approach, U.S. HealthWorks has earned a reputation for outstanding local services, timely communications and high-quality care from experienced specialists.

U.S. HealthWorks operates under the following principle: “a national company, managed regionally, succeeding locally”. We strive to partner with our client employers to assist in maintaining a safe workplace and a healthy workforce.

II. SPECIFICATIONS

A. REQUIREMENTS OVERVIEW

1. The Proposer and any subcontractors shall agree to follow the medical treatment pricing guidelines in Labor Section 5307.1 and in Title 8, California Code of Regulations Article 5.3, Official Medical Fee Schedule and Article 5.5, Application of the Official Medical Fee Schedule (Treatment). Increases or decreases to fees covered by the above statutes shall occur, during the contract period, when the State provides an increase or decrease in fee(s). The City wishes to achieve the best market value for medical treatment, along with the best medical care for City employees. To provide pricing for these services, see Section IV, pricing page, entitled Workers' Compensation Medical Treatment Pricing, Items A-1.a. through 1.d.

U.S. HealthWorks and subcontractors do agree to follow the medical treatment pricing guidelines in Labor Section 5307.1 and in Title 8, California Code of Regulations Article 5.3, Official Medical Fee Schedule and Article 5.5,
Application of the Official Medical Fee Schedule (Treatment). U.S. HealthWorks and its subcontractors also agree to abide by any increases or decreases to these fees that may be implemented by the state during the course of this contract. Please refer to Section IV Pricing Page for detailed pricing.

2. The Proposer shall arrange to provide outpatient surgical services for industrially injured City employees. The City wishes to achieve the best market value for outpatient surgical services. The Proposer shall provide the best pricing offer for outpatient surgical care using the fees outlined in Official Medical Fee Schedule. To provide pricing for these services see Section IV, Pricing Page, Item A-2.

U.S. HealthWorks has also partnered with Orthopaedic Surgery Center of La Jolla, Coast Surgery Center, Otay Lakes Surgery Center, Carlsbad Surgery Center, and Oasis Surgery Center in the San Diego area for the purposes of providing care to City employees (See Exhibit A for listing of these centers). These surgery centers can provide the vast majority of surgical services for work related injuries on an outpatient basis. Today, more than 90% of all surgeries can be performed safely and efficiently in an outpatient surgery center. The specialty services provided in these ambulatory surgery centers include orthopedics, podiatry, otolaryngology, gastroenterology, gynecology, plastic and reconstructive surgery, urology, neurology, general surgery, ophthalmology, and pain management. Additionally, some spine procedures can be done in an outpatient setting.

The City will typically realize significant savings when these surgeries are performed on an outpatient basis rather than an inpatient hospital setting. Additionally, patients receiving care in ambulatory surgery centers report higher satisfaction and faster return to work outcomes. See Exhibit A for a list of the surgery centers that have agreed to the pricing in Section IV, Pricing Pages, for the City of San Diego injured workers.

3. The Proposer shall arrange to provide inpatient/outpatient hospital services for City employees, if such service is available for the proposer to provide. The City wishes to achieve the best market value along with the best hospital care available in San Diego County. The proposer shall provide the best pricing offer for inpatient/outpatient hospital care using the state's official medical fee schedule as a guideline. To provide pricing for this service see Section IV, Pricing Page, Item A-3.

U.S. HealthWorks is not affiliated with a hospital.

4. The Proposer and any subcontractor that provides outpatient or inpatient surgery shall provide information about the availability of surgical hardware or implants for inpatient and outpatient surgery. The Proposer and any subcontractor shall provide its philosophy on surgical hardware or implants pricing for inpatient and outpatient surgery.
surgery and the pricing formula currently used. The City is looking to achieve best pricing for this non-Official Medical Fee Schedule service. To provide pricing for this service see Section IV, Pricing Page, Items A-4.a and 4.b.

The surgery centers listed in Exhibit A have available all surgical hardware or implants necessary for outpatient surgery.

The five surgery centers listed in Exhibit A recognize that some procedures are considered “Device-Intensive” and therefore, have the reimbursement for implants already imbedded into the OMFS rate. A list of these procedures is included in Exhibit A. For those that are not considered “Device Intensive” these surgery centers will accept a payment rate of cost + 10% on implants. For example, if an implant cost is $100, they will accept payment of $110. The Surgery Centers will provide invoices for the implants for reference.

Furthermore, no third party implant vendor will be used on these “Device-Intensive” procedures which will prevent duplicate charges to the City of San Diego.

5. The Proposer shall arrange to provide radiological services that include magnetic resonance imaging scans, computerized axial tomography scans and any other scan used as a diagnostic service. The Proposer shall provide a best pricing offer for the list scans using the state’s Official Medical Fee Schedule as a guideline. To provide pricing for this service, see Section IV, Pricing Page, Item A-5.

U.S. HealthWorks has negotiated with California Orthopaedic Institute Imaging Center to secure excellent pricing for MRI studies for the City of San Diego injured workers. They have agreed to the following pricing:

- $495 per MRI procedure
- $ 28 per Orbital screening
- $225 per Gadolinium Injection

See Exhibit A for additional information on California Orthopaedic Institute Imaging Center.

6. To be considered for the audiometric examination component of the RFP, the Proposer shall provide audiometric examinations. The Proposer shall provide audiometric examinations consisting of air conduction, pure-tone testing at the test frequencies 500, 1,000, 2,000, 3,000, 4,000, 6,000 and 8,000 HZ for each ear individually. All test vehicles/vestibules and equipment must meet OSHA and ANSI specifications for audiometric testing. A cost per employee for each protocol must
be provided. To provide pricing for this service, see Section IV, Pricing Page, Item B-1.

U.S. HealthWorks will provide audiometric examinations consisting of air conduction, pure-tone testing at the test frequencies of 500, 1000, 2000, 3000, 4000, 6000, and 8000 HZ for each ear individually. As mentioned above, test vehicles and equipment will meet OSHA and ANSI standards.

All of the equipment used to conduct audiometric testing, including the audiometers and sound booths in each of the U.S. HealthWorks facilities, and those utilized by Safe Hearing America are in compliance with OSHA standards and ANSI specifications and all calibration standards are met.

Should the City require testing for groups of 48 or more, we recommend utilizing Safe Hearing of America’s mobile van, which will come on site to the City to conduct audiograms.

7. To be considered for the respiratory medical examination component, the Proposer must provide all the medical examination protocols outlined in Section IV, Pricing Page, Item B-2. A cost per employee for each protocol must be provided. The Proposer must describe the services that will be provided and the equipment that will be utilized for each protocol. The occupational history protocol shown on the Pricing Page, Item B-2, shall be performed for each employee who is required to wear a respirator. A copy of the Proposer’s medical history questionnaire must be included with the proposal. The physical examination must include an evaluation of all vital signs necessary to determine an employee’s fitness for wearing a respirator (e.g. pulse, blood pressure, respirations) and a clinical examination of the chest, heart, and face (for adequacy of the respirator fit). The Proposal must state which vital signs will be evaluated and why, and describe the clinical examination offered. The Proposer shall describe the equipment used in Pulmonary Function Tests. To provide pricing for this service, see Section IV, Pricing Page, Item B-2.

U.S. HealthWorks will provide respirator fit medical exams that include all of the protocols outlined in Section IV, Item B-2. They are as follows:

- Occupational History
- Medical History
- Physical Exam
- Pulmonary Function

Copies of the Proposer’s patient information, health history and respirator questionnaire can be found in Exhibit B. A cost per employee for each protocol is provided on the Pricing Page, Item B-2.
The Occupational/Medical History Protocol has been designed to make determinations related to an employee’s ability to wear a respirator. A complete past medical history will be obtained with emphasis on the following:

- Respiratory or cardiac disease
- Musculoskeletal problems in users of an SCBA
- Psychological problems to include claustrophobia
- Medication use
- Physical deformities that may interfere with respirator use or use of the respirator in a physically stressful environment
- Prior respirator use and any problems associated with such use

During the physical exam, responses to the Respirator Medical Evaluation Questionnaire are reviewed and emphasis is placed on any pertinent issues. U.S. HealthWorks respirator fit physical exam will also include taking vital signs that are necessary to determine an employee’s fitness for wearing a respirator. The following is a list of the vital signs: pulse rate, blood pressure, respiratory rate, temperature, height and weight. Pulse rate represents the frequency and the regularity of the heartbeat. Any significant abnormality could seriously impact the ability to successfully use a respirator. The blood pressure reflects the workload of the heart and changes according to various stressful situations and systemic diseases. The respiratory rate may elevate in situations where the lungs are not working properly, or if there is inadequate oxygen carrying capacity. Temperature usually represents a body’s ability to respond to infection. Elevated temperature may signify underlying acute or chronic illness that

Per the City’s request, pulmonary function tests will be performed on all employees in the respiratory program. As defined in our Clinical Reference Guide, when a PFT is performed, only an FVC and FEV1 are required. If the FVC is less than 80% or the FEV1 is less than 70%, restrictions from respiratory use will be considered. We recommend a treadmill stress test be performed for personnel who use SCBA or for those with a history or physical causing the examiner to consider the possibility of coronary artery disease.

Based on the results of the examination and the PFT, other tests may be recommended. The final decision related to the employee’s ability to wear a
respirator will be based upon the medical and environmental factors outlined above.

8. The protocols shown on the Pricing Page, Item B-3 are to be performed only when the examining physician has justifiable concern regarding health risk due to the use of the respirator and when the City has given prior approval. If the Proposer believes that the medical assessment for all employees wearing a specific type of respirator (e.g. self contained breathing apparatus) should include these protocols, then the Proposer should so indicate and explain why. To provide pricing for this service see the Pricing Page, Item B-3.

For those individuals that will not be wearing a self contained breathing apparatus, additional testing will be requested only when deemed medically appropriate. Prior approval from the City will be obtained before additional testing is conducted.

For those individuals that will be wearing a self contained breathing apparatus, U.S. HealthWorks recommends that the City consider adopting a testing protocol that will include a treadmill stress test. Due to the potential physiological effects of a self contained breathing apparatus, it is recommended to perform a treadmill stress test to ensure the individual's safety.

9. Health and Safety Training: The Proposer shall agree to provide health and safety training to City personnel. The Proposer shall agree to provide the first 50 hours of consulting/training in the area of safety/prevention services during each contract year at no cost to the City. For services exceeding the 50 hour no cost to the City Provision, the Proposer shall provide, at an hourly fee for physician and non-physician involvement for consulting/training in the area of safety/prevention services. To provide pricing for this service, see the Pricing Page, Item B-4.

Per the City’s request, U.S. HealthWorks will provide the initial 50 hours of annual Health and Safety training at no cost to the City. Subsequent training shall be at the rate of $200.00 for physicians and $100.00 for non-physician staff.

10. If the Proposer has an audiometric van capable of going to City work location, the Proposer must provide a cost associated with having an audiometric “van” go to City locations to perform audiometric examinations. Additionally, the Proposer shall include a separate cost to perform audiometric training, if provided, to employees when the van is used to perform audiometric testing at City locations. To provide pricing for this service see Section IV, Pricing Page, Item B-5.
U.S. HealthWorks does not have an audiometric van. However, if this service is required we can recommend using Safe Hearing America.

11. Each Proposer shall provide an hourly fee for physician and non-physician involvement in Section II, paragraph D, entitled Safety/Prevention Services and Reports, items 1-5. To provide pricing for this service see Section IV, Pricing page, Item B-6.

Safety prevention services shall be at the rate of $200.00 for physicians and $100.00 for non-physician staff.

Insurance Requirements:

U.S. HealthWorks currently carries $1,000,000/$3,000,00 in Professional Liability coverage. We are prepared to obtain an additional $9,000,000 Umbrella policy to cover all U.S. HealthWorks employees in order to meet the requirements of The City if necessary.

B. CORE REQUIREMENTS

Medical Care for Industrially Injured or Ill City Employees

1. The Proposer agrees to provide medical treatment to City employees who sustain work related injuries or illnesses. The requirement of providing medical care to City employees requires that the Proposer be in compliance with all California Labor Code and Title 8, California Code of Regulations that apply to providing medical care. The Labor Code and Code of Regulation requirements include but are not limited to Regulation 9785 that apply to the reporting duties of the Primary Treating Physician, Labor Code Section 4610 and Article 5.5.1 of the Code of Regulations that applies to Medical Treatment Utilization Review, Labor Code Section 5307.1 and Articles 5.3 and 5.5 that apply to various fee schedules for payment of medical care and Labor Code Sections 4616 through 4616.7 and Regulations 9767.1 through 9767.16 that applies to Medical Provider Networks. The Proposer agrees to follow any modification to Labor Code or the Regulations during the contract period.

As stated in the Executive Management Summary, contained herein, U.S. HealthWorks is the second largest provider of Occupational Medicine Services in the country. Approximately 96% of the patients we treat fall under the umbrella of Occupational Medicine. We are in complete compliance with all California Labor Codes and Regulations. Additionally, we agree to follow any modification to the Labor Code or the regulations during the contract period.
2. The City reserves the right to award multiple contracts (medical treatment facilities) to ensure that medical treatment is geographically and demographically suitable for employees who work for the City of San Diego.

U.S. HealthWorks understands that the city reserves the right to choose multiple providers for this service. U.S. HealthWorks will cooperate fully with any or all other Proposers the city may choose to ensure that the city employees have choices that are both geographically convenient and provide them the “Right Care Right Away”.

3. The Proposer and any subcontractors are required to provide medical treatment Monday through Friday from 8:00 a.m. to 5:00 p.m. If medical treatment is needed after 5 p.m., on weekends or Holidays the Proposer shall make arrangements to provide medical treatment and explain the methodology of providing the treatment. The Proposer agrees that on first visits for new injuries, City employees will be seen on a walk-in, no appointment required basis. For previously scheduled appointments in the case where a wait of 30 minutes or longer to see a physician for a medical appointment is anticipated the Proposer agrees that City employees will be given the option to reschedule their appointment time.

U.S. HealthWorks operates 12 medical facilities in San Diego County. Of the 12 locations, five are within the City of San Diego. All facilities are open at a minimum 8:00 a.m. to 5:00 p.m. Monday through Friday. Several have extended hours. Please see Exhibit C for a detailed description of hours of operation.

All U.S. HealthWorks Medical Centers in San Diego utilize the same computer system and therefore have access to all of the protocols for the City.

Extended hours are as follows:

- Kearny Mesa 24 hours/365 days per year
- Carlsbad M-F 7 am – 6 pm
- Chula Vista M-F 8 am – 6 pm and Sat 10 am – 3 pm
- Escondido South M-F 7 am – 7 pm and Sat 9 am – 2 pm
- Hillcrest M-F 7 am – 7 pm
- La Mesa M-F 8 am – 5 pm and Sat 10 am – 3 pm
- Murrieta M-F 8 am – 7 pm and Sat 9 am – 2 pm
- National City M-F 7 am – 9 pm
- Santee M-F 7 am – 6 pm

At the close of normal operating hours, calls to all U.S. HealthWorks centers are answered by our Kearny Mesa location. This location has medical staff including a medical provider on duty 24 hours a day/365 days per year.
Follow-up care can be directed to the most convenient U.S. HealthWorks location. This 24-hour facility eliminates costly visits to the hospital emergency room.

At U.S. HealthWorks, we understand the importance of seeing patients in a timely manner to minimize their time away from work. Our computer system logs a check-in and check-out time for every patient. This data is monitored to ensure wait times are reasonable. Every effort will be made to limit the City injured worker’s time between check-in and their encounter with the physician to less than 30 minutes. Typically, the only circumstances that might impact our ability to meet this goal would be if the patient has difficulty completing their registration paperwork (due to the nature of their injury or the need for an interpreter) or in the very rare case that we are experiencing an extreme emergency in the clinic that requires the physician’s extended presence.

4. The Proposer shall agree to follow Professional Code Sections 3500 through 3546 and Title 16, California Code of Regulations, Sections 1399.540 through 1399.571 that pertain to the use of Physician Assistants (PA) for purposes of providing medical care to City employees. The Proposer shall agree that the PA shall not be allowed to remove or return a City employee from work except under the review and signed approval of a licensed physician. The Proposer shall agree that if a City employee is examined by a PA upon the first visit, for a new injury or illness, the Doctor’s First Report will be reviewed and signed by a California licensed physician. The Proposer shall agree that any time a PA believes an injury or illness is not medically job related a California licensed physician will review, approve and sign the medical report. The Proposer shall agree to provide, when requested by the City, the written guidelines or protocols for those medical tasks the PA is allowed to perform and the name of the physician assigned to supervise the job performance of the PA. The Proposer shall agree to provide a California Physicians Assistant license for each PA that will provide medical care to City employees.

U.S. HealthWorks agrees to follow all Professional Codes and Regulations as they relate to the use of PA’s. U.S. HealthWorks will make every effort to have all City employees seen by a licensed physician at each and every visit. As this will not always be possible, we will put the following protocols in place:

1. U.S. HealthWorks will not allow PA’s to remove or return a City employee from or to work except under the review and signed approval of a licensed physician.
2. If a City employee is seen by a PA on the initial visit U.S. HealthWorks will require that the Doctor’s First Report be signed by a California licensed physician.
3. When a PA believes that an injury or illness is not work related a California licensed physician will review and sign the medical report stating same.

4. U.S. HealthWorks shall provide the City with the written guidelines or protocols for the medical tasks the PA is allowed to perform and the name of the physician assigned to supervise the PA should the City request these items.

5. U.S. HealthWorks is providing (see Exhibit D) the copies of all PA licenses for each PA that may provide medical care to City employees.

5. The Proposer agrees to maintain and provide medical facilities, available to City employees that include the following:

1) X-ray capabilities.

2) Audio equipment for hearing testing.

3) Equipment to diagnose vision problems.

4) Pulmonary function equipment.

5) Laboratory services.

6) Electrocardiographic (EKG) equipment.

7) Examining rooms.

8) Parking accommodations.

9) Storage of City employee files per contract year.

10) Availability of public transportation.

11) Physical Therapy facilities.

U.S. HealthWorks has 12 clinic locations in San Diego County. Four of these clinics are located within the City of San Diego (Hillcrest, Kearny Mesa, Sorrento Mesa, and Miramar). All 12 of our primary care locations have on-site x-ray, audio, vision, PFT, EKG and laboratory capabilities. Most of our facilities, including all located in the City of San Diego, have Physical Therapy onsite. In our Carlsbad and Escondido South locations, physical therapy is located nearby. We currently use Quest Diagnostics Laboratory for our clinical laboratory work. Please note that all U.S. HealthWorks facilities have ample free patient parking.
In regards to storage of records, all clinics have adequate storage capacity to house the medical charts for City of San Diego employees in accordance with our company medical record retention policy. See Exhibit E for the policy.

For a client the size of the City of San Diego, we will designate a unique color of chart to be used for all City injury cases. This will facilitate quick identification of City of San Diego charts and assure priority processing of City patients.

6. The Proposer and subcontractors agree to complete the City's Industrial Disability Leave Slip, attached and marked Exhibit C, for employee visits that involve medical treatment and/or physical therapy. The Proposer shall time stamp the City's Disability Leave Slip with the time the City employee arrived and departed from the facility. The Proposer and subcontractors shall agree to assist and work with City claims staff in returning employees to light duty when appropriate. The Proposer and subcontractors shall agree to provide City staff with written work restrictions, allowing city staff to select light duty positions.

U.S. HealthWorks will complete the City's Industrial Disability Leave Slip and time stamp the slip with the City Employee's arrival/departure from the facility. It is U.S. HealthWorks' goal to return the injured worker to either a modified or full duty status as soon as possible after the injury. Their overall care is strategically directed by the primary treating physician (PTP). The PTP will contact the designated City representative immediately after the initial visit to discuss the work restrictions. In addition, we will provide written work restrictions enabling City staff to select light duty positions.

7. At some point during the first two years of the contract period, the Proposer shall provide at no cost to the City, the ability to electronically access information such as required worker's compensation reports, and medical information concerning the employees last medical exam. When City claims staff must verbally request information, the Proposer shall maintain physicians and administrative staff conversant with California Workers' Compensation Laws and Regulations and answer City claim staff questions at no cost to the City. The Proposer shall work with the City to provide same day notification whenever a City employee is taken off work or returned to work. The Proposer shall make available a principle physician or physicians to verbally respond to issues relating to workplace exposures and medical issues as needed. This service will include consultation with City claims/safety staff, City Supervisory/Management staff and City Attorney staff. Identify the available physician or physicians.

U.S. HealthWorks has the ability to auto fax or auto email documents directly to the City's Claims Department. Typed Work Status reports will be sent
within 24 hours of a patient visit. In addition, Doctor's First Report of Injury, PR2 reports, Missed Appointment letters and Discharge Reports will be sent utilizing this program. This functionality provides neatly typed, legible documents to be delivered to our clients in a timely and efficient manner.

Secondly, U.S. HealthWorks has developed a Web Based Client Communications System. Through this program, claims examiners and other administrative personnel designated by the City will have access to a wealth of information including visit dates, medical reports, diagnosis, services and charges. The City will be able to run customized reports on demand by choosing filters from available information fields. In addition, standardized reports will reflect information related to industrial injury case costs, status and utilization analysis specific to the City. See Exhibit F for more information on our Client Communication System.

U.S. HealthWorks will provide same day notification whenever a City employee is taken off work or returned to work. Spencer Olsen M.D., Minh Nguyen M.D., and Leonard Okun M.D. will be responsible to verbally respond to issues as needed.

8. If the City decides to provide pharmaceuticals through a pharmacy benefit network plan, in compliance with California Labor Code 4600.2, the Proposer shall agree to refer all City employees who need medication to the pharmacy benefit network plan.

Philosophically, U.S. HealthWorks believes that dispensing medications at the clinic improves compliance and is certainly more convenient for your injured workers. However, should the City decide to utilize a pharmacy benefit network plan, we would agree to refer City employees to the plan rather than dispense medications at the clinic.

9. The Proposer shall agree to mutually develop reporting criteria related to data and information relating to industrial medical services provided by the Proposer. The mutually developed reporting criteria shall be provided to the City on a quarterly basis.

U.S. HealthWorks maintains an active surveillance on critical criteria related to utilization and outcomes. Data is analyzed on a statewide, regional, center, and individual employer basis. Our Case Cost Report identifies injuries by ICD9 code and shows average number of physician visits and physical therapy visits and their related costs. In addition, we are able to track the average number of days until a case is closed and the percentage of total cases closed within 30 days. Please see Exhibit G for a sample Case Cost report.
Performance for each center is monitored using these reports in conjunction with other indicators as described above. Our goal is to ensure proper utilization of services with superior outcomes and case closure rates.

U.S. HealthWorks will work with the City to develop mutually agreed upon reporting material and provide said report on a quarterly basis.

10. The Proposer shall agree to establish a complaint review process to identify, monitor, and resolve complaints made by City employees. Review and discuss complaints with the City based on confidentiality and other legal constraints. The Proposer agrees to conduct or cause to be conducted a Patient Satisfaction Survey, specific to the City, during the first six (6) months of the proposed Agreement and during the last six (6) months of the initial two (2) year proposed Agreement and during the last six (6) months of each extension of the proposed Agreement, if such extension exists. The successful Proposer agrees to consult with the City regarding the substance, procedure and results of each survey.

U.S. HealthWorks currently follows a formal complaint review process (see our policy in Exhibit H), however, we would be willing to adapt our process to include any special requirements of the City.

We routinely use a Patient Satisfaction Survey in all of our locations. See Exhibit I for our current survey form. We are happy to consult with the City and make any necessary modifications to our survey form. At U.S. HealthWorks, we understand the importance of great customer service to our success. We have a formal customer service training program that all new employees are required to attend. We also have an award program for those employees who consistently exhibit great customer service.

11. Proposer agrees to make its employees available to the City and its legal counsel by phone and when necessary by personal appearance free of charge. The Proposer agrees to price all medical-legal testimony fees (depositions and WCAB testimony) in accordance with Title 8, California Code of Regulations, Section 9795.

U.S. HealthWorks will make its employees available for legal counsel by phone and, when necessary, in person and will price all medical-legal testimony fees in accordance with Title 8.

12. The Proposer and any subcontractor that provides outpatient or inpatient surgery shall agree that charges for surgical hardware or implants shall occur directly between the surgical facility and the hardware or implant manufacturer. The hardware or implant manufacturer shall be the firm or company responsible for
producing and or assembling the surgical hardware or implant. The Proposer or subcontractor shall attach the manufacturer’s invoice for the surgical hardware or implant to the Proposer’s or subcontractor’s bill for services and forward the bill and invoice to the City.

The Surgery Centers will provide invoices for the implants for reference.

Furthermore, no third party implant vendor will be used on these “Device-Intensive” procedures which will prevent duplicate charges to the City of San Diego.

13. The Proposer shall not charge a “no show” fee for routine occupational visits. Specialty medical appointments are excluded from this requirement.

U.S. HealthWorks does not charge “no show” fees for routine visits.

C. MPN CORE REQUIREMENTS

1. Proposer shall be required to conform to all of the Core Requirements listed in B.1-13, as well as the following Core Requirements 1-17.

U.S. HealthWorks agrees to conform to all of the Core Requirements listed in B.1-13 as well as the following Core Requirements 1-17.

2. Proposer shall submit a list of physicians who will be providing occupational Medical services to include the following: Name, license number, taxpayer identification number, specialty and location of each physician. By submission of these physicians, Proposer is confirming that a contractual agreement exists between the physicians and the Proposer to provide treatment for Injured Workers in the Workers’ Compensation System.

Please see Exhibit J for a list of physicians who will be providing occupational Medical services.

3. Proposer understands and agrees that the City maintains the right of refusal or removal of any physician on the list in its sole discretion without notice and without cause.

U.S. HealthWorks understands that the City wants to develop and maintain an MPN of high quality providers. To that end, if the City decides that a provider on the MPN is no longer providing the care they want for their employees, the City maintains the right of refusal or removal of any physician as stated above.
4. Proposer must describe how a determination is made that their physicians have competency in occupational medicine. Explain your internal structure for evaluating how your physician’s treatment and reporting is compliant with all CA labor code and administrative regulations, as well as compliance to your own internal policies and procedures.

Prior to employment at U.S. HealthWorks, all primary and specialty physicians are subject to a rigorous credentialing process, including verification of education, licensure, DEA certification, malpractice history and references. See Exhibit J for abbreviated biographical information on primary care physicians and CVs for specialists, including years of experience in industrial/emergency medicine. U.S. HealthWorks conducts routine peer chart reviews along with periodic chart audits performed by Regional Medical Directors.

5. Proposer must have primary treating physicians and a hospital for emergency healthcare services, or, if separate from such hospital, a provider of all emergency healthcare services.

U.S. HealthWorks has a significant number of primary treating physicians. We are, however, separate from a hospital and do not have such an affiliation.

6. Proposer shall submit the name, license number, tax ID number, specialty or type of service and location of each ancillary service that will be providing medical services within the MPN. By submission of these ancillary services, the Proposer is confirming that a contractual agreement exists between the Provider and these ancillary services.

All information requested above is provided in Exhibit K. Please note these ancillary providers are not providing a discount for their services. They will, however, bill in compliance with OMFS.

7. The Proposer understands and agrees that a City employee may select any physician within the MPN for treatment.

U.S. HealthWorks is very familiar with MPNs and the rights of the employees. We understand and agree to the employee’s right to select any physician within the MPN.

8. Proposer shall ensure that their physician shall only treat or evaluate City employees at authorized MPN locations listed on the MPN website.
U.S. HealthWorks agrees to comply with this requirement and understands the importance of treating and/or evaluating only at authorized locations that are part of the City's MPN.

9. Proposer shall refer City employees to physical therapists within the City's MPN.

All referrals to physical therapy will remain within the MPN.

10. For non-emergency specialist services the Proposer shall ensure that an appointment is available within 20 business days from date of request by doctor, employee and/or Risk Management. If an appointment is not available with Proposer within 20 days, Proposer agrees to refer injured worker to another Service Provider within the MPN.

U.S. HealthWorks is in complete agreement with this. U.S. HealthWorks believes it is very important for patients to be seen in a timely manner. We will cooperate fully with the patient being seen by another Proposer when necessary.

11. The Proposer and subcontractors agree to ensure the City's Claim Staff is contacted to obtain authorization before any referral is made to a specialist. Specialty referrals shall be made within the MPN.

U.S. HealthWorks will always obtain the authorization from the City before a referral is made to a specialist. U.S. HealthWorks will also ensure that the referral is made to a specialist within the MPN.

12. Should the City contract with multiple Proposers for its MPN, Proposers shall agree to cooperate with one another when an employee elects to transfer care within the MPN.

U.S. HealthWorks will fully cooperate with any transfer of care arising out of an employee electing to transfer to another provider within the MPN. This includes transfer of care to another provider that is employed by another Proposer.

13. Should an injured City employee elect to pursue the Second and Third opinion process described in REG 9767.7, Proposer shall ensure that a copy of the written report shall be served on the employee, the City's Claim Representative and the treating physician within 20 days of the date of the appointment or receipt of the diagnostic tests, whichever is later.

In the event that a City employee invokes their right to a second and third opinion, U.S. HealthWorks will cooperate fully with the process. U.S.
HealthWorks will deliver a written report to the employee, the City’s Claim Representative, and the treating physician within 20 days of the date of the appointment or the receipt of diagnostic tests.

14. Proposer shall provide an affirmation that the physician compensation is not structured in order to achieve the goal of reducing, delaying or denying medical treatment or restricting access to medical treatment.

U.S. HealthWorks' philosophy is to provide the “Right Care, Right Away” to each and every patient that comes to our centers. All physicians are trained with this in mind and are aware of this philosophy. Additionally, we work very hard to make sure that any treatment requiring authorization is requested and followed up in a timely manner. The physicians employed at U.S. HealthWorks are not compensated in any manner by reducing, delaying or denying medical treatment or restricting access to medical treatment.

15. Proposer shall appoint a Liaison who will perform the following duties:

   a. Within 14 days electronically submit Exhibit D to the City when a physician is no longer contracted with Proposer or when any physician changes locations.
   b. Submit Exhibit D to the City when a new physician is being considered for occupational medicine services for approval by the City.
   c. Liaison may schedule and coordinate specialty appointments.
   d. Liaison will be the contact person to help resolve issues that may arise with the City’s MPN and treatment thereof and therefore must have knowledge of CA Worker’s Compensation laws and regulations.

U.S. HealthWorks will appoint a full time employee to the position of City of San Diego Workers’ Compensation Liaison. This person will be allocated full time to this position and will perform all the duties as outlined above.

16. Proposer shall appoint a Specialty Care Coordinator who will perform the following:

   a. Schedule and facilitate specialty care appointments.
   b. Assist the claim staff in coordination of specialty care appointments.

The Liaison identified above will be appointed as the Specialty Care Coordinator for the City of San Diego. This person will schedule and facilitate all specialty care appointments and will assist the claim staff in coordination of same.
17. The Proposer shall agree not to send any form of mail to City employees advertising their availability on the MPN and shall not independently market City Departments

U.S. HealthWorks agrees to comply with the City of San Diego’s requirement that we do not independently market or advertise to either City departments or to City employees. We wish to bring to the attention of the City that U.S. HealthWorks saw only 13.7% (245) of the total injuries reported by the City in this RFP for fiscal year ending June 30, 2008. Therefore, we are requesting that we be given an alternate method of securing a more equitable share of the business should more than one Proposer be accepted.

18. The City agrees to disseminate to all City employees, through its Risk Management Department website, all City approved MPN physicians. This website is available to all City employees, free of charge, who have access to a computer. Additionally, the City has designed poster maps showing the different MPN treatment facilities in the San Diego County area. Proposer agrees to share the cost of the posters equally with the City and any other proposer. Costs have previously ranged at approximately $2600 for 1000 posters.

U.S. HealthWorks is very familiar with the City of San Diego’s poster maps showing the different MPN treatment facilities in the San Diego County area. We agree to share the cost of these posters equally with the City and other Proposers.

D. SAFETY/PREVENTION SERVICES AND REPORTS

The proposer shall agree to perform a variety of studies, often in conjunction with the City industrial hygiene provider, that may include, but not be limited to, indoor air quality, biological, radiological, toxicological, environmental or ergonomic evaluations of City work sites and provide occupational medical consultation services regarding the findings. The studies will be conducted when the health and safety of a worksite is in question as well as to determine the City’s compliance with the General Industrial Safety Orders. The studies may include but not be limited to the following:

1. Physically surveying City operations to determine if indoor air quality, biological, radiological, toxicological or ergonomic hazards exist in a work operation.

See Response in D.2 below
2. Determine whether indoor air quality, biological, radiological, toxicological, environmental or ergonomic hazards found in the worksite pose an occupational health hazard.

U.S. HealthWorks Medical Group will perform workplace environmental studies in conjunction with the City Industrial hygiene provider. We recommend that we meet with your hygienist to ensure continuity of care for any existing concerns currently under investigation. Dr. Okun and Dr. Olsen have the necessary expertise to address your needs regarding indoor air quality, biological, radiological, toxicological or ergonomic evaluations at City worksites. Employers feel confident that they can call upon U.S. HealthWorks when they have a workplace exposure or concern.

In the past, we have been called upon by Richard Snapper, former Director of City Personnel, to visit a Waste Water Treatment Facility to assess the suitability of the environment for one of the employees. After an on-site inspection by Dr. Okun and subsequent meetings, we were able to provide our recommendations. Some other examples of our experience in this area include a lead exposure at a shooting range, a mercury exposure in a laboratory, an asbestos concern in a correctional facility and a food safety issue at a local hotel. All of these situations required on-site visits as well as medical evaluations of the employees involved.

We will also provide the services of Kim Parizeau, who is the Regional Ergonomic Specialist. See Curriculum Vitae for Kim Parizeau in Exhibit J.

U.S. HealthWorks provides a wide array of ergonomic services to assist businesses in the prevention and management of occupational injuries. These include ergonomic assessments for both office and industrial settings, educational lectures and back safety and body mechanics training. Ergonomic assessments identify and measure ergonomic risk factors, including repetitive motions, awkward postures, forceful exertions, pressure points, vibration, temperature and other environmental issues. A comprehensive report provides the client, the rehabilitation team and other key members with the physical and behavioral controls that can reduce the chance of an occupational injury and facilitate the recovery of existing injured workers.

Educational lectures address the most common work related musculoskeletal disorders, causes of these injuries, prevention of injuries and stretch exercises. All services are provided by licensed physical or occupational therapists certified as ergonomic evaluators.
3. Provide written reports and recommendations that will document methods that will reduce and/or eliminate the onset of an occupational injury or illness. Recommendations must consider engineering and administrative controls before advising the use of personal protective equipment.

Once the study is completed, U.S. HealthWorks will provide the City with a written report, including recommendations that will reduce or eliminate the onset of an occupational injury or illness. We will consider engineering and administrative controls before finalizing any recommendations. See Exhibit L for a sample report related to an ergonomic assessment of an office worker.

4. Meet with City Employee representatives, management and employees to discuss issues and answer questions regarding the studies conducted.

We are prepared to meet with designated City personnel to answer questions and discuss issues related to studies conducted by U.S. HealthWorks.

5. The Proposer shall provide the availability of a principal physician or physicians to respond to questions from City staff relating to Safety/Prevention Services and Reports.

Dr. Okun and Dr. Olsen are prepared to meet with designated City personnel to answer questions and discuss issues related to studies conducted by U.S. HealthWorks.

E. EMPLOYEE RESPIRATORY FITNESS AND HEARING CONSERVATION PROGRAM

1. The successful Proposer agrees to provide the required medical examinations, whether they are more or less than the estimated number of 800.

U.S. HealthWorks has the capacity to perform the estimated 800 respiratory and audiometric exams annually.

2. The Proposer must have a minimum of one office located within fifteen (15) miles of downtown San Diego. The office must be fully staffed in order to provide City Employees with examinations during the normal business hours of Monday through Friday, 8:00 am to 5:00 pm. A listing of all offices located within the City and County of San Diego must be included in the proposal.
Although U.S. HealthWorks has 12 offices within the County of San Diego, we would recommend limiting the Respiratory Protection and Hearing Conservation Programs to our Kearny Mesa and Hillcrest facilities. These facilities can perform these exams Monday through Friday, 8:00 am to 5:00 pm. Should the need arise, special arrangements will be made to utilize additional U.S. HealthWorks locations or extend the hours beyond 5:00 pm.

3. To be considered for the audiometric examination component of this RFP, if the Proposer has an audiometric van capable of going to the City work locations, the Proposer must provide a cost associated with having an audiometric “van” go to City locations to perform audiometric examinations. Additionally, the Proposer shall include a separate cost to perform audiometric training to employees when the van is used to perform audiometric testing at City locations.

U.S. HealthWorks does not currently have an audiometric van. Should the City require a van for onsite testing, U.S. HealthWorks recommends utilizing Safe Hearing America. Further information will be provided upon request by the City.

4. Any preparatory, current or prior experience the Proposer has in performing audiometric and respiratory fitness examination protocols specified in this RFP must be described in this proposal.

U.S. HealthWorks has developed Respiratory Protection and Occupational Noise Exposure Clinical Reference Guides to ensure compliance with applicable governmental regulations. See Exhibit M for these Guides.

Utilizing these Guides, U.S. HealthWorks has partnered with employers nationwide to facilitate successful programs. In San Diego, we work with many large employers to provide respiratory clearance and audiology examinations. Currently, some of these employers are:

- Epsilon Systems Solutions
- UPS
- Pacord
- Port of San Diego
- County of San Diego

Reference information for the County of San Diego, Port of San Diego and Pacord is included in Exhibit N.

U.S. HealthWorks will remain current with all state and federal regulations and will notify the City if any changes to the current program are needed. No
changes will be made without written approval of the City. We will provide the City with consistent and quality results in a timely fashion.

5. All audiometric and respiratory examinations services offered by the Proposer shall be available without delay. The Proposer shall indicate: 1) how soon after contract is awarded the examinations begin, 2) the time required per employee to complete the examinations, and 3) the number of examinations which can be performed in an eight-hour period by facility.

U.S. HealthWorks can provide services related to Respiratory Protection and Hearing Conservation immediately upon award of the contract. The examination protocol including medical and occupational history, physical examination and pulmonary function testing will typically require no longer than 45 minutes. With 48 hour notice, we will be able to schedule 15-20 respiratory exams per day in each of the Kearny Mesa and Hillcrest offices. With additional notice, we can arrange for appropriate staff to accommodate an increased volume. If the City accepts are recommendation to perform Treadmill Stress Tests for SCBA clearance exams, those will be performed at Kearny Mesa under the direction of Dr. Okun who is Board Certified in Internal Medicine. Exams that include Treadmill Stress Test will take approximately 2.5 hours.

6. The Proposer shall provide examples of each standardized and/or customized report included in the proposal. All reports must be provided at no additional cost to the City.

See Exhibit B for the standardized reports offered by U.S. HealthWorks and Safe Hearing America. The charge for Audiometric Exams that are performed by U.S. HealthWorks and sent to Safe Hearing America for data processing will be $9.00 per test. Reports related to the Respiratory Protection Program will be provided at no additional cost to the City by U.S. HealthWorks.

7. The Proposer shall provide all forms (e.g. medical history questionnaire, results of medical/audiometric and respiratory fitness examination etc.) that will be utilized to provide the outlined services.

See Exhibit B for all forms related to Respiratory Fitness and Hearing Conservation Programs.

8. The Proposer shall provide their medical records retention and confidentiality policies and procedures at no cost to the City.
U.S. HealthWorks complies with all HIPAA requirements. We have a formal training program related to HIPAA that all staff are required to complete. As stated in our corporate policy in Exhibit E, all records involving OSHA compliance or medical surveillance/biological monitoring will be stored indefinitely. There is no cost to the City of San Diego for record retention or retrieval.

9. The Proposer shall provide the names, addresses and telephone numbers of all sub-consultants used to provide any of the outlined services. The work to be performed by the sub-consultants, the associated costs, and the schedule for performing the work must be included in the proposal.

See sub-consultant list Exhibit O.

10. The City provides annual respiratory protection and hearing conservation classes for its employees. Approximately twenty (20) classes are held on each topic within the four-month period each year. The Proposer shall agree to participate in all of the training classes and shall provide the cost (if any) the names and qualifications of the instructors, and the topics the instructors will address.

Respiratory Protection training will be conducted by Cintas First Aid and Safety. The topics that are covered include 42 CFR Standard, scope and applications, hazards, general requirements and care and storage of equipment. This training meets the requirements of Title 8 Section 5194. The cost for this training, which includes Fit Testing for each employee is $619.00 for up to 20 people. See Exhibit B for information on Cintas respiratory training.

Hearing Conservation training will be done by Willena Beyer of Safe Hearing America at a cost of $250.00 per session. Topics would include the effect of noise on hearing, the purpose of hearing protection, instruction on selection, fitting, use and care of various devices and the purpose and test procedures involved in audiometric testing.

11. On an ongoing basis, the Proposer shall provide a limited number (under 10) of audiometric and respiratory fitness examinations within two (2) working days from the date of request. These examinations will be needed for new hires and employees who have changed work assignments.

Two working days is sufficient notice for U.S. HealthWorks to perform a maximum of 10 examinations per day.
12. The Proposer shall provide the availability of a principal physician or physicians to respond to questions from City staff relating to audiometric and respiratory fitness examinations.

While Leonard Okun M.D., as the Regional Medical Director, will oversee all aspects of The City's Industrial Medicine Program, Spencer Olsen M.D., shall maintain ultimate responsibility for the Respiratory Fitness and Hearing Conservation Programs. Both physicians will respond in a timely manner to any questions from the City regarding these programs.

13. The Proposer shall agree that all services meet the requirements of the Code of Federal Regulations, Cal/OSHA and the National Institute for Occupational Safety and Health.

U.S. HealthWorks understands and agrees to meet the requirements of the Code of Federal Regulations, Cal/OSHA and the National Institute for Occupational Safety and Health.

F. PERFORMANCE STANDARDS

The Proposer shall agree to provide the City with a quarterly report that tracks City employee who are referred outside of the MPN for medical treatment and the reason for the referral outside the MPN network. This report will state the attempt or attempts made to work with all other organizations within the MPN to keep the employee within the MPN. The expectation is that no referrals are to be made outside the MPN.

U.S. HealthWorks will provide the City with a report on a quarterly basis that identifies any patients that required a referral outside the MPN. Every attempt will be made to keep all treatment within the MPN. Any exceptions will be discussed with the City prior to such referral.

G. PROJECT MANAGEMENT

A team of City employees will be designated to plan, coordinate, monitor and control the operational requirements of the Contract. The City may later choose to designate one individual to perform his leadership role.

U.S. HealthWorks will work with any or all individuals designated by the City.

H. RECORDS AND RETENTION
Proposer shall accurately maintain, store, and retrieve employee medical records during the period of this Contract in accordance with all applicable laws and regulations.

U.S. HealthWorks will maintain, store, and retrieve employee medical records in accordance with all applicable laws and regulations. Please see Exhibit E for our corporate policy on Record Retention.

I. DOCUMENTS AND REPORTS

All documentation and reporting shall be as required by law.

U.S. HealthWorks will comply with all documentation and reporting as required by law.

J. QUALIFICATIONS AND EXPERIENCE

1. The Proposer shall agree to provide a California Physicians Assistant License for each Physician Assistant who will provide medical care to City Employees.

Please see Exhibit D for licenses of all California Physician Assistants providing medical care in the San Diego U.S. HealthWorks medical centers.

2. The Proposer shall agree to provide, when requested by the City, the written guidelines or protocols for the medical tasks the Physician Assistant is allowed to perform and the name of the physician assigned to supervise the job performance of the Physician Assistant.

Upon request by the City, U.S. HealthWorks will provide written guidelines regarding the medical tasks Physician Assistants are allowed to perform and names of the physicians supervising each Physician Assistant.

3. The Proposer shall employ physicians and administrative staff who are conversant and knowledgeable in California Workers' Compensation laws and regulations and be able to verbally answer City Claim Staff questions with no additional cost to the City.

All U.S. HealthWorks employees are required to attend a training class as part of their orientation. This class covers fundamental components of occupational health, workers' compensation and customer service. In addition, each location has a center manager to
oversee daily operations. We are fortunate to be very successful in retaining our center managers. The average tenure of our center managers is over 14 years.

4. The Proposer must include the names and qualifications of all employees who will be involved in providing audiometric and respiratory fitness examinations. The Employees’ experience in providing these or other similar services must also be included in a statement of qualification.

In addition to Willena Beyer of Safe Hearing America and Dr. Okun, the following clinical personnel in Hillcrest and Kearny Mesa will be involved in providing audiometric and respiratory examinations and have the following certifications:

<table>
<thead>
<tr>
<th>Name</th>
<th>Experience</th>
<th>Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ray Acevedo</td>
<td>12 years</td>
<td>NIOSH Certified</td>
</tr>
<tr>
<td>Danica Keich</td>
<td>9 years</td>
<td>CAOHC Certified</td>
</tr>
<tr>
<td>Maryanne Beloy</td>
<td>6 years</td>
<td>NIOSH Certified</td>
</tr>
<tr>
<td>Sal Rivera</td>
<td>5 years</td>
<td>CAOHC Certified &amp; NIOSH Certified</td>
</tr>
<tr>
<td>Lou Rusconi</td>
<td>3 years</td>
<td>CAOHC Certified</td>
</tr>
</tbody>
</table>

Should U.S. HealthWorks be the successful bidder for this contract, we will train additional staff as needed.

K. REFERENCES

Past performance will be verified by references demonstrating the Proposers quality of the product or service, timeliness of performance, cost control, business practices, customer satisfaction and past performance of key personnel. References should demonstrate work of comparable size and complexity. References alternately may be used in determining responsibility of the Proposer.

Proposer must supply three (3) references for Industrial Medicine and three (3) references for Safety and Preventive services including Respiratory and Audiometric examination.

We are proud of our successful relationships with our clients and our reputation for quality care. We encourage you to contact our references listed in Exhibit N. We have included the County of San Diego, a public entity, on our list.
SUMMARY

The foundation of U.S. HealthWorks’ proposal is to partner with the City of San Diego to provide the highest quality of care at the lowest cost.

To ensure The City achieves the best outcomes at the lowest cost, U.S. HealthWorks offers the following:

- Twelve convenient locations throughout San Diego County
- Board Certified Physicians experienced in workers’ compensation
- Treatment of all employees in a courteous, caring and efficient manner
- A significant discount off the Official Medical Fee Schedule for workers’ compensation treatment
- Reduction of surgical costs by directing appropriate candidates to outpatient surgery centers versus more costly inpatient settings
- Dedicated U.S. HealthWorks employee as liaison to the City Workers’ Compensation Department
- Health and safety training up to 50 hours per year at no cost
- Web Access Client Communication System

U.S. HealthWorks is confident that we can continue to provide the City of San Diego with exceptional quality of care, high outcomes and continued savings in overall medical and indemnity costs.
Exhibit A
Subcontractors Listing

Surgery Centers:

Orthopaedic Surgery Center of La Jolla
4120 La Jolla Village Drive
La Jolla, CA 92037
858-657-0055
858-657-0066
www.osclajolla.com
Tax ID# - 364409551

Coast Surgery Center
3444 Kearny Villa Road, Suite 101
San Diego, CA 92123
858-268-3566 phone
858-268-4682 fax
www.coastsurgery.com
Tax ID# - 330839637

Otay Lakes Surgery Center
955 Lane Avenue #100
Chula Vista, CA 91914
619-754-2260 phone
619-754-2261 fax
www.otaylakessurgery.com

Carlsbad Surgery Center
6121 Paseo Del Norte Suite #100
Carlsbad, CA 92011
760-448-2488 phone
760-448-2478 fax
www.carlsbadsurgery.com

Oasis Surgery Center
5471 Kearny Villa Road
San Diego, CA 92123
858-560-4567
Subcontractors Listing

MRI Center:

California Orthopaedic Institute Imaging Center
7485 Mission Valley Road, Suite 101
San Diego, CA 92108
619-291-8930 x 159 phone
619-398-1659 fax
www.califortho.com
**Table 1. 2009 Device Intensive Procedures.** This chart lists the procedures classified as device intensive in 2009 and the corresponding 2009 national ASC payment rate. Procedures shown in **bold** are classified as device intensive for the first time.

<table>
<thead>
<tr>
<th>HCPCS CODE</th>
<th>2009 NATIONAL ASC RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>24361</td>
<td>$6,085.62</td>
</tr>
<tr>
<td>24363</td>
<td>$6,221.16</td>
</tr>
<tr>
<td>24366</td>
<td>$6,085.62</td>
</tr>
<tr>
<td>25441</td>
<td>$6,085.62</td>
</tr>
<tr>
<td>25442</td>
<td>$6,221.16</td>
</tr>
<tr>
<td>25446</td>
<td>$10,921.17</td>
</tr>
<tr>
<td>33206</td>
<td>$6,638.76</td>
</tr>
<tr>
<td>33207</td>
<td>$6,638.76</td>
</tr>
<tr>
<td>33208</td>
<td>$8,606.03</td>
</tr>
<tr>
<td>33212</td>
<td>$5,449.40</td>
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<tr>
<td>33213</td>
<td>$6,289.78</td>
</tr>
<tr>
<td>33214</td>
<td>$8,606.03</td>
</tr>
<tr>
<td>33224</td>
<td>$8,123.29</td>
</tr>
<tr>
<td>33225</td>
<td>$8,123.29</td>
</tr>
<tr>
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<td>$20,249.29</td>
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<td>33249</td>
<td>$27,024.22</td>
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<td>33282</td>
<td>$4,272.70</td>
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<tr>
<td>53440</td>
<td>$4,811.03</td>
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<td>53445</td>
<td>$8,081.31</td>
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<tr>
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<td>$8,167.61</td>
</tr>
<tr>
<td>54410</td>
<td>$8,167.61</td>
</tr>
<tr>
<td>54416</td>
<td>$8,167.61</td>
</tr>
<tr>
<td>55873</td>
<td>$6,398.27</td>
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<tr>
<td>61885</td>
<td>$11,406.08</td>
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<td>61886</td>
<td>$17,032.06</td>
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<tr>
<td>63650</td>
<td>$3,181.15</td>
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<td>63655</td>
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<td>64553</td>
<td>$3,126.05</td>
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<tr>
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<td>$3,510.37</td>
</tr>
<tr>
<td>64573</td>
<td>$5,468.63</td>
</tr>
</tbody>
</table>

**Table 2. 2009 Declassified Device Intensive Procedures.** This chart shows the procedures that were classified as device intensive in 2008, but which are not classified as device intensive in 2009. The corresponding 2009 national ASC payment rate is shown. The 2008 national ASC rate is also provided.

<table>
<thead>
<tr>
<th>HCPCS CODE</th>
<th>2009 NATIONAL ASC RATE</th>
<th>2008 NATIONAL ASC RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>33210</td>
<td>$2,037.59</td>
<td>$3,750.06</td>
</tr>
<tr>
<td>33211</td>
<td>$2,037.59</td>
<td>$3,750.06</td>
</tr>
<tr>
<td>33216</td>
<td>$2,037.59</td>
<td>$3,750.06</td>
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<tr>
<td>33217</td>
<td>$2,037.59</td>
<td>$3,750.06</td>
</tr>
<tr>
<td>36566</td>
<td>$24,047.84</td>
<td>$4,457.5</td>
</tr>
</tbody>
</table>
Exhibit B
Rate the intensity of your pain:

<table>
<thead>
<tr>
<th>NO PAIN</th>
<th>SIN DOLOR</th>
<th>MOST PAIN</th>
<th>DOLOR INTENSO</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>9</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

If this is your first visit, please fill the blanks included in this box.

If this is your first visit, describe how your present injury/illness occurred.

If you feel any of the symptoms below, mark the areas of the body where you feel them on the figures below and indicate the type of symptom.

Patient Signature (Firma del Paciente) __________________________ Date (Fecha) __________
To better assess your health condition and its impact in the resolution of your injury or illness, please provide the following information.

Please answer all questions.

<table>
<thead>
<tr>
<th>Year/Seq No.</th>
<th>Past Medical History/Antecedentes Médicos</th>
<th>Year/Seq No.</th>
<th>Por Favor, Conteste Todas las Preguntas.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Allergic or allergic to</td>
<td>Antecedentes de alergias</td>
<td>42. Chronic/recurrent cough/cold</td>
<td>Respiratorios y tos crónica o recurrente</td>
</tr>
<tr>
<td>2. Medications</td>
<td>Medicamentos</td>
<td>43. Asthma/wheezing</td>
<td>Asma o estridor (alérgico) en el pecho</td>
</tr>
<tr>
<td>3. Major illnesses or injuries</td>
<td>Enfermedades o lesiones importantes</td>
<td>44. Emphysema or chronic bronchitis</td>
<td>Emfisema o bronquitis crónica</td>
</tr>
<tr>
<td>4. Hospitalizations or surgeries</td>
<td>Hospitalizaciones o cirugías</td>
<td>45. Pneumonia</td>
<td>Pneumonía y pulmonía</td>
</tr>
<tr>
<td>5. Motor vehicle accidents</td>
<td>Accidentes de trabajo</td>
<td>46. Tonsillitis</td>
<td>Tonsilitis</td>
</tr>
<tr>
<td>6. Blood transfusions</td>
<td>Transfusiones de sangre</td>
<td>47. Coughing of Blood</td>
<td>Tos con sangre</td>
</tr>
<tr>
<td>7. Worked in a hazardous environment</td>
<td>Trabajo en ambientes peligrosos</td>
<td>48. Frequent indigestion or reflux</td>
<td>Indigestión o refluo frecuentes</td>
</tr>
<tr>
<td>8. Work-related injuries/illnesses</td>
<td>Accidentes o enfermedades en el trabajo</td>
<td>49. Nausea or vomiting</td>
<td>Náuseas o vómitos</td>
</tr>
<tr>
<td>9. Permanent disabilities</td>
<td>Incapacidad permanente</td>
<td>50. Vomiting of Blood</td>
<td>Vómitos con sangre</td>
</tr>
<tr>
<td>10. Blood diseases in relatives</td>
<td>Familiares con enfermedades de la sangre</td>
<td>51. Abdominal pain</td>
<td>Dolor abdominal</td>
</tr>
<tr>
<td>11. Cancer or ledenias in relatives</td>
<td>Familiares con cáncer o leucemia</td>
<td>52. Liver disease</td>
<td>Enfermedades del hígado</td>
</tr>
<tr>
<td>12. Diabetes in relatives</td>
<td>Familiares con diabetes</td>
<td>53. Change in bowel habits</td>
<td>Cambios en hábitos intestinales</td>
</tr>
<tr>
<td>13. Heart Disease</td>
<td>Familiares con enfermedades del corazón</td>
<td>54. Frequent Constipation/Diarrhea</td>
<td>Constipación o diarrea frecuentes</td>
</tr>
<tr>
<td>15. Stroke in relatives</td>
<td>Familiares con trombosis / ataques cerebrales</td>
<td>56. Hemorrhoids/Scarlet Fever</td>
<td>Hemorroides o enfermedades del recto</td>
</tr>
<tr>
<td>16. Mental illness in relatives</td>
<td>Familiares con enfermedades mentales</td>
<td>57. Painful or difficult urination</td>
<td>Dificultad o dolor al orinar</td>
</tr>
<tr>
<td>19. Recent gain or loss of weight</td>
<td>Ganancia o pérdida de peso reciente</td>
<td>60. Veneral Disease</td>
<td>Enfermedades venéreas</td>
</tr>
<tr>
<td>20. Weakness, fatigue, or appetite loss</td>
<td>Debilidad, fatiga o pérdida de apetito</td>
<td>61. Joint pain or disease</td>
<td>Enfermedades o dolores en las articulaciones</td>
</tr>
<tr>
<td>21. Fever</td>
<td>Fiebre</td>
<td>62. Neck or back injury</td>
<td>Lesiones del cuello o de la espalda</td>
</tr>
<tr>
<td>22. Skin diseases or problems</td>
<td>Enfermedades de la piel</td>
<td>63. Foot Problems</td>
<td>Problemas en los pies</td>
</tr>
<tr>
<td>23. Dehydration, pigmentation changes</td>
<td>Cambios de color en la piel</td>
<td>64. Epilepsy, Convulsion</td>
<td>Epilepsia, convulsiones, alucines</td>
</tr>
<tr>
<td>24. Cancer/Funoma or cysts</td>
<td>Cáncer, tumores o quistes</td>
<td>65. Dizziness</td>
<td>Síntomas de vértigo</td>
</tr>
<tr>
<td>25. Frequent or severe headaches</td>
<td>Dolores de cabeza frecuentes o severos</td>
<td>66. Muscle weakness or paralysis</td>
<td>Debilidad, fatiga o pérdida de apetito</td>
</tr>
<tr>
<td>26. Eye injury, infection or pain</td>
<td>Lesiones, inflamación o dolor en los ojos</td>
<td>67. Numbers in arm or leg (3)</td>
<td>Haces negras o con sangre</td>
</tr>
<tr>
<td>27. Blurred, double, or decreased vision</td>
<td>Visión borrosa, doble o disminuida</td>
<td>68. Depression</td>
<td>Síntomas de vértigo</td>
</tr>
<tr>
<td>28. Eye itching, bumping or tearing</td>
<td>Lagrimeo, plazoleta o quemazón en ojos</td>
<td>69. Nervousness</td>
<td>Síntomas de vértigo</td>
</tr>
<tr>
<td>29. Light sensitivity</td>
<td>Sensibilidad a la luz</td>
<td>70. Mood swings</td>
<td>Cambios del humor o del carácter</td>
</tr>
<tr>
<td>30. Loss of decreased hearing</td>
<td>Pérdida o disminución de la audición</td>
<td>71. Sleep disturbances</td>
<td>Trastornos del sueño</td>
</tr>
<tr>
<td>31. Ear pain, infection, discharge</td>
<td>Dolor, inflamación o secreción en el oído</td>
<td>72. Alcoholism</td>
<td>Alcoholismo</td>
</tr>
<tr>
<td>32. Nose / Sinus Problems</td>
<td>Problemas en la nariz o en senos paranasales</td>
<td>73. Drug abuse treatment / rehabilitation</td>
<td>Rehabilitación por abuso de drogas</td>
</tr>
<tr>
<td>33. Dental/Gum Disease</td>
<td>Enfermedades dentales o de la encia</td>
<td>74. Increased appetite</td>
<td>Aumento de apetito</td>
</tr>
<tr>
<td>34. Recurrent throat problems</td>
<td>Problemas de garganta recurrentes</td>
<td>75. Increased thirst</td>
<td>Aumento de sed</td>
</tr>
<tr>
<td>36. Voice change or hoarseness</td>
<td>Ronquera o cambios en la voz</td>
<td>76. Increased urination</td>
<td>Aumento en la frecuencia o cantidad de orina</td>
</tr>
<tr>
<td>38. Shortness of breath</td>
<td>Dificultad para respirar</td>
<td>77. Diabetes / High Blood Sugar</td>
<td>Diabetes / Azúcar en la sangre</td>
</tr>
<tr>
<td>39. Chest pain or pressure</td>
<td>Dolor o estridor en el pecho</td>
<td>78. Hair loss</td>
<td>Pérdida del cabello</td>
</tr>
<tr>
<td>40. Palpitations/Pounding Heart</td>
<td>Pulso o latido del corazón</td>
<td>79. Breeding gums</td>
<td>Sangrado por las encias</td>
</tr>
<tr>
<td>41. Varicose veins</td>
<td>Venas varicosas</td>
<td>80. Bruising</td>
<td>Hematomas o contusiones</td>
</tr>
<tr>
<td>42. Chronic/recurrent cough/cold</td>
<td>Respiratorios y tos crónica o recurrente</td>
<td>81. Spontaneous nose bleeding</td>
<td>Sangrado espontáneo por la nariz</td>
</tr>
<tr>
<td>43. Asthma/wheezing</td>
<td>Asma o estridor (alérgico) en el pecho</td>
<td>82. Fear of bleeding or hard to stop</td>
<td>Sangrado fácil o difícil de detener</td>
</tr>
<tr>
<td>44. Emphysema or chronic bronchitis</td>
<td>Emfisema o bronquitis crónica</td>
<td>83. For Women Only</td>
<td>Embarazada?</td>
</tr>
<tr>
<td>45. Pneumonia</td>
<td>Pneumonía y pulmonía</td>
<td>84. Date last menstrual Period?</td>
<td>Fecha última menstruación</td>
</tr>
<tr>
<td>46. Tonsillitis</td>
<td>Tonsilitis</td>
<td>85. Irregular Menstruation</td>
<td>¿Menstruación o periodos irregulares?</td>
</tr>
<tr>
<td>47. Coughing of Blood</td>
<td>Tos con sangre</td>
<td>86. Painful Menstruation</td>
<td>¿Menstruación o periodos dolorosos?</td>
</tr>
</tbody>
</table>

Please write the number of any yes answers and explain each one of them in the space below.

Por favor, escriba aquí el número de las pregunta en las cuales haya contestado que Sí y explique cada una de ellas en este espacio.

*By that, to the best of my knowledge, the information provided above is complete and correct. Patient Signature: __________________________ Date: __________________________*
Occupational Safety and Health Administration (OSHA)
Respirator Medical Evaluation Questionnaire
(App. C 1910.134)
Mandatory

TO THE EMPLOYER. Affirmative answers to questions in Part A Section 2, except question 9, require a medical examination.

TO THE EMPLOYEE. Can you read? [ ] Yes [ ] No Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient for you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional that will review it.

Supplemental Information. To be provided by the employer regarding the use of respirator and the working conditions.

1. Employer Representative: ____________________________________________ Telephone: __________________________

2. Respirator Type ____________________________________________________
   Weight _______________________________ Duration of Use _______________________________
   Frequency of Use _______________________________

Expected physical effort: [ ] Light Effort (Sitting/standing while writing, performing light assembly work, or controlling machines)
[ ] Moderate Effort (Sitting/standing/walking using tools, performing assembly work, lifting/pushing moderate loads)
[ ] Heavy Effort (Lifting heavy loads (>35lbs.); shoveling; walking up an 8° grade, climbing stairs with a load)

Expected use of additional protective clothing and/or equipment while using the respirator. [ ] Yes [ ] No
If yes, describe ____________________________________________________________

Expected working conditions: Temperature Extremes Low: __________°F High: __________°F
Humidity Extremes Low: __________ % High: __________ %

Part A. Section 1. To be completed by all applicants/employees selected to use any type of respirator. Please print.

<table>
<thead>
<tr>
<th>Name</th>
<th>Social Security #</th>
<th>Sex</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Job Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone ( )</th>
<th>Best time to reach you at this number</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Height (ft. in.)</th>
<th>Weight (lbs)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Has your employer told you how to contact the health care professional who will review this questionnaire? [ ] Yes [ ] No
2. Check the type of respirator you will use. (Check all that apply)
[ ] N, R, or P disposable respirator
[ ] Other types (i.e. half or full-facepiece, powered-air purifying, supplied-air, self-contained breathing apparatus).

Part A. Section 2. To be completed by all applicants/employees selected to use any type of respirator. Please circle Yes or No.

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month? Yes No
2. Have you ever had any of the following conditions?
   a. Seizures (fits): Yes No
   b. Diabetes (sugar disease): Yes No
   c. Allergic reactions interfering with your breathing Yes No
   d. Claustrophobia (fear of closed-in places): Yes No
   e. Trouble smelling odors: Yes No

3. Have you ever had any of the following pulmonary or lung problems?
   a. Asbestosis: Yes No
   b. Asthma: Yes No
   c. Chronic bronchitis: Yes No
   d. Emphysema: Yes No
   
   e. Pneumonia: Yes No
   f. Tuberculosis: Yes No
   g. Silicosis: Yes No
   h. Pneumothorax (collapsed lung) Yes No
   i. Lung cancer: Yes No
   j. Broken ribs: Yes No
   k. Any chest injuries or surgeries: Yes No
   l. Other lung problems you've been told about? Yes No

4. Do you currently have any of the following symptoms of pulmonary or lung illness?
   a. Shortness of breath: Yes No
   b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes No
   c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes No
d. Have to stop for breath when working at your own pace on level ground: Yes No
e. Shortness of breath when washing or dressing yourself: Yes No
f. Shortness of breath Interfering with your job: Yes No
g. Coughing producing phlegm (thick sputum): Yes No
h. Coughing that wakes you early in morning: Yes No
i. Coughing that occurs mostly when you are lying down: Yes No
j. Coughing up blood in the last month: Yes No
k. Wheezing Yes No
l. Wheezing that interferes with your job: Yes No
m. Chest pain when you breathe deeply: Yes No
n. Any other symptoms that you think may be related to lung problems: Yes No

5. Have you ever had any of the following cardiovascular or heart problems?
   a. Heart attack: Yes No
   b. Stroke: Yes No
c. Angina: Yes No
d. Heart failure: Yes No
e. Swelling in your legs or feet (not caused by walking): Yes No
f. Heart arrhythmia (heart beating irregularly): Yes No
g. High blood pressure: Yes No
h. Other heart problems you've been told about: Yes No

6. Have you ever had any of the following cardiovascular or heart symptoms?
   a. Frequent pain or tightness in your chest: Yes No
   b. Pain or tightness in your chest during physical activity: Yes No
c. Pain or tightness in your chest that interferes with your job: Yes No
d. In the past two years, have you noticed your heart skipping or missing a beat: Yes No
e. Heart burn or indigestion not related to eating: Yes No
f. Any other symptoms that you think may be related to heart or circulation problems: Yes No

7. Do you currently take any medication for any of the following problems?
   a. Breathing or lung problems: Yes No
   b. Heart problems: Yes No
c. Blood pressure: Yes No
d. Seizures (fits): Yes No

8. Have you ever used a respirator? Yes No
   If Yes, have you had any of the following problems?
   a. Eye irritation: Yes No
   b. Skin allergies or rashes: Yes No
c. Anxiety: Yes No
d. General weakness or fatigue: Yes No
e. Any other problems that interfere with your use of a respirator: Yes No

9. Would you like to talk to the healthcare professional who will review this questionnaire about your answers? Yes No

Answers to Questions 10 to 15 must be completed by all applicants/employees selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees selected to use other types of respirators, answering these questions is voluntary. Please circle Yes or No.

10. Have you ever lost vision in either eye (temporarily or permanently)? Yes No
11. Do you currently have any of the following vision problems?
    a. Wear contact lenses: Yes No
    b. Wear glasses: Yes No
c. Color blind: Yes No
d. Any other eye or vision problem: Yes No
12. Have you ever injured your ears, including a broken ear drum? Yes No
13. Do you currently have any of the following hearing problems?
    a. Difficulty hearing: Yes No
    b. Wear a hearing aid: Yes No
c. Any other hearing or ear problem: Yes No
14. Have you ever had a back injury? Yes No

Patient Signature: ___________________________ Date: ___________________________

Healthcare Professional

Name: ___________________________ Address: ___________________________

Signature: ___________________________ Date: ___________________________
Medical Recommendations for Use of Respiratory Protective Equipment

Applicant/Employee: ____________________________________________________________

Position Title: _______________________________________________________________

Company: __________________________________ Contact: __________________________

Contact Phone: __________________________________ Date of Evaluation: __________

Evaluation Content:  □ Questionnaire □ Physical □ PFT □ X-Ray □ Other: __________

I have evaluated the aforementioned person, based on the above, in accordance with the provisions of OSHA 29 CFR 1910.134 and other similar state regulatory provisions for respirator use, and it is my opinion that he/she is: (Check all that apply)

□ In need of this additional evaluation to assess qualification: _______________________

□ Medically qualified for the use of respirators without restrictions.

□ Medically qualified for the use of respirators with the following restrictions:
  □ Personal Egress / Evacuation Emergency only
  □ Only PAPR
  □ Other ________________________________

□ Medically NOT qualified for the use of respirators.

□ In need of Medical Follow-Up Examinations as frequently as every: ________________
  to include: ________________________________

Comments:
Fitting Considerations: □ Facial hair □ Glasses/Contact lenses □ Dentures/Facial deformity

I hereby certify that in accordance with OSHA 29 CFR 1910.134, I have informed the applicant/employee of the results of his/her evaluation and I have given him/her a copy of these recommendations.

Health Care Professional: Name: ________________________________________________

Signature: ___________________________________________________________________

Date: _______________________________________________________________________

This form complies with OSHA requirements and with other similar state requirements for the use of respirators.
**Audiometric Evaluation**

**Name (Nombre):** ____________________________  **Date (Fecha):** ____________________________

**Age (Edad):** ____________________________  **Date of Birth (Fecha Nacimiento):** ____________________________

**Employer (Empleador):** ____________________________  **Job Title (Posición):** ____________________________

**Hours since last exposed to loud noise? (Hace cuántas horas estuvo expuesto a ruidos fuertes por ultima vez):** ____________________________

**Type if hearing protective devices. (Tipo de protectores auditivos):** ____________________________

---

### Otologic History / Historia Otologica

**Explain below all "yes" answers (Explique abajo todas las respuestas a las que contesto "Sí")**

1. **Family history of hearing loss?** (¿Alguién familiar ha tenido pérdida de la audición?)  
   - YES (Sí)  
   - NO (No)

2. **Difficulty hearing?** (¿Tiene dificultad para oir?)
   - a. One ear better than the other? (¿Un oído mejor que el otro?)
   - b. Onset of loss (La pérdida fue):  
     - [ ] Gradual (gradual)  
     - [ ] Sudden (repentina)

3. **Ever been to an ear specialist?** (¿Ha visitado al especialista de oídos alguna vez?)

4. **History of ear infections?** (¿Ha tenido infecciones en los oídos?)

5. **Ear surgery recommended or performed?** (¿Le recomendaron o hicieron cirugía en el oído?)

6. **History of ringing?** (¿Ha padecido de zumbidos en los oídos?)

7. **History of unusual dizziness?** (¿Ha padecido de mareos inusuales?)

8. **History of (-mycin) antibiotics, quinina, excessive aspirin?** (¿Ha tomado en exceso antibióticos cuyo nombre termina con micina, quinina o aspirina?)

9. **History of head trauma or unconsciousness?** (¿Ha sufrido lesiones en la cabeza o pérdida de la conciencia?)

10. **Years of Military Service _____ Branch _____ Job_____** (Años de Servicio Militar _____ Rama _____ Trabajo _____)

11. **Did you ever hunt or shoot?** (¿Alguna vez ha disparado o practicado la cacería?)

12. **History of noisy jobs?** (¿Ha desempeñado trabajos en ambientes ruidosos?)

---

**Signature (Firma):**

---

**Graph or Attach Report Below**

**Hearing Thresholds**

<table>
<thead>
<tr>
<th>Decibels</th>
<th>1000 Hz</th>
<th>2000 Hz</th>
<th>3000 Hz</th>
<th>4000 Hz</th>
<th>6000 Hz</th>
<th>8000 Hz</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td></td>
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<tr>
<td>100</td>
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</tr>
</tbody>
</table>

**Technician / MA:** ____________________________

**Audiometer Last Calibration Date:** ____________________________

**Results**

- [ ] Normal Hearing
- [ ] Hearing Loss:
  - [ ] Normal
  - [ ] Mild
  - [ ] Moderate
  - [ ] Severe
  - [ ] Profound

**Otoscopy Indicated.** Results:

- [ ] Normal
- [ ] Impacted cerumen
- [ ] Abnormal

**Recommendations**

- [ ] None
- [ ] Use hearing protection in noisy areas above 85 dB.
- [ ] Other:

**Physician Signature:**

This test is only a part of your Hearing Conservation Program. Other environmental tests and administrative components apply.

ST 2005 (Rev. 10/07)
Audiometric Form

Please print clearly.

Home Address:
City: 
Company Name: CITY OF SAN DIEGO
Date - Today
Last Name: 
First Name: 
M.I.: 
Male □ Female □
Employee ID #: 
Date of Birth: 
Date of Hire: 
Dept.: 
Job: 
Shift:

Medical History

Check if you have any or have had any of the following conditions:

10 □ Ear Pain (Presently) □ L □ R
11 □ Drainage (Presently) □ L □ R
12 □ Dizziness (Presently)
13 □ Severe Ringing □ L □ R
14 □ Sudden Hearing Loss □ L □ R
15 □ Fluctuating Loss □ L □ R
16 □ Fullness/Discomfort □ L □ R
17 □ Recent Prescription Drugs
18 □ Head Cold Today
19 □ High Blood Pressure
20 □ See MD For Ears □ L □ R
21 □ Ear Surgery (Ever) □ L □ R
22 □ Unconsciousness
23 □ Wears Hearing Aid □ L □ R
24 □ Mumps
25 □ Scarlet Fever
26 □ Measles
27 □ Meningitis
28 □ Diabetes
29 □ Kidney Disease
30 □ Allergies (Presently)
31 □ Severe Ringing □ L □ R
32 □ Sudden Hearing Loss □ L □ R
33 □ Were You Exposed To High Noise 14 Hours Prior To Test? (checked means yes)
34 Did You Wear Hearing Protection? □ Yes □ No
35 □ Head Cold Today
36 □ Military Service (Ever)
37 □ Noisy Hobbies (Ever)
38 □ Loud Music/Headphone
39 □ Fire Arms/Guns (Ever)
40 □ I have never experienced any of the above symptoms or participated in any activities stated

Is this your first hearing test with your current employer? □ Yes □ No

I wear □ earplugs □ ear muffs □ banded caps □ custom earplug Brand/Model

When in high noise areas at work, I use my hearing protection: (check a box) Never = 0%, Always = 100%

□ 0% □ 20% □ 40% □ 60% □ 80% □ 100% OF THE TIME I AM EXPOSED.

I authorize the release of my hearing test data and the information I have provided above to my employer or other health care providers designated by my employer for the purposes of the hearing conservation program.

Employee signature: 
Date:

Otoscopic Exam Left _______ Right _______

Technician Use Only

Date/Time: 

Testing Facility and Location:

Audiometer Calibration Date: (WK/YR) ___/___ Audiometer Type:
Serial Number: _______ Tester Certification and Number: _______
Tester Name: _______ Comments: _______
Respiratory Protection

OSHA Regulation: 29 CFR 1910.134

CINTAS INSTRUCTOR WILL COVER:
• The basics of breathing
• The two major types of respiratory hazards
• How to control respiratory hazards
• The various types of respirators
• How to select the proper respirator
• Information about medical evaluations
• How to properly use a respirator
• How to fit a respirator
• Proper inspection of respirators
• How to clean, disinfect and properly store respirators
• Emergency use of respirators

PROGRAM CONTENTS:
• Explanation of the OSHA Standard
• Step-by-step instructions for how to develop your respiratory protection program
• Code of Federal Regulations
• OSHA Requirements
• Written Program Development
• Respiratory Protection Written Program
  Employee Handbooks
• Recordkeeping:
  — Pulmonary Studies
  — Respiratory Protection Map
  — SCBA Inspection Checklist
  — Employee Record for Qualitative Fit Testing
  — Training Record
  — Program Evaluation Form
  — Respiratory Medical Evaluation Questionnaire
  — Information for Employees Who Voluntarily Use Respirators
  — Hazard Assessment and Certification Form

TOPIC OVERVIEW:
This program is designed to provide your employees with the basics of respiratory protection. Revised to meet the new OSHA respiratory standard, this program alerts employees to the importance of protecting their respiratory systems and provides them with helpful tips for maintaining and properly using respirators. Also included is a clear explanation of the requirements of the OSHA standard.

Certain work environments contain air that isn't safe to breathe. Breathing in contaminated air or low oxygen atmospheres can cause serious illness, injuries and even death.

Do you have the products you need to ensure respiratory safety in your workplace? Consider:
• Respirators
• Fit Testing
• Monitors
• Gas Detection Units
• Particulate Masks
• Cleaning Wipes
• Portable air supplies
• Respirator cartridges

2 hours/20 people

Awareness Course $519.00

Fit Testing

To book your safety training today please contact Andrea Darden (714) 646-2568 or dardena@cintas.com
Exhibit C
**CARLSBAD EAST (Oec. Med) (549) (136)**
5810 El Camino Real, Ste. A
Carlsbad, CA 92008-8816
(760) 929-8269
Fax: (760) 929-8556
OPEN: 7:00am to 6:00pm M-F
Center Manager: Dina Baez-Heggie/Shelley Beckett
Regional Sales Consultant: Jennifer Gryn
Account Manager: Nadav Evenery
CSR: Cindy Emmer
Medical Director: Laurie Pierce, MD

**CARLSBAD – PT (551) (137)**
5611 Palmer Way, Ste. A
Carlsbad, CA 92008
(760) 603-9166
Fax: (760) 603-9161
OPEN: 8:00am to 6:00pm M-F
PT Director: Dan Gross

**CARLSBAD – PT (551) (137)**
5611 Palmer Way, Ste. A
Carlsbad, CA 92008
(760) 603-9166
Fax: (760) 603-9161
OPEN: 8:00am to 6:00pm M-F
PT Director: Dan Gross

**CHULA VISTA (533) (095)**
1111 Broadway, Ste 305
Chula Vista, CA 91911
(619) 425-8212
Fax: (619) 425-1604
OPEN: 8:00am to 6:00pm M-F/Sat 9:00am to 3:00pm
Center Manager: Florence McMoore
Regional Sales Consultant: Rob Johnson
CSR: Bryan Hillman
Account Manager: Cyndi Sullivan
Medical Director: Robert Cabico, MD
PT: Owen Mel Bruan
REGIONAL MANAGEMENT
Sr. Vice President/GM: Therese Hernandez: (310) 343-6039 X201 Fax:(310) 640-9690
National Medical Director: Leonard Okun, MD (858) 565-1300
Regional Vice President: Kathleen Marchetti (858) 492-5443 cell (858) 492-5443
Regional Sales Director: Jeannie Osterlund (858) 492-5442 – Cell (858) 603-0424
Executive Assistant: Sheri Alley (858) 565-1300 – Fax (858) 565-6932

**DENOTES URGENT CARE**
Exhibit D
Remove your new Pocket License from the receipt portion and carry it with you at all times.

08/19/08

[Signature]

This is your receipt. Please save for your records.

PHYSICIAN ASSISTANT COMMITTEE
2005 EVERGREEN STREET, SUITE 1100
SACRAMENTO, CA 95815-3831
(916) 324-8780
www.paba.org

Important:
1. Please include your License Number on any correspondence to this office.
2. Notify the Committee of any name or address change in writing.
3. Report any loss immediately in writing to the Committee.
4. Please sign and carry your Pocket License with you.

Name:
RICHARD JOSEPH DONNELL
11581 JAGUAR COURT
SAN DIEGO, CA 92131

License No. PA 14002
Expiration Date 08/20/10

Receipt No. 12560071

This is your receipt. Please save for your records.
Remove your new Pocket License from the receipt portion and carry it with you at all times.

1. Please include your License Number on any correspondence to this office.
2. Notify the Committee of any name or address change in writing.
3. Report any loss immediately in writing to the Committee.
4. Please sign and carry the Pocket License with you.

PHYSICIAN ASSISTANT COMMITTEE
1424 HOWE AVENUE, SUITE 35
SACRAMENTO, CA 95825
916-561-8780
www.physicianassistant.ca.gov

PHYSICIAN ASSISTANT • COMMITTEE
1424 HOWE AVENUE, SUITE 35
SACRAMENTO, CA 95825
916-561-8780
www.physicianassistant.ca.gov
PHYSICIAN ASSISTANT

CERTIFICATE NO. PA16696 EXPIRATION 08/31/2010

ERNEST VILLAGRAN JUAREZ
40099 PORTSMOUTH ROAD
TEMECULA CA 92591

ORIGINAL
ISSUANCE DATE RECEIPT NO.
12/03/2002 22500059
Remove your new Pocket License from the receipt portion and carry it with you at all times.

**IMPORTANT**

1. Please include your License Number on any correspondence to this office.

2. Notify the Committee of any name or address change in writing.

3. Report any loss immediately in writing to the Committee.

4. Please sign and carry the Pocket License with you.

**Physician Assistant**

Anthony Xavier Lawrence
9754 Acacia Knoll DR
Alta Loma CA 91701

**License No.** PA 15721
**Expiration Date** 12/31/10
**Receipt No.** 94700001

This is your receipt. Please save for your records.
Remove your new Pocket License from the special pocket and carry it with you at all times.

PHYSICIAN ASSISTANT COMMITTEE
2005 EVERGREEN STREET, SUITE 100
SACRAMENTO, CA 95815-3234
916-563-6730
www.pac.ca.gov

IMPORTANT

1. Please include your License Number on any correspondence to this office.

2. Notify the Committee of any name or address change in writing.

3. Report any loss immediately in writing to the Committee.

4. Please sign and carry the Pocket License with you.

SUSAN ELIZABETH MCKIM
892 CHESAPEAKE PLACE
CHULA VISTA, CA 91910

This is your receipt. Please save for your records.
Remove your new Pocket License from the receipt portion and carry it with you at all times.

PHYSICIAN ASSISTANT COMMITTEE
2005-EVERGREEN STREET, SUITE 1100
SACRAMENTO, CA 95815-3831
(916) 581-8781
www.pac.ca.gov

PHYSICIAN ASSISTANT COMMITTEE
2005-EVERGREEN STREET, SUITE 1100
SACRAMENTO, CA 95815-3831
(916) 581-8781

IMPORTANT
1. Please include your License Number on any correspondence to this office.
2. Notify the Committee of any name or address change in writing.
3. Report any loss immediately in writing to the Committee.
4. Please sign and carry the Pocket License with you.

CARL YUJUICO
1992 NORTHSTAR WAY # 189
SAN MARCOS CA 92078

License No. PA 15723
Expiry: 07/31/10

Signature

RECEIPT NO. 17800002

This is your receipt. Please save for your records.

PA 15723 07/31/10 17800002
Exhibit E
U.S. HealthWorks

Record Retention Schedule
Regional Operations and Medical Facility Records

The record retention listed is for the official record copy. Duplicates should be retained until obsolete, superseded, or administrative value is lost. The official record copy may be in hardcopy, electronic, and/or microform format. If the hardcopy is the original record and is scanned into an imaging system, the hardcopy should be retained for the duration of the retention until further notice. The minimum retention period shall be the Standard Total Retention Period unless the state in which your medical facility is located is listed in the column titled "Variance from Standard Total Retention Period," in which case the number of years opposite your state in such column shall be the minimum retention period.

Medical Records – Minors

Complete health records for adult patients. This includes psychiatric records, x-rays, requisitions authorizing a laboratory to perform tests on a sample, laboratory copies of test results and preliminary reports specific to pathology, histology and cytology, histology and pathology specimen logs and slides, records relating to screening procedures for health risk appraisal, blood pressure, blood pressure referral, vision, hearing and speech, diabetics screening, syphilis serology, gonorrhea, and other laboratory screenings and tests, records related to the dispensing and administering of controlled substances. Also includes records consist of seropositive and seronegative confidential test results for HIV.

Medical Records - Electrocardiogram Tracings, Electroencephalogram Tracings, Electromyograms Tracings - Adults

Patient electrocardiogram tracings, electroencephalogram tracings, electromyograms tracings. Includes actual strips generated by monitors and testing devices where a report or interpretation has been recorded in the patient medical record.

Medical Records - Electrocardiogram Tracings, Electroencephalogram Tracings, Electromyograms Tracings - Minors

Patient electrocardiogram tracings, electroencephalogram tracings, electromyograms tracings. Includes actual strips generated by monitors and testing devices where a report or interpretation has been recorded in the patient medical record.

<table>
<thead>
<tr>
<th>Standard Total Retention Period</th>
<th>Variance from Standard Total Retention Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of Majority plus 7 years</td>
<td>AZ, AK: the later of age 21 or 7 years after last entry</td>
</tr>
<tr>
<td></td>
<td>CA: the later of age 19 or 7 years after last entry</td>
</tr>
<tr>
<td></td>
<td>NC: age 30</td>
</tr>
<tr>
<td></td>
<td>ME, OH: age years</td>
</tr>
<tr>
<td></td>
<td>PA: age 22</td>
</tr>
<tr>
<td></td>
<td>TX: the later of age 21 or 7 years after last entry</td>
</tr>
<tr>
<td></td>
<td>WA: Permanent</td>
</tr>
<tr>
<td>7 years after last entry</td>
<td>FL, SC, TX, WA: 10 years after last entry</td>
</tr>
<tr>
<td></td>
<td>GA, OH: 6 years after last entry</td>
</tr>
<tr>
<td></td>
<td>NC: 11 years after last entry</td>
</tr>
<tr>
<td></td>
<td>UT: 4 years after last entry</td>
</tr>
<tr>
<td>Until age 27</td>
<td>WA: Permanent</td>
</tr>
<tr>
<td></td>
<td>AK: later of age 21 or 7 years after last entry</td>
</tr>
<tr>
<td></td>
<td>WA: later of age 21 or 10 years after last entry</td>
</tr>
<tr>
<td></td>
<td>CA: age 19</td>
</tr>
<tr>
<td></td>
<td>IN, MI: age 25</td>
</tr>
<tr>
<td></td>
<td>NC: age 30</td>
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<tr>
<td></td>
<td>OH: age 24</td>
</tr>
<tr>
<td></td>
<td>TX: 10 years after</td>
</tr>
</tbody>
</table>
Federal regulations require employers to maintain OSHA records with regard to their employees. To the extent that a clinic has agreed to perform this function on behalf of an employer-client, this retention period should be followed.

### Medical Records – OSHA Records

- **Records include logs, summaries, and OSHA forms 102/102a, 200, 101, 300, 300A and 301.**

- **Hazardous Exposure**
  - Employee medical records related to hazardous exposure.

- **Non-Hazardous Exposure**
  - Employee medical records not related to hazardous exposure.

### Medical Records - Appointment Books

Patient appointment books that record the appointment time and patient name.

### Medical Equipment

- **Medical Equipment - Calibration Records**
  - Instrument calibration records performed in accordance with the manufacturer’s instructions.

<table>
<thead>
<tr>
<th>Standard Total Retention Period</th>
<th>Variance from Standard Total Retention Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>CY+5 years</td>
<td>None</td>
</tr>
<tr>
<td>CY + 5 years</td>
<td>(29 CFR 1904.6)</td>
</tr>
<tr>
<td>CY+3 years</td>
<td>None</td>
</tr>
<tr>
<td>CY+3 years</td>
<td>None</td>
</tr>
</tbody>
</table>

None
Medical Equipment - Autoclave/Sterile Supply Records

Records related to autoclave/sterile supply.

Medical Equipment - Logs

Records detailing the type, model, location, and usage of medical equipment. Includes maintenance, scheduled function checks, and instrument calibration performed in accordance with the manufacturer’s instructions.

Medical Equipment - Operating Instructions

Records related to manufacturer’s operation instructions.

Medical Equipment - Inspection and Maintenance Records

Records related to equipment inspections and required maintenance.

Medical Equipment - Radiology Utilization Logs

Logs documenting each source of radiation, the make and model number, storage container, identity of the radiographer, location, and date of its use.

Medical Equipment - Radiation Equipment – Minor Maintenance

Records related to the minor maintenance, daily function checks, routine and package surveys, and instrument calibration performed in accordance with the manufacturer’s instructions on a Facility’s testing equipment.

Medical Equipment - Sealed Radiation Sources – Inventory

Records related to staff conducting physical inventories to account for all sealed radiation sources received or possessed under an appropriate license.

Medical Equipment - Inspections – Radiology

Records related to federal, state, and/or consulting physicist’s inspections of the radiological services area. Includes tests on protective equipment such as aprons, gloves, and shields, and any actions taken to correct the identified deficiencies.

Medical Equipment - Radiation Detection Instrumentation

Records related to the calibration of radiation detection instruments that measure the radiation levels in the environment, on humans, and objects. Includes dates and times of inspections, repairs, and dates in and out of service.
Medical Equipment - Radiology Surveys

Records related to surveys to evaluate radiation levels, concentrations or quantities of radioactive materials, and potential radioactive hazards that could be present. Includes surveys of physical radiation for the purpose of determining whether each sealed source is in its shielded position prior to securing the radiographic device, storage container, or source changes in a storage area. The entire device is surveyed including the source guide tube.

Medical Equipment - Biomedical Waste Records and Shipment Logs

Records related to training, instruction, proper handling, and disposition of biomedical wastes. Records related to the shipment, weight, waste category, location points, and transporter's receipt of biomedical waste.

Medical Equipment - Radioactive Waste Disposal Records

Records related to the disposal of radioactive waste and by-products. Includes date, method of disposal, name and address of the waste hauler, amount disposed of, and the name of the staff handling the disposal or transfer process.

Medical Equipment - Air Sampling and Bioassays

Records related to the results of air sampling, bioassays, and surveys conducted in the radiology section, which are sufficient enough to identify potential hazards, permit proper equipment selection, estimate exposure levels, and to evaluate actual intake levels.

Pharmacy Records

Pharmacy Records - Controlled Substances – Inventory and Orders

Records related to the identification and treatment of required inventories and logs pertaining to drugs held by facilities, including pharmacists and EMS units. Includes narcotics.

Pharmacy Records - Prescriptions

Records related to written prescriptions maintained by pharmacies.

Facility Records

Standard Total Retention Period

Variance from Standard Total Retention Period

CY + 3 years

CY + 3 years

CY + 2 years

GA, NC, SC, TX, UT, WA: 3 years after termination or expiration of license

NC: CY + 3 years

OH: Until license expires

OH: Until termination of license

CT: 3 years from the date of the last transaction

IN, ME, NJ, UT: 5 years

NC: CY + 3 years

OH: 3 years
Facility Records - Permits

Required permits to operate clinic. Includes, business license, facility grounds, building, boiler permits, fire inspection permits, FCC license, etc.

Facility Records - Inspection Reports

Reports of inspection by local, state, or federal agents.

Facility Records - Incident Reports

Reports of unusual incidents that are recorded by a witness to the incident in a formal manner such as a log, event book, incident form, etc. May be used to report security or injury incidents or to note disturbances in the work place such as fire alarms, roof leak, computer and power outages, car alarms, and other events.

Facility Records - Annual Reports to State Departments of Health

Facility Records - QC Reports

Quality control reports for clinics.

Facility Records - Laboratory - Quality Control Records

Records related to the quality control of laboratory sample processing and testing to assure that the samples were tested in the same exact manner as the regular patient samples.

Staff Records

Staff Records - Medical Staff Files

Medical staff files including certification, credentials, and complaints.

Staff Records - Training and Education Records

Records related to training and certification of employees, including credentials, licenses, and certifications including formal training, on the job education, and continuing educational credits.

Staff Records - Policy and Procedure Manuals

Medical Directives, policies, and procedures for facility operations. Also includes manuals for medical equipment.

Administrative
Administrative - Contracts

Copies of operating contracts. Originals must be sent to appropriate department at corporate office, where they will be retained in accordance with company policy, as follows:

Real property leases – Real Estate Department  
Equipment and supply contracts and service agreements (e.g. janitorial) – Purchasing Department  
Employment agreements – Human Resources Department  
Payor/Provider agreements – Contracting Department  
All other contracts – Legal Department

Administrative – Regional Billing Office Batch Files

Copies of documentation sent to the Regional Billing Office to process charges and billing, records documenting cash payments received for medical care and receipts for bank deposits made with such funds and records documenting credit and debit card payments received for medical care.

Administrative – Mail Operations

Records documenting the processing of registered mail, insured mail, postage meter activities, UPS, Federal Express, etc.

Administrative – Service Requests

Requests for internal services including computer support, equipment maintenance, etc.

Administrative – Supply Requisitions

Supply requisition records including office and material management supply requisitions.

Administrative – Telecommunication Reports

Reports providing clinic telecommunications detail for long distance and local calls.

Administrative – Administrative Support Records

Copies of records which are used for internal administrative activities including records that document procedures, expenditure of funds, day-to-day management of office personnel, office services and equipment requests.
**Administrative**

**Administrative – Correspondence**

Files containing copies of letters and memoranda sent to others and original letters and memoranda received from external sources/parties.

**Administrative – Meeting Notes/Minutes**

Notes or minutes from meetings. Includes oral conversations and telephone calls pertaining to meeting notes/minutes.

**Administrative – Transitory Messages**

Records used primarily for the informal communication of information. Transitory messages do not set policy, establish guidelines or procedures, certify a transaction or become a receipt. Transitory messages include e-mail messages with short-lived or no administrative value, voice mail, self-sticking notes and telephone messages.

**Administrative – Transmittal Documents**

Short-term documents used to transmit information to another record. e.g. transmittal documents for data entry.

**Administrative – Record Inventory**

Records listing type of records, location, responsible party and other relevant information about records stored in the off-site record center.

**Administrative – Record Destruction**

Records documenting the destruction of records in accordance with the records management policy.

**Business Management**

**Business Management – Management Reports**

Reports and records providing management information, including status reports, progress reports and weekly/monthly management reports.

<table>
<thead>
<tr>
<th>Category</th>
<th>Standard Total Retention Period</th>
<th>Variance from Standard Total Retention Period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Administrative – Correspondence</strong></td>
<td>CY + 3 years</td>
<td>Business Use</td>
</tr>
<tr>
<td><strong>Administrative – Meeting Notes/Minutes</strong></td>
<td>CY + 3 years</td>
<td>Business Use</td>
</tr>
<tr>
<td><strong>Administrative – Transitory Messages</strong></td>
<td>AV</td>
<td>Business Use</td>
</tr>
<tr>
<td><strong>Administrative – Transmittal Documents</strong></td>
<td>CY + 1 year</td>
<td>Business Use</td>
</tr>
<tr>
<td><strong>Administrative – Record Inventory</strong></td>
<td>ACT + 2 years</td>
<td>Business Use</td>
</tr>
<tr>
<td><strong>Administrative – Record Destruction</strong></td>
<td>Permanent</td>
<td>Business Use</td>
</tr>
<tr>
<td><strong>Business Management – Management Reports</strong></td>
<td>CY + 3 years</td>
<td>Business Use</td>
</tr>
</tbody>
</table>
Business Management – Internal Planning/Forecasting Reports and Work Papers

Reports and workpapers used for internal planning and forecasting

Business Management – Policy and Procedure Directives

Records documenting, explaining or interpreting policies and procedures

Business Management – Procedure Manuals

Documentation manuals detailing procedures that implement the policies of the region or clinic facility.

Business Management – Table of Authorizations

Records specifying which individuals in the region or clinic facility have authority to approve or authorize specified actions.

Business Management – Travel Transactions and Reports

Records and reports detailing travel transactions of personnel.

Business Management – Travel Itineraries

Travel itineraries for regional or clinic employees.
Exhibit F
U.S. HealthWorks is committed to communicating with our clients regularly about an injured worker’s condition. We believe that clear and timely communication between the medical provider, employer and claims examiner is the key to helping injured workers get back to work quickly and safely.

Our new, convenient online Client Communication System (CCS) provides you with immediate access to a variety of workers' compensation reports to monitor the status of your injured workers.

Benefits:
- Free service to U.S. HealthWorks clients!
- Access CCS on the web 24/7 with your login name and password by visiting www.ushealthworks.com
- Reports are updated daily at 9:30pm PST / 12:30am EST
- CCS is user-friendly and allows you to quickly search for the information you need, when you need it
- Sort and customize your workers’ compensation reports
- Download and export your reports to your desired file format (PDF, Excel, CSV)

Reports available:
1. **Activity Summary** - Access work status reports and diagnosis information. You can also view all appointments (scheduled, cancelled, missed, walk-ins).
2. **Case Status** - Get a summary of the number of visits for each patient by case.
3. **Custom Report** - Create a custom report that suits your company’s needs.
4. **Industrial Case Cost** - View a summary of case costs for injury and physical therapy visits by diagnosis.
5. **Patient Search** - View patient case history.
6. **Patient Visit Information** - Obtain a list of patients seen within your selected appointment date range.
7. **Utilization Analysis by Diagnosis** - Review case statistics related to the type of visit (Injury, Physical Therapy, Orthopedics) and view results summarized by diagnosis.

Contact your U.S. HealthWorks representative today for a FREE demonstration of CCS.

OCCUPATIONAL MEDICINE

U.S. HealthWorks
The Right Care, Right Away
www.ushealthworks.com
Exhibit G
<table>
<thead>
<tr>
<th>Icd-9 Code</th>
<th>Primary Diagnosis Description</th>
<th>Ofc-P/T Average Per Case</th>
<th>Ave Flw Ups</th>
<th>Total Case Count</th>
<th>Percent of Total</th>
<th>First Visit Average</th>
<th>Office Flw Ups Per Case</th>
<th>Ofc Flw Ups</th>
<th>Therapy Flw Ups Per Case</th>
<th>P/T Flw Ups</th>
<th>Percent Cases w/ P/T</th>
<th>Ave Dur Dys</th>
<th>% Cses Closed 30 Dys</th>
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</thead>
<tbody>
<tr>
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<td>14</td>
<td>6.48</td>
<td>302.37</td>
<td>520.69</td>
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<td>632.40</td>
<td>6.7</td>
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<td>7.1</td>
<td>69.23</td>
<td>40</td>
<td>53.84</td>
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<tr>
<td>840.9</td>
<td>STRAIN/SHOULDER</td>
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<td>7.8</td>
<td>11</td>
<td>5.09</td>
<td>246.85</td>
<td>371.41</td>
<td>3.5</td>
<td>614.52</td>
<td>5.8</td>
<td>72.72</td>
<td>28</td>
<td>72.72</td>
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<tr>
<td>883.0</td>
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<td>3.2</td>
<td>9</td>
<td>4.16</td>
<td>313.12</td>
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<td>11.11</td>
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<td>77.77</td>
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<td>845.00</td>
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<td>1,216.03</td>
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<td>8</td>
<td>3.70</td>
<td>395.48</td>
<td>420.39</td>
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<td>1,600.61</td>
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<td>25.00</td>
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<td>75.00</td>
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<td>EXPOSURE/BODY FLUIDS</td>
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<td>281.07</td>
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<td>¥0.00</td>
<td>¥0.00</td>
<td>¥4</td>
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<td>3.7</td>
<td>4</td>
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<td>1.85</td>
<td>193.88</td>
<td>502.48</td>
<td>3.2</td>
<td>843.74</td>
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<td>126</td>
<td>50.00</td>
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<td>313.19</td>
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<td>3</td>
<td>1.38</td>
<td>202.55</td>
<td>110.64</td>
<td>1.0</td>
<td>¥0.00</td>
<td>¥0.00</td>
<td>¥0.00</td>
<td>¥5</td>
<td>100.00</td>
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<td>1.6</td>
<td>3</td>
<td>1.38</td>
<td>162.03</td>
<td>162.13</td>
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<td>¥0.00</td>
<td>¥0.00</td>
<td>¥0.00</td>
<td>¥6</td>
<td>100.00</td>
</tr>
<tr>
<td>842.00</td>
<td>STRAIN/WRIST</td>
<td>681.92</td>
<td>3.6</td>
<td>3</td>
<td>1.38</td>
<td>325.43</td>
<td>315.58</td>
<td>3.3</td>
<td>122.73</td>
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<td>848.8</td>
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<td>66.66</td>
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<td>33.33</td>
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<td>33.33</td>
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<td>12.6</td>
<td>3</td>
<td>1.38</td>
<td>344.69</td>
<td>660.37</td>
<td>5.0</td>
<td>708.11</td>
<td>7.6</td>
<td>100.00</td>
<td>56</td>
<td>.00</td>
</tr>
<tr>
<td>V01.1</td>
<td>EXPOSURE, TUBERCULOSIS</td>
<td>193.45</td>
<td>1.0</td>
<td>2</td>
<td>.92</td>
<td>136.97</td>
<td>56.48</td>
<td>1.0</td>
<td>¥0.00</td>
<td>¥0.00</td>
<td>¥0.00</td>
<td>¥25</td>
<td>50.00</td>
</tr>
<tr>
<td>V01.84</td>
<td>CONTACT OR EXPOSURE TO MENINGO</td>
<td>217.45</td>
<td>1.5</td>
<td>2</td>
<td>.92</td>
<td>66.57</td>
<td>150.88</td>
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<td>¥0.00</td>
<td>¥0.00</td>
<td>¥0.00</td>
<td>¥6</td>
<td>100.00</td>
</tr>
</tbody>
</table>

Report Totals: 964.67 6.8 216 100.00 259.44 344.63 3.1 885.11 9.0 40.74 44 63.88
Exhibit H
Customer Complaints

STANDARD

The Patient and all others interacting with the Center have a right to have complaints heard, reviewed and resolved. Patients are free to voice a complaint regarding policies/procedures, standards, care, services or treatment personally affecting them and recommend changes without coercion, discrimination, reprisal, or interruption of care and services. All complaints will be managed promptly, professionally, and confidentially.

CRITERIA

- All associates will receive training on the complaint process during orientation.
- Every associate is empowered to take a complaint, document it, and report it immediately to the Center Manager. When possible, complaints should be resolved by the Center Manager immediately to the satisfaction of the customer.
- Any complaint/incident/unusual occurrence pertaining to the quality or appropriateness of patient care delivered by a licensed health care professional is referred to the Center Medical Director for immediate investigation. Please refer to standard Complaints Involving Licensed Professionals.
- The Center Manager documents all complaints and follow-up resolution.
- The documentation includes:
  - date and time;
  - complaint;
  - patient’s name;
  - medical record number;
  - staff involved;
  - resolution (what the Center did);
  - outcomes (the patient’s reaction to resolution); and
  - the responsible party for the complaint resolution or the issue.
- The Center Manager is responsible for the system of complaint management including actions taken and responses or outcomes. The Area Manager or RVP should review any written reply to the customer/patient.
- The patient will be informed of all action taken. Follow up regarding the patient’s response to the resolution is documented for further tracking.
- The complaint management system will track and trend all complaints and the customer’s response to the resolution. From trends, root causes are determined and actions taken to prevent recurrence.
Complaints Involving Licensed Professionals

STANDARD

Any complaints regarding appropriateness of patient care or professional services received on a licensed health care professional will be immediately referred to the Center Medical Director. The process for managing the complaint directed at the actions of any licensed health care professional will include protection of the professional’s rights, communication, collaboration and the resolution of the issue in an objective, fair and timely manner.

CRITERIA

- Any complaint/incident/unusual occurrence pertaining to the quality or appropriateness of patient care delivered by a licensed health care professional is referred to the Center Medical Director for immediate investigation. If the complaint received is directed toward the Center Medical Director the complaint is immediately referred to the Regional Medical Director.

- The Center Medical Director or Regional Medical Director will resolve professional complaints, to the extent possible, document findings and forward a report to the Chairman, Credentials Committee for tracking and trending as part of the quality improvement program.

- No disciplinary action of any kind will be taken until the Credentialing Committee performs its own investigation and inquiry except where there is an immediate threat to the safety of the client. The Credentialing Committee, prior to any action being taken, must review any complaint that may result in disciplinary action, modification of privileges or termination.

- If reasonable belief exists that conduct by a licensed health care professional who delivers health care services may constitute grounds for discipline, the Credentialing Committee shall investigate and determine whether grounds for discipline exist.

- The Credentialing Committee will ensure the fair review of the case with the licensed professional involved avoiding any potential conflict of interest on the part of the members.

- Only the Credentialing Committee may suspend, deny, revoke, or curtail the privileges, or reprimand, counsel, or require education, of any such licensed health care professional after a final determination has been made that one or more of the following grounds exist:
  
  - Being found to be a current habitual user of intoxicants or drugs to the extent that adversely affects job performance or conduct.
  
  - Mental or physical impairment, to the extent that they are not defined as disabilities under the ADA, that poses a direct threat or significant risk of substantial harm to the health or safety of the individual or of others.
  
  - Medical negligence.
  
  - Incompetence.
  
  - Moral unfitness.
  
  - Being found liable by a court of competent jurisdiction for medical negligence or malpractice involving negligent conduct.
Customer Satisfaction Monitoring System

STANDARD

The Center will maintain a customer satisfaction monitoring system, designed to obtain feedback from both internal and external customers. Responses from patients, employers, payers, and associates will be used in the planning of care, services and retention to meet needs, expectations, and increase satisfaction, as well as assisting the Center operation with opportunities for quality improvement and prevention of adverse occurrences.

CRITERIA

• Quarterly, the surveys are summarized for response rate, overall satisfaction, and satisfaction for each question.
• The summary is analyzed for identification of trends, issues, or areas in need of quality improvement.
# Customer Complaint Form (Sample)

<table>
<thead>
<tr>
<th>Complaint taken by:</th>
<th>Date of Complaint:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complainant Name:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
<tr>
<td>Description of the Complaint:</td>
<td></td>
</tr>
</tbody>
</table>

Referred to ______________ for further investigation. | Date: ______________

Follow-up with Associate:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action:</td>
<td></td>
</tr>
</tbody>
</table>

Follow-up with Customer:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resolution:</td>
<td></td>
</tr>
</tbody>
</table>

Outcome:

Signature of Person Resolving Complaint: | Date: ______________

Signature of Center Manager: | Date: ______________
Exhibit I
### U.S. HealthWorks

**Patient Satisfaction Survey**

*U.S. HealthWorks* is committed to the quality of our care and services. Thank you for taking the time to complete this survey!

<table>
<thead>
<tr>
<th>Reason for visit:</th>
<th>Work Related Physical/Drug Screen</th>
<th>3. Work Related Physical/Drug Screen</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Work Related Injury</td>
<td>☐ yes ☐ no ☐ n/a</td>
<td>☐ yes ☐ no ☐ n/a</td>
</tr>
<tr>
<td>2. Work Related Follow Up</td>
<td>☐ yes ☐ no ☐ n/a</td>
<td>☐ yes ☐ no ☐ n/a</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How satisfied are you with the following:</th>
<th>4. Private/Primary Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Front Desk Service - Timely, Polite, Informative, Respectful?</td>
<td>☐ outstanding</td>
</tr>
<tr>
<td>☐ above average</td>
<td>☐ average</td>
</tr>
<tr>
<td>☐ below average</td>
<td>☐ poor</td>
</tr>
<tr>
<td>7. Nursing/Clinical Service - Timely, Attentive, Informative, Respectful?</td>
<td>☐ outstanding</td>
</tr>
<tr>
<td>☐ above average</td>
<td>☐ average</td>
</tr>
<tr>
<td>☐ below average</td>
<td>☐ poor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ outstanding</td>
<td>☐ above average</td>
</tr>
<tr>
<td>☐ above average</td>
<td>☐ average</td>
</tr>
<tr>
<td>☐ average</td>
<td>☐ below average</td>
</tr>
<tr>
<td>☐ below average</td>
<td>☐ poor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Clinic Location - Easy to find, Parking available, Hours of operation?</th>
<th>11. Cleanliness - Waiting room &amp; Exam room, orderly and clean?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ outstanding</td>
<td>☐ above average</td>
</tr>
<tr>
<td>☐ above average</td>
<td>☐ average</td>
</tr>
<tr>
<td>☐ average</td>
<td>☐ below average</td>
</tr>
<tr>
<td>☐ below average</td>
<td>☐ poor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12. In your opinion, how satisfied are you with the overall quality of care provided by USH?</th>
<th>13. How satisfied were you with the overall services provided?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ very satisfied</td>
<td>☐ above average</td>
</tr>
<tr>
<td>☐ satisfied</td>
<td>☐ average</td>
</tr>
<tr>
<td>☐ neither satisfied nor dissatisfied</td>
<td>☐ below average</td>
</tr>
<tr>
<td>☐ dissatisfied</td>
<td>☐ poor</td>
</tr>
<tr>
<td>☐ very dissatisfied</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. Time in the waiting room?</th>
<th>15. What was your overall wait time?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ less than 15 min.</td>
<td>☐ less than 15 min.</td>
</tr>
<tr>
<td>☐ 15 - 30 min.</td>
<td>☐ 15 - 30 min.</td>
</tr>
<tr>
<td>☐ 30 - 45 min.</td>
<td>☐ 30 - 45 min.</td>
</tr>
<tr>
<td>☐ 45 - 60 min.</td>
<td>☐ 45 - 60 min.</td>
</tr>
<tr>
<td>☐ 60 + min</td>
<td>☐ 60 + min</td>
</tr>
</tbody>
</table>

Comments:
Exhibit J
# U.S. HealthWorks

## List of Physicians Providing Occupational Services

<table>
<thead>
<tr>
<th>Accupuncturist Provider:</th>
<th>Behnaz Vahed, AC.</th>
</tr>
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<tbody>
<tr>
<td>Medical License #</td>
<td>AC6246</td>
</tr>
<tr>
<td>Federal Tax ID #</td>
<td>95-4643269</td>
</tr>
<tr>
<td>Address</td>
<td>2023 West Vista Way, Suite C</td>
</tr>
<tr>
<td>City:</td>
<td>Vista</td>
</tr>
<tr>
<td>State:</td>
<td>CA 92083</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>760-941-2000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Accupuncturist Provider:</th>
<th>Greg Bieg, Lic. AC.</th>
</tr>
</thead>
<tbody>
<tr>
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<td>AC3222</td>
</tr>
<tr>
<td>Federal Tax ID #</td>
<td>035-4643269</td>
</tr>
<tr>
<td>Address</td>
<td>362 West Mission Ave Ste. 104</td>
</tr>
<tr>
<td>City:</td>
<td>Escondido</td>
</tr>
<tr>
<td>State:</td>
<td>CA 92108</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>760-747-2330</td>
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</table>

<table>
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<th>Greg Bieg, Lic. AC.</th>
</tr>
</thead>
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<td>AC3222</td>
</tr>
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<td>Federal Tax ID #</td>
<td>33-0932007</td>
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<td>5575 Ruffin Road Ste 100</td>
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<tr>
<td>City:</td>
<td>San Diego</td>
</tr>
<tr>
<td>State:</td>
<td>CA 92123</td>
</tr>
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The asterik (*) denotes the individual is an employee of U.S. HealthWorks.
U.S. HealthWorks
List of Physicians Providing Occupational Services

Orthopedist/Spine Surgeon Provider:
Janet Dunlap, M.D.
Medical License #: G63785
Federal Tax ID #: 95-4643269
Address: 2023 West Vista Way, Suite C
City: Vista
State: CA
Phone Number: 92083
760-941-2000

Orthopedist/Spine Surgeon Provider:
Janet Dunlap, M.D.
Medical License #: G63785
Federal Tax ID #: 95-4643269
Address: 5810 El Camino Real, Suite A
City: Carlsbad (East)
State: CA
Phone Number: 92008
760-929-8269

Orthopedist (Non Surgical) Provider:
Joel Fisler, M.D.
Medical License #: C26184
Federal Tax ID #: 95-4643269
Address: 3930 Fourth Avenue, Suite 200
City: San Diego (Hillcrest)
State: CA
Phone Number: 92103
(619) 297-9610

Orthopedist (Non Surgical) Provider:
Joel Fisler, M.D.
Medical License #: C26184
Federal Tax ID #: 33-0932007
Address: 5575 Ruffin Road, Suite 100
City: San Diego ( Kearny Mesa)
State: CA
Phone Number: 92123
(858) 277-2744

Orthopedist Provider:
Edwin Fuller, M.D.
Medical License #: C26937
Federal Tax ID #: 95-4643269
Address: 1111 Broadway, Suite 305
City: Chula Vista
State: CA
Phone Number: 91911
619-426-8212

Orthopedist/Spine Surgery Provider:
Jerry Hall, M.D.
Medical License #: G85854
Federal Tax ID #: 33-0932007
Address: 5575 Ruffin Road, Suite 100
City: San Diego (Kearny Mesa)
State: CA
Phone Number: 92123
(858) 277-2744

Orthopedist Provider:
Rodney Henderson, M.D.
Medical License #: A67635
Federal Tax ID #: 95-4643269
Address: 25285 Madison Ave., Suite 101
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951-600-9070

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Orthopedist/Hand Provider:
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The asterik (*) denotes the individual is an employee of U.S. HealthWorks.
Laurie Pierce, M.D. *  
A43009  
95-4643269  
5810 El Camino Real, Suite A  
Carlsbad (East)  
CA 92008  
760-929-8269

Theodore Robinson, M.D. *  
G79643  
95-4643269  
5575 Ruffin Road, Suite 100  
San Diego (Kearny Mesa)  
CA 92123  
(858) 277-2744

Rodolfo Ruiz-Velasco, M.D.*  
A30119  
95-4643269  
102 Mile of Cars Way  
National City  
CA 91950  
(619) 474-9211

Kathryn Sears, M.D.*  
A46530  
95-4643269  
2023 West Vista Way, Suite C  
Vista  
CA 92083  
(760) 941-2000

Kathryn Sears, M.D.*  
A46530  
95-4643269  
5575 Ruffin Road, Suite 100  
San Diego (Kearny Mesa)  
CA 92123  
(858) 277-2744

Bruno Seemann, M.D.*  
G64684  
95-4643269  
2023 West Vista Way, Suite C  
Vista  
CA 92083  
(760) 941-2000

Bruno Seemann, M.D.*  
G64684  
95-4643269  
5575 Ruffin Road, Suite 100  
San Diego (Kearny Mesa)  
CA 92123  
(858) 277-2744

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## U.S. HealthWorks
### List of Physicians Providing Occupational Services

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<td>Robert Vu, M.D.*</td>
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Abbreviated Biographies

Carlsbad East
Facility Medical Director: Laurie Pierce, M.D.
Education: MD Degree 1983 – Eastern Virginia Medical School
BS Degree 1978 – The College of William and Mary
Employed by U.S. HealthWorks: 10 months
Board Certified Physician: Robert Clifford, M.D., Orthopedic Surgery
Center Manager: Shelley Beckett

Chula Vista
Facility Medical Director: Robert Cabico, M.D.
Education: MD Degree 1988 – University of Illinois
BS Degree 1983 – University of California, San Diego
Board Certified, Internal Medicine
Employed by U.S. HealthWorks: 16 years
Board Certified Physician: Edwin Fuller, M.D., Orthopedic Surgery
Center Manager: Alan L. Rosenfield, M.D., Orthopedic Surgery
Florence McMoore

Escondido
Facility Medical Director: Jason Kouri, M.D.
Education: MD Degree 1996 – University of San Diego
BS Degree 1991 – University of California Irvine
Employed by U.S. HealthWorks: 4 years
Board Certified Physician: Jon Kelly, M.D., Orthopedic Surgery
Kevin Deitel, M.D., Orthopedic Surgery
Center Manager: Romelle Butts

Escondido South
Facility Medical Director: Gary Jacobs, M.D.
Education: MD Degree 1981 - St. George’s University School of Medicine
BS Degree 1971 – University of California Long Beach
Employed by U.S. HealthWorks: 2 months
Board Certified Physician: William Holland, M.D., Orthopedic Surgery
Center Manager: Romelle Butts
Hillcrest
Facility Medical Director: Minh Nguyen, D.O.
Education: DO Degree 1999 — Kirksville College of Osteopathic Medicine
          BS Degree 1990 — University of California, Riverside
Employed by U.S. HealthWorks: 3 years
Board Certified Physician: Raymond Vance, M.D., Orthopedic Surgery
Center Manager: Denise Fasce

Kearny Mesa
Facility Medical Director: Spencer Olsen, M.D.
Education: MD Degree 2001— University of Washington School of Medicine
          BS Degree 1995 — Purdue University
Employed by U.S. HealthWorks: 2 years
Center Manager: Frank Long

La Mesa
Facility Medical Director: Janet Kristi Wells, M.D.
Education: MD Degree 1975 — University California Los Angeles
          BS Degree 1971 — California State College of Long Beach
Employed by U.S. HealthWorks: 5 years
Board Certified Physician: Gregory Schwab, M.D., Orthopedic
Center Manager: Rosie Garcia

Miramar
Facility Medical Director: Stephen Liebham, M.D.
Education: MD Degree 1982 – Medical College of Wisconsin
          BS Degree 1978– Catholic University of America
Employed by U.S. HealthWorks: 12 years
Center Manager: Migdalia Rubio

Murrieta
Facility Medical Director: Frederic Butler, M.D.
Education: MD Degree 1990 – University of Iowa College of Medicine
          BA Degree 1981 – Medical College of Wisconsin
Employed by U.S. HealthWorks: 10 months
Board Certified Physician: Rodney Henderson, M.D., Orthopedic Surgery
Center Manager: Michelle Wilson
National City

Facility Medical Director: Rodolfo Ruiz-Velasco, M.D.
Education: MD Degree 1973 – University of California, Los Angeles
BS Degree 1969 – San Diego State University
Employed by U.S. HealthWorks: 24 years
Board Certified Physician: Bruce Foerster, M.D., Orthopedic Surgery
Alfred Luppi, M.D., Physical Medicine & Rehabilitation
Theodore Levine, M.D., Orthopedic Surgery
Center Manager: Aldo Mendoza

Santee

Facility Medical Director: Bruce Hoang, D.O.
Education: DO Degree 1997 – Kirksville College of Osteopathic Medicine
BA Degree 1992 – University of California San Diego
Employed by U.S. HealthWorks: 6 years
Board Certified Physician: Steve Allsing, M.D., Orthopedic Surgery
Center Manager: Alice Wilson

Sorrento Mesa

Facility Medical Director: Robert Vu, M.D.
Education: MD Degree 2000 – American University of Caribbean
BS Degree 1991 - University of California, Irvine
Employed by U.S. HealthWorks: 3 years
Board Certified Physician: John Serocki, M.D., Orthopedic Surgery
Center Manager: Elizabeth Ramirez

Vista

Facility Medical Director: Bruno Seemann, M.D.
Education: MD Degree 1987 – Medical College of Wisconsin
BS Degree 1983 – University of California, Davis
Employed by U.S. HealthWorks: 7 years
Board Certified Physician: Janet Dunlap, M.D., Orthopedic Surgery
Robert Scott, M.D., Physical Medicine & Rehabilitation
Center Manager: Cathi Wasson
STEVEN RICHARD ALLSING

5565 Grossmont Center Drive
Building 3, Suite 154
La Mesa, California 91942
Office: (619)465-0083
Fax: (619)465-2267

OBJECTIVE

The private practice of general orthopaedic surgery.

PERSONAL

Preferred Name: Steve
Date of Birth: July 18, 1966
Marital Status: Married to Courtney, August 13, 1994
Children: Nicholas, Born May 15, 1997; Alexander, Born December 2, 1998
Health: Excellent
Arizona License: #25184
California License: #G084093

HONORS AND AWARDS

- President's Undergraduate Fellowship, June 1986.
- Selected by Residency Chair as Resident Reporter to AAOS, March 1998.
- Louis-Colton Pediatric Orthopaedic Symposium, First Prize, April 1999.

EDUCATION

University of California, San Diego, Revelle College
La Jolla, California
- Bachelor of Arts in Biology, June 1989
- Bachelor of Arts in Economics, June 1989

University of California, San Diego School of Medicine
La Jolla, California
- Doctor of Medicine, June 1993
STEVEN RICHARD ALLSING

Maricopa Medical Center General Surgery Residency
Phoenix, Arizona
- General Surgery Intern, June 1993 - June 1994

Maricopa Medical Center Orthopaedic Residency Training Program
Phoenix, Arizona
- Orthopaedic Research, Harrington Arthritis Research Center
  July 1994 - February 1995
- Adult Reconstruction and Arthroscopy, Phoenix VA Medical Center
- Orthopaedic Trauma, Maricopa Medical Center
- Sports Medicine, Phoenix Roadrunners and Phoenix Coyotes Hockey Teams
- Musculoskeletal Oncology, St. Luke’s Medical Center
- Pediatric Orthopaedics, Children’s Rehabilitative Services, St. Joseph’s Medical Center
- Hand Surgery, Maricopa Medical Center, St. Luke’s Medical Center
  November 1997 - February 1998
- Adult Reconstruction, Shoulder and Elbow Surgery, Musculoskeletal Oncology
  Mayo Clinic, Scottsdale Arizona, March 1997 - June 1997
- Spine Surgery, Maricopa Medical Center, St. Joseph’s Medical Center
  March 1998 - June 1998
- Graduated: June 30, 1999

URGENT CARE WORK EXPERIENCE

Medical Officenter (now Novacare)
Phoenix, Arizona
- Part-time Physician June 1997 - May 1999

RESEARCH EXPERIENCE

The Isolation and Characterization of the System A Protein
I isolated and cloned mouse hybridoma cells in order to obtain monoclonal
antibodies against a kidney cell surface protein, then performed biochemical assays to
determine the specificities of these antibodies. September 1985 - May 1987.

Project Director - Milton Saier, Ph.D.
University of California, San Diego
President’s Undergraduate Fellowship awarded, June 1986.
Short and Long-Term Muscle Changes After Phenol Nerve Block

I surgically applied phenol nerve blocks, removed muscle tissue samples, acquired isometric measurements on this tissue, and performed immunohistochemical analysis of the fiber type and cross-sectional area via computerized microscopy. June 1992 - June 1993.

Project Directors - Michael J. Botte, M.D., and Sue C. Bodine-Fowler, Ph.D.
University of California, San Diego School of Medicine
Submitted to UCSD School of Medicine as Independent Study Project.

The Biomechanical Testing of an Alternative Method of Patella Fracture Fixation

I performed biomechanical tests comparing two forms of patella fracture fixation. I first developed several patellar models with various biomaterials, and tested load to failure of anterior tension band wiring versus fixation with wires and cannulated screws. Finally, I performed load to failure testing of the two fixation methods on cadaveric patellae.

Co-authors - Gregory Grant, M.D., Daniel A. Romanelli, M.D., and David Sanders, M.D., Phoenix Orthopaedic Residency Program

Presented at the 1995 Arizona Orthopaedic Symposium
Maricopa Medical Center, November, 1995.
Received second prize for original research.
Presented at the Arizona Orthopaedic Society Scientific Meeting Chandler, Arizona, October, 1996.

Goretex Vascular Graft in Acromioclavicular Joint Reconstruction

I performed biomechanical tests of load to failure, comparing coracoclavicular fixation with the Rockwood screw to that obtained with a Meadox woven double velour vascular graft in a sawbones model.

Co-authors - Louis Vu, M.D., and Dana G. Seltzer, M.D.
Phoenix Orthopaedic Residency Program

Presented at the 1996 Arizona Orthopaedic Symposium
University of Arizona Medical Center, December, 1996.
Abstract printed in Academic Excellence Day program Maricopa Medical Center, May, 1997.

Cerebral Palsy: A Clinical Pathway

I developed a clinical pathway for the orthopaedic treatment of cerebral palsy based upon a review of the current literature. Evaluation and treatment protocols are defined based upon the age of the child, the type of neurologic involvement, and specific problems which may arise over the lifetime of the child.

Co-authors - Stephen R. Stein, M.D., and Delwyn J. Worthington, M.D.
Phoenix Orthopaedic Residency Program

Outcomes Assessment in L3 Level Spina Bifida: A Comparison of Functional and Emotional Outcomes in Ambulatory vs. Wheelchair-Dependent Patients

After identifying those patients at Children's Rehabilitative Services with Spina Bifida and an L3 neurologic level, I performed an outcomes assessment analysis in order to determine whether wheelchair dependence negatively affected overall satisfaction and physical function.

Co-author - Delwyn J. Worthington, M.D.
Phoenix Orthopaedic Residency Program

Presented at the 1999 Louis-Colton Pediatric Orthopaedic Symposium
Phoenix, Arizona, April, 1999. Received first prize.

PRESENTATIONS

“Nutrition.” Presented to Pediatric faculty and high school students, La Jolla High School, November 1989.

“Public Funding - Medicare.” Presented to Behavioral Science faculty/students, UCSD School of Medicine, October 1990.


“Burn Infections.” Presented to Surgical Burn faculty and residents, UCSD Medical Center, March 1992.

“Substance Abuse in Pregnancy.” Presented to OB/GYN faculty/students, UCSD Medical Center, April 1992.


“deQuervain’s Tenosynovitis.” Presented at Orthopaedic Fracture Conference Maricopa Medical Center, July, 1994.


“Shoulder Impingement.” Presented at Orthopaedic Grand Rounds VA Medical Center, Phoenix, Arizona, February, 1996.


STEVEN RICHARD ALLSING

"Acute Flexor Tendon Injuries in Zones I, II and III."
Presented at Hand Surgery Grand Rounds

"Acute Fractures of the Scaphoid."
Presented at Hand Surgery Grand Rounds

"Acromioclavicular Joint Reconstruction."
Presented at Orthopaedic Grand Rounds
Mayo Clinic, Scottsdale, Arizona, April, 1997.

"Bone Tumor Simulators."
Presented with C.P. Beauchamp, M.D. at Orthopaedic Tumor Conference

"Management of the Hip in Spina Bifida."
Presented at Pediatric Orthopaedic Grand Rounds

"Cerebral Palsy: A Clinical Pathway."
Presented at the Louis-Colton Pediatric Orthopaedic Symposium
Phoenix, Arizona, April, 1998.
Presented at the American Academy of Pediatrics Annual Meeting
San Francisco, California, October 17, 1998.

"Spinal Orthotics."
Presented at Orthopaedic Spine Conference
Maricopa Medical Center, Phoenix, Arizona, June, 1998.

"Outcomes Assessment in L3 Level Spina Bifida."
Presented at the Louis-Colton Pediatric Orthopaedic Symposium
Phoenix, Arizona, April, 1999.

"Osteoporosis."
Presented at Orthopaedic Grand Rounds
Maricopa Medical Center, Phoenix, Arizona, April, 1999.

"Pulmonary Sequelae of Trauma."
Presented at Orthopaedic Grand Rounds
Maricopa Medical Center, Phoenix, Arizona, June, 1999.

EXTRACURRICULAR ACTIVITIES

- Operating Room Orderly, Scripps Memorial Hospital, San Diego, 1988 - 1989.
- Participant in series of medical ethics discussions along with faculty and students from
  UCSD School of Medicine and USD Law School, Winter 1990.
- Member of reading group: "The Good Doctor: the Literature and Medicine of Anton
  Chekhov," UCSD School of Medicine, Spring 1990.
- Travel: bicycle tour of Germany, 1982; toured New Zealand and Australia, 1990.
- Avocations: reading, playing piano, biking, swimming, skiing, water-skiing, basketball,
  volleyball, fishing and snorkeling.
Greg Bieg, L. Ac.
Specialty: Acupuncturist

Licensure
California License Number: AC3222
NPI Number: 1134294283

Work History
10/01/2008 to Present
U.S. HealthWorks Medical Group - Escondido
362 West Mission Avenue, Suite 104
Escondido, Ca 92025
Phone: (760) 747-2330 / Fax: (760) 747-3136

Center for Specialty Care
5575 Ruffin Road, Suite 100
San Diego, Ca 92123
Phone: (858) 492-5410 / Fax: (858) 492-5411

01/1988 – Present
Physicians' Choice Acupuncture
Private practice

Education
09/1991 to 06/1994
Pacific College of Oriental Medicine
Postgraduate

09/1986 to 06/1987
California Acupuncture College
San Diego, California

09/1985 to 06/1986
Golden State University
San Diego, California

09/1984 to 06/1985
Asian American University
San Diego, California

09/1979 to 06/1981
Middlesex County College
Edison, New Jersey

09/1977 to 06/1979
Kean College of New Jersey
Union, New Jersey
Certificates
Qualified Medical Evaluator (1992)
Diplomat National Commission for Acupuncture and Oriental Medicine
Certified Radiologic Technologist
Andrew Bullock, D.O.
Specialty: Physical Medicine and Rehabilitation
Electrodiagnostic Medicine

Licensure
California License Number: 20A6842
D.E.A Certificate Number: BB5021883
NPI Number: 1295743045

Work History
10/02/2001 to Present
U.S. HealthWorks Medical Group
Center for Specialty Care
5575 Ruffin Road, Suite 100
San Diego, Ca 92123
Phone: (858) 492-5410
Fax: (858) 492-5411
Other Locations: Escondido, Santee, Miramar

1999 to 2001
Kaiser Permanente
San Diego, California

Education
1991 to 1995
University of Health Sciences
College of Osteopathic Medicine
Degree: Doctor of Osteopathic
Kansas City, Missouri

1995 to 1996
San Bernardino Country Medical Center
Internship
San Bernardino, California

1996 to 1999
University of California
Residency
Sacramento, California

1986 to 1990
University of California
Degree: B.S.
Berkeley, California

Certifications
National Board of Osteopathic Medical Examiners
American Academy of Physical Medicine and Rehabilitation
American Board of Physical Medicine and Rehabilitation
American Association of Medical Review Officer (AAMRO)

**Miscellaneous**
Physiatric Association of Spine, Sports and Occupational Rehabilitation
American Medical Association
American Osteopathic Association
University of California at Berkeley Sports Medicine Organization
University of Health Sciences College of Osteopathic Med Sports Medicine
CURRICULUM VITAE

Robert K. Clifford, M.D.

Birthdate  
April 9, 1956

Citizenship  
USA

Marital Status  
Married, Denise Giselle Goodman

Children  
Kendall Elizabeth - 5-17-87
West Alexander - 1-12-92

Offices  
317 North El Camino Real, Suite 405 (760) 942-0565
Encinitas, California 92024
5810 El Camino Real, Suite A (760) 942-0565
Carlsbad, California 92008

EDUCATION

Undergraduate  
1974 - 1978  
B.A. Chemistry; B.A., Biology  
Southern Methodist University, Dallas, Texas  
Magna Cum Laude, Phi Beta Kappa

Graduate  
1978 - 1981  
Doctor of Medicine  
Baylor College of Medicine, Houston Texas

Postgraduate  
1981 - 1982  
Orthopaedic Research Fellowship  
Baylor College of Medicine, Houston, Texas

1982 - 1983  
Flexible Medicine Internship  
Baylor Affiliated Hospitals, Houston, Texas

1983 - 1986  
Orthopaedic Surgery Residency  
Baylor Affiliated Hospitals, Houston, Texas

1986 - 1987  
Sports Medicine and Surgery of the Knee Fellowship  
Director: Thomas W. Cain, M.D.
NFL: Houston Oilers  
Baylor Affiliated Hospitals, Houston, Texas
Curriculum Vitae

Robert K. Clifford, M.D.

CURRENT PRACTICE

American Orthopaedics and Sports Medicine
    Robert K. Clifford, M.D.
    Kevin M. Deitel, M.D.
    William C. Holland, M.D.

    07/1998-present

American Occupational Medicine
    Robert K. Clifford, M.D.
    Laurie J. Pierce, M.D.

    07/1998 – 09/1/2008 (acquisition by USHW)

MEDICAL LICENSURE

California License - A043815
Colorado License - 28192
Texas License - G1360

BOARD STATUS

Board Certified - American Board of Orthopaedic Surgery
Qualified Medical Evaluator – State of California

ACADEMIC APPOINTMENTS

Clinical Instructor
Department of Surgery
University of California, San Diego
School of Medicine 12/1/88

PROFESSIONAL SOCIETY MEMBERSHIPS

American Academy of Orthopaedic Surgery, Fellow
American Board of Orthopaedic Surgeons, Diplomate
Arthroscopy Association of North America, Fellow
American Medical Association
San Diego County Medical Society
California Medical Association
PROFESSIONAL CLUBS
San Diego Knee Study Group
North San Diego County Sports Medicine Association

PROFESSIONAL ACTIVITIES
PRN Physical Therapy Network - Medical Consultant

TEAM AFFILIATIONS
San Dieguito Academy - Team Physician
Army Navy Academy - Orthopaedic Consultant
San Pasqual High School - Orthopaedic Consultant

HOSPITAL STAFF APPOINTMENTS
Scripps Memorial Hospital - Encinitas
UCSD Medical Center
Thornton Hospital

HOSPITAL COMMITTEE APPOINTMENTS
Center for Surgery of Encinitas
Chief of Staff 1996 - Current
RESEARCH

Previous


Aggressive Osteoblastoma and Aneurysmal Bone Cyst: Case Report and Description of Two Primary Bone Tumors in a Child; Robert K. Clifford, M.D., Kevin A. Raymond, Ph.D., Terry Clyburn, M.D., Thomas E. Cain, M.D.; M.D. Anderson Hospital and Tumor Institute, 1986.


Current

Operative Arthroscopy of the Arthritic Knee: Clinical Results.

A Possible Anatomic Cause for Patellar Tendinitis, Oden's Fascia.

Posterior Approach to the Lateral Lumbar Disc Herniation.

Lateral Femoral Condyle Graft Impingement Mimicking Lateral Meniscus Tear in the Anterior Cruciate Ligament Reconstructed Knee.
Tal S. David, M.D.
Curriculum Vitae

5471 Kearny Villa Road
Suite #200
San Diego, CA 92123
taldavid@aol.com
(858) 571-0606 x3047
(858) 715-4946 fax

PERSONAL:

Birthdate: March 28, 1969
Citizenship: U.S.A.
Marital Status: Married (Erin)
Children: Daughters (Ella Jordan, Alexandra Rose)

PRACTICE:

2000-Present
Private practice, Orthopedic Sports Medicine
San Diego, California

2001-Present
Clinical Instructor, Department of Orthopedic Surgery
University of California, San Diego

EDUCATION:

Surgical Training:

Fellowship: Sports Medicine, Kerlan-Jobe Orthopedic Clinic
Los Angeles, CA

Chief Resident: Orthopedic Service, Charity Hospital
LSU Medical Center
New Orleans, LA

Orthopedic Service, Children’s Hospital
New Orleans, LA

Categorical Resident: Department of Orthopedic Surgery
LSU Medical Center / Charity Hospital
New Orleans, LA

Medical School: Baylor College of Medicine
Houston, TX

Undergraduate: The University of Texas at Austin
Austin, TX
CERTIFICATION:

Diplomat, American Board of Orthopedic Surgery, 2002

LICENSURE:

California Medical License – A69504
Louisiana Medical License – 022434

PROFESSIONAL ORGANIZATIONS:

2000 – Present  North American Board of Editors, ORTHOPEDICS
1995 – Present  American Academy of Orthopedic Surgeons
2000 – Present  American Orthopedic Society for Sports Medicine
2007 – Present  Arthroscopic Association of North America
2000 – Present  Western Orthopedic Association
2000 – Present  California Orthopedic Association
2002 – Present  NFL Team Physicians Society

RECOGNITION / AWARDS:

2004 San Diego Magazine “Top Doctor” Award – Orthopedic Surgery

PRODUCT DEVELOPMENT / PATENTS:

Device for Analgesic Delivery in ACL Reconstructed Knees
Sierra Medical Technology, Inc.
San Diego, CA

COMMITTEE MEMBERSHIPS:

American Academy of Orthopedic Surgery:
2006 – Present  Candidate, Resident, and Fellow Subcommittee
2002 - 2006  Candidate Membership Committee
American Orthopedic Society for Sports Medicine:
2002 - Present  Public Relations Committee, AOSSM
University of California, San Diego:
2003 - Present  Health and Medical Professions Committee
San Diego State University:
2003 - Present  Pre-Professional Health Student Committee
TEAM PHYSICIAN EXPERIENCE:

San Diego Chargers (NFL)
Mesa College, San Diego, CA
Alliant International University
Los Angeles Dodgers (MLB)
Anaheim Angels (MLB)
Los Angeles Lakers (NBA)
Los Angeles Kings (NHL)
Los Angeles Galaxy (MLS)
Los Angeles Avengers (AFL)
USC Athletics (NCAA)
PGA Tour
AVP Nissan Series San Diego Open

COMMUNITY INVOLVEMENT:

Board of Directors, San Diego Scholar Athletes (Non-Profit Org.) 2004-present
Member, Arthritis Foundation, Medical & Scientific Committee 2003-present
Member, Zoological Society of San Diego 2003-present

FACULTY LECTURES:

The Unstable Shoulder: Latest Surgical Options
American Physical Therapy Association – Combined Sections Meeting
February 4, 2006, San Diego, CA

Shoulder Reconstruction
American Academy of Orthopedic Surgeons
Review and Update for Practicing Orthopedic Surgeons AAOS #3742
November 11-13, 2005, San Diego, CA

Shoulder Instability
American Academy of Orthopedic Surgeons
Review and Update for Practicing Orthopedic Surgeons AAOS #3742
November 11-13, 2005, San Diego, CA

Elbow Reconstruction
American Academy of Orthopedic Surgeons
Review and Update for Practicing Orthopedic Surgeons AAOS #3742
November 11-13, 2005, San Diego, CA
RESEARCH:

**Published Articles:**


**Textbook Chapters:**

**David TS,** Yocum LA. Ulnar nerve transposition versus epicondylectomy. In Barber FA, Fischer SP (eds.)
Textbook Chapters (con't):

David TS, Bast S, Gambardella RA. Medial tendon injury.
In Altchek DW, Andrews JR (eds.)

David TS, Harris MB. Low lumbar burst fractures.
In Kellam JF, Fischer TJ, Tornetta P, Bosse MJ, Harris MB (eds.)

Internet Publications:

David TS. Orthopedic Board Review: Sports Medicine
http://www.ortho.hyperguides.com
SLACK Incorporated Orthopedic Board Review Website, 2000

David TS. Orthopedic Board Review: Adult Elbow
http://www.ortho.hyperguides.com
SLACK Incorporated Orthopedic Board Review Website, 2000

Scientific Presentations:

David TS.
“Arthroscopic Surgery in the Treatment of the Arthritic Knee”
Arthritis 2005 — A Primary Care Update
Arthritis Foundation / Kaiser Foundation Co-sponsored Symposium
San Diego, CA January 2005

Chao DJ, Hoang D, David TS, Jaseniuk J, Young S, Cawley P.
“Anatomic anterior cruciate ligament reconstruction: A comparison of two endoscopic techniques”
American Academy of Orthopedic Surgeons Annual Meeting 2004
San Francisco, CA

David TS, Zemel NP, Mathews JP.
“Symptomatic, partial union of the hook of the hamate fracture”
American Association for Hand Surgery 31st Annual Meeting 2001
San Diego, CA
Scientific Presentations (con't):

**David TS, Drez DJ.**
“Electrothermally-assisted capsulorrhaphy in glenohumeral instability”
Residents and Fellows Arthroscopy Conference in Sports Medicine 1998
Scottsdale, AZ

**David TS, Drez DJ.**
“Synovial chondromatosis of the shoulder and biceps tendon”
Louisiana Orthopedic Association Annual Meeting 1997
New Orleans, LA

**David TS, Drez DJ.**
“Thermocapsular shrinkage of the shoulder using the oratec device”
Louisiana Orthopedic Association Annual Meeting 1997
New Orleans, LA

**Moseley JB, David TS, Bocell JR, Cain T, Nixon R.**
“MRI of the knee: an analysis of error”
American Academy of Orthopedic Surgeons’ Annual Meeting 1993
San Francisco, CA

**Moseley JB, David TS, Bocell JR, Cain T, Nixon R.**
“MRI of the knee: an analysis of error”
Texas Medical Association 125th Annual Session / Orthopedic Sports Medicine 1992
San Antonio, TX
CURRICULUM VITAE

KEVIN MARK DEITEL, MD, FRCS(C)

Place of Birth: New York, NY, USA
Date of Birth: April 6, 1964
Citizenship: USA, Canada

Home Address: 4443 Philbrook Square
San Diego, CA 92130

Office Address: 488 East Valley Parkway
Suite 400
Escondido, CA 92025

Telephones: (858) 442-3188 Cell
(760) 743-0100 Office
(760) 743-1414 Fax

Email: kevindeitel@hotmail.com

Medical Licenses:
California - G85673
Ontario - 65512

DEA Number BD6721167

Employment


Education


January 1, 2000 - June 30, 2000: Clinical Fellow, General Orthopedics, Toronto East General and Orthopedic Hospital, Division of Orthopedic Surgery, University of Toronto.

July 1, 1993 - December 31, 2000: Resident, Division of Orthopedic Surgery, Department of Surgery. University of Toronto; Royal College of Surgeons of Canada.

July 1, 1995 - June 30, 1997: Surgeon-Scientist Program. Department of Surgery, Institute of Medical Science, University of Toronto. The Role of Insulin-Like Growth Factors in Soft Tissue Sarcomas.

June 15, 1992 - June 14, 1993: Comprehensive Surgery Internship, Department of Surgery, University of Toronto. St. Michael's Hospital.


September 1985 - June 1988: Student, Royal College of Surgeons in Ireland.

September 1983 - May 1985: Student, Faculty of Arts and Sciences, University of Toronto.
Professional Memberships

American Academy of Orthopedic Surgeons
Royal College of Physicians and Surgeons of Canada
North American Spine Society
California Orthopedic Association

Qualifying Examinations


Awards and Presentations


The Role of Insulin-like Growth Factors in Soft Tissue Sarcomas. Gallie-Bateman
Honourable mention, Gallie-Bateman Award for choice of subject, content and presentation.

Insulin-like Growth Factors in Sarcoma. Princess Margaret Comprehensive Cancer Centre and Interdepartmental Division of Oncology, University of Toronto, Sarcoma Workshop. March 6, 1997.


Secondary School Honour Graduation Diploma (Grade 13), Award of Excellence, York Mills Collegiate Institute, Toronto, Ontario.

First Place, York Mills Collegiate Institute, Junior Mathematics Contest, University of Waterloo, 1981.


**Positions Held**

Organ Harvester: Bone and Tissue Bank, Mount Sinai Hospital (fresh and frozen allografts); Cryopreservation Laboratory, Hospital for Sick Children (Cardiac valves); Eye Bank of Canada, University of Toronto. July 1995 - June 1997. Responsibilities included organization and training of physicians and technicians to procure tissues for transplantation.


**Research**

Research Resident, Surgeon-Scientist Program, Department of Surgery, Institute of Medical Science, University of Toronto. Supervisors: RS Bell, MD, FRCSC, Professor, Orthopedic Surgery, University of Toronto; IL Andrulis, PhD, Professor of Cellular and Molecular Biology, University of Toronto. Project: The Role of Insulin-like Growth Factors in Soft Tissue Sarcomas. July 1, 1995 - June 30, 1997.

Research Assistant, AV Rao, PhD, Associate Professor, Dept of Nutritional Sciences, Faculty of Medicine, University of Toronto. May - August 1988: Saponin interaction with cholesterol using cholestyramine resin and Bifidobacteria strain-specific production of antibodies using rats.

Research Assistant, AV Rao, PhD, Associate Professor, Dept of Nutritional Sciences, Faculty of Medicine, University of Toronto. June - August 1987: Inhibition of saponin lytic activity on erythrocytes by bile salts and cholesterol.

Research Assistant, GH Anderson, PhD, Professor and Chairman, Dept of Nutritional Sciences, Faculty of Medicine, University of Toronto. June - August 1986: Competitive inhibitory effects of tryptophan and threonine active transport across the blood brain barrier in mice.

Summer Research Student, SH Zlotkin, MD, PhD, Hospital for Sick Children. June - August 1983: Factors affecting tolerance to lipid emulsions in pediatric patients.

Publications


Deitel KM. The differentiation of a monocytic leukemia cell line (THP-1-0) into macrophage like cells by a phorbol ester. Abstracts - Summer Research Program 1981. Roswell Park Memorial Institute, Buffalo, NY.

Sports

Ice Hockey, Skiing, Rollerblading, Tennis, Canoeing, Water Skiing, Boxing, Running.
Curriculum Vitae

Janet Dunlap
3905 Waring Road
Oceanside, CA 92056
Office: (760) 724-9000
Email: jdma@tricityortho.com

Licensure
California License Number: G63785 Expires: 8/31/2008
National Provider Identification Number(NPI): 1295794964

Work History
04/01/2006 to Present
U.S. HealthWorks Medical Group - Vista
2023 West Vista Way, Suite C
Vista, Ca 92083-
Phone: (760) 941-2000
Fax: (760) 941-4900

05/2000 to Present
Tri-City Orthopaedic Surgery Medical Group
3905 Waring Road
Oceanside, Ca 92056

08/1992 to 04/2000
University Avenue Orthopaedic Medical Group
301 University Avenue
San Diego, Ca 92103

Education
1974-1979
University California San Diego
B.S. Chemistry and Biology

1980-1984
University of California, San Diego
School of Medicine, M.D.

Graduate Hospital Experience
1984-1985
Intern, General Surgery
Barnes Hospital

1985-1986
Resident, General Surgery
Barnes Hospital

1986-1987
Research Fellow, Orthopaedic Surgery
Washington University School of Medicine

1991-1992
Fellowship in Spinal Surgery
Scripps Clinic Research Facility, La Jolla

Board Certifications
Diplomate American Board of Orthopaedic Surgery 07/15/1994
Qualified Medical Evaluator, State of California
National Board of Medical Examiners 07/01/1985
Michael Farrell, D.C.
Specialty: Doctor of Chiropractic
Email: michael.farrell@ushworks.com

**Licensure**
- California License Number: DC16365
- NPI Number: 117454844

**Work History**
- **11/05/2008 to Present**
  - U.S. HealthWorks Medical Group - Kearny Mesa
    - 5575 Ruffin Road, Suite 100
    - San Diego, Ca 92123
    - Phone: (858) 277-2744 / Fax: (858) 277-3085
  - U.S. HealthWorks Medical Group – National City
    - 102 Miles of Cars Way
    - National City, CA 91950
    - Phone: (619) 474-9211 / Fax: (619) 474-2000
  - U.S. HealthWorks Medical Group – Chula Vista
    - 1111 Broadway, Suite 305
    - Chula Vista, CA 91911
    - Phone: (619) 425-8212 / Fax: (619) 297-2244
  - U.S. Health Works Medical Group - Miramar
    - 7590 Miramar Road, Suite C
    - San Diego, CA 92126
    - Phone: (858) 549-4255 / Fax: (858) 549-4552

- **09/2006 - 11/2008**
  - Private Practice
- **02/2004 - 09/2006**
  - Confident Care Services – Medical Director

**Education**
- **09/1980 to 06/1984**
  - Palmer College of Chiropractic West
    - Degree: Doctor of Chiropractic
- **09/1980 to 06/1984**
  - Palmer College or Chiropractic West
    - Internship

**Certificates**
- **08/1989**
  - Disability Evaluator Certification (Q.M.E.) program
- **10/1991**
  - Industrial Consultant Certification program
KENT A. FELDMAN, DPM, DABPS

CURRICULUM VITAE

OASIS MSO, Inc.
5471 Kearny Villa Road, Suite 200
San Diego, California, 92123
(858) 571-0606

PERSONAL

Date of Birth: 12/27/60
Marital Status: Married
Home Address: 1702 Sienna Canyon Dr.
Olivenhain, CA, 92024
Home Phone: (760) 943-9788

EDUCATION

High School: Patrick Henry High School
San Diego, California 1976-79

College: California Polytechnic State University
San Luis Obispo, California 1979-84
BS, Biology

Medical School: California College of Podiatric Medicine
San Francisco, California 1984-88
BS, Medical Sciences
Doctorate of Podiatric Medicine

POST GRADUATE TRAINING

First Year: Hillside Hospital
1940 El Cajon Boulevard
San Diego, California, 92107
First Year Podiatric Surgical Residency
(Presently the Scripps-Mercy Hospital Podiatric Residency) 1988-89

Second Year: Kaiser Foundation Hospital
280 West MacArthur Boulevard
Oakland, CA 94116
Second Year Podiatric Surgical Residency 1989-90
KENT A. FELDMAN, DPM, DABPS
CURRICULUM VITAE

MEDICAL LICENSE
California, E-3609

DEA LICENSE
BF-1951210

QUALIFIED MEDICAL EXAMINER
QME No: 939582, State of California

BOARD CERTIFICATION
Diplomate, American Board of Podiatric Surgery

MEDICAL PRACTICE
OASIS MSO, Inc. (primary location)
(Orthopedic, Arthroscopic, Sports Injury Specialists)
5471 Kearny Villa Road, Suite 200
San Diego, CA 92123

La Mesa Medical Associates (secondary location)
8235 University Avenue
La Mesa, California 91942

San Diego Podiatry Group (part-time contractor)
108 University Avenue
San Diego, CA 92103

Sharp Rees-Stealy Medical Group (part-time contractor)
3555 Kenyon St., Suite 200
San Diego, CA 92110

Permanente Medical Group (part-time contractor)
Kaiser Permanente Medical Center
280 West MacArthur Blvd.
Oakland, CA 94116

COMMUNITY MEDICAL AFFILIATIONS
San Diego State University
Athletic Department
Podiatry Consultant

11/90-present
3/94-3/97
12/92-11/93
4/91-2/93
2/90-8/90
1/93-present
KENT A. FELDMAN, DPM, DABPS

CURRICULUM VITAE

University of San Diego
Athletic Department
Team Podiatrist

Point Loma Nazarene University
Athletic Department
Team Podiatrist

San Diego Mesa College
Athletic Department
Team Podiatrist

Sharp Community Medical Group
Specialty Care Contractor

San Diego Chargers (NFL)
Consulting Podiatrist

CORPORATE AFFILIATIONS

HealthSouth Inc.
Physician Advisory Committee

Seattle Systems, Inc.
Bracing Endorser/Consultant

Arthrotek, a Division of Biomet Inc.
Consultant

PROFESSIONAL AFFILIATIONS

San Diego Podiatric Medical Society
Treasurer 1991-1992

Mercy Hospital Podiatric Residency
Teaching Staff 1991-present

San Diego County Podiatric Medical Society
Residency Lecture Series
Chairman/Lecturer 1991-1992

HOSPITAL AFFILIATIONS

Sharp Memorial Hospital
San Diego, California
Associate Staff
KENT A. FELDMAN, DPM, DABPS
CURRICULUM VITAE

RESEARCH PAPERS / PUBLICATIONS / LECTURES / VIDEOS


"Radiographic Evaluation of Calcaneal Varus: The Use of Calcaneal Axial Radiographs," Lecture at Doctor's Hospital / San Diego County Podiatric Medical Society Seminar, San Diego, October 1989


"Osseous Trauma of the Foot," Lecture, San Diego County Podiatric Medical Society, 1991

"Fifth Metatarsal Fractures," Lecture, San Diego County Podiatric Medical Society, 1992

"Principles of Open Reduction and Internal Fixation," Lecture, San Diego County Podiatric Medical Society, 1992


"Fifth Metatarsal Fractures" Lecture, National Athletic Trainers Association, Western Conference, 1994


"Running Biomechanics," SDSU Athletic Training Course, April 1996

"Foot and Ankle Anatomy and Pathology" Cadaveric Dissection, UCSD Family Practice and Sports Medicine Fellowship, May 1996

"Plantar Fasciitis," Sharp HealthCare Family Practice Residency Lecture, January 1997


"Office Orthopedics" Podiatry Section, Videotape, Continuing Medical Education Associates, 1997


"Common Foot and Ankle Problems," UCSD Wilderness Medicine Conference, Snowmass CO, August 1997

"Running Biomechanics," SDSU Athletic Training Course, April 1997

"Review of Shoes and Insoles," UCSD Wilderness Medicine Conference, Snowmass CO, August 1997

"Review of Shoes and Insoles," UCSD Geriatric Care Conference, San Diego, September 1997

KENT A. FELDMAN, DPM, DABPS

CURRICULUM VITAE

"Common Nail Problems" Sharp Healthcare Family Practice Residency Lecture, March 1998


"Running Biomechanics," SDSU Athletic Training Course, April 1998

"Common Foot Problems" Continuing Medical Education Associates, Geriatrics Update, San Diego, Nov. 1998

"Common Foot Problems" Continuing Medical Education Associates, Internal Medicine Update, San Diego, March 1999

"Temporary Orthotic Devices" California Athletic Trainers Association, San Diego Chapter, April 1999


"Foot Anatomy & Dissection," UCSD Family Practice and Sports Medicine Fellowship, April 1999


"Common Foot Problems of the Elderly," Geriatrics Update, Continuing Medical Education, Inc., Coronado, California, November, 1999


"Common Foot Problems" Lecture, Office Orthopedics and Bone Radiology for the Primary Care Physician, Continuing Medical Education Associates, San Diego, New Orleans, Las Vegas, January, March, June 2000

Podiatry Procedures Workshop, Adolescent and Pediatric Sports Medicine, University of California, San Diego, February 2000

"Common Foot Problems: Podiatry Pearls," Internal Medicine, Continuing Medical Education Associates, Coronado, California, March 2000


"Podiatry Procedures for the Primary Care Physician" Educational Video, Continuing Medical Education Associates, sponsored by Novartis Pharmaceutical

"Flake-Austin Modification of the STA-Peg Arthroeresis," Journal of the American Podiatric Medical Association, Volume 91, Number 8, Sept. 2001
KENT A. FELDMAN, DPM, DABPS
CURRICULUM VITAE


"Resorbable Implants in Foot Surgery,”  *Bionx Inc. Western Regional Sales Meeting*, March 2003

"Assessment and Treatment of the Patient With a Diabetic Foot Ulcer”  *Sharp Healthcare’s Symposium on Wound Management*, San Diego, CA, April 15, 2004

University of California San Diego, Family Practice Sports Medicine Fellowship
**Cadaver Dissection:** March 2001, 2002, 2003

San Diego State University:  **Athletic Medicine Course: Lecture/Workshop: Foot Biomechanics**

**Continuing Medical Education, Inc.**
U.S. Geriatrics and Long-Term Care Congress, New Orleans, June 2001
U.S. Geriatrics and Long-Term Care Congress, Anaheim, June 2002
U.S. Geriatrics and Long-Term Care Congress, Orlando, June 2004

"Digital Flexor Tendon Transfers with Interference Screw Fixation,"  *Western Podiatry Congress*, Anaheim, California, June 2005

"Digital Flexor Tendon Transfers with Interference Screw Fixation,”  *Podiatry Institute, San Diego, California*, September 2005

"Principles of Interference Screw Fixation: Application to Foot and Ankle Surgery,”  *Journal of Foot and Ankle Surgery*, November/December, 2005

**Arthrotek Surgical Training Courses/Cadaver Labs:** Warsaw, Indiana; Colorado Springs, CO; Ontario, CA (eight courses), 2004-Present


"Soft Tissue and Bone Techniques,”  *Biomet Sports Medicine National Sales Meeting*, Cancun, Mexico, 2006

**Principle Investigator:**  *BioMet Biologics: PRP/Plantar Fasciitis Study*, 2007

**Principle Investigator:**  *BioMet Biologics: PRP/Plantar Fasciitis Study*, 2008

**REVIEW OF PODIATRIC TRAINING**

**First Year Podiatric Surgical Residency**

Hillside Hospital
1940 El Cajon Boulevard
San Diego, CA 92107
(Presently the Scripps-Mercy Hospital Podiatric Residency)
KENT A. FELDMAN, DPM, DABPS
CURRICULUM VITAE

Donald Green, DPM- Residency Director

I. Podiatric Surgery (Six Months)

A. Surgery
   1. Digital
   2. Bunions
   3. Metatarsals
   4. Rearfoot
   5. Soft tissue / tendons

B. Inpatient Care
   1. Postoperative
   2. Infections: Diabetic Wounds
   3. Physical Therapy

C. Podiatry Clinic (Mercy Hospital)

II. Clinical Rotations (6 months)

A. Medicine (2 months)
B. General Surgery, Mercy Hospital (1 month)
C. Orthopedic Surgery, Mercy Hospital (1 month)
D. Radiology, V.A., San Diego (1 month)
E. Emergency Room (1 month)

Second Year Podiatric Surgical Residency

Kaiser Permanente Medical Center
280 West MacArthur Boulevard
Oakland, CA 94116

James Fagan, DPM, Residency Director
Robert Hoffman, MD, Orthopedic Dept. Chief

I. Podiatric Surgery (10 months)

A. Surgery
   1. Digital
   2. Bunions
   3. Metatarsals
   4. Rearfoot
   5. Soft tissue/tendons
   6. Ankle
   7. Trauma
KENT A. FELDMAN, DPM, DABPS

CURRICULUM VITAE

B. Clinic (2 days per week; 24-30 patients per day)
   1. Surgical Histories and Physicals
   2. Pediatric Clinic
   3. Minor Surgeries
   4. Diabetic Foot Care
   5. Postoperative Care

C. Inpatient Care
   1. Nursery Podiatric Consultation
   2. Podiatric Inpatient Care and Medical Management
   3. Diabetic Infections

D. Emergency Room On-Call (28 days per month times 12 months)
   1. Trauma, foot, ankle
   2. Diabetic Infections

II. Orthopedics (2 months)

A. Surgery (5-7 days per week)
   Upper and lower extremity, surgeon and first assist

B. Emergency Room On-Call (every third night and weekend)

C. Medical and Postoperative Management
Bruce V. Foerster, M.D.
P.O. Box 2364
La Mesa, California 91943-2364
Cell: 619-916-6163
Email: brumofo@att.net

CURRENT PRACTICE/EXPERIENCE:

August 2007 - Present: Grossmont Orthopaedic Medical Group, La Mesa, California. Current practice involves General Orthopaedics, Sports medicine, Trauma, and sub specialty interests in hand/upper extremity/microsurgery. EMG/NCV electrophysiologic testing performed also.

PREVIOUS PRACTICE/EXPERIENCE:


HOSPITAL AFFILIATIONS:

Sharp Grossmont Hospital, La Mesa, CA
Alvarado Hospital, San Diego, CA
Scripps Mercy Hospital, San Diego, CA

STATE LICENSURE:

California, Vermont

TRAINING/EDUCATION:

August 1989 - July 1990 - Fellowship in Hand, Upper Extremity, and Microsurgical Orthopaedics at the University of California, Davis Medical Center, Sacramento, California.

July 1985 - June 1989 - Orthopaedic Surgery Residency at Hospital for Joint
Diseases/Orthopaedic Institute, New York, NY.


September 1980 - June 1984 - SUNY Upstate Medical School, Syracuse, NY. Graduated AOA.

September 1976 - June 1980 - Bachelor of Science in Biomedical Engineering at Rensselaer Polytechnic Institute, Troy, NY. Magna Cum Laude, with Livingston W. Houston award.

**POSITIONS HELD:** (All in Vermont)


**RECENT COURSES/PROFESSIONAL CME INTERESTS:**

Shoulder/Upper Extremity Trauma Course

Sports Medicine reconstruction of the shoulder and knee

Musculoskeletal MRI

Unicompartmental knee replacements - Mobile bearing/mini incision Oxford

Joint replacements of the elbow, wrist, and hand

Peripheral Nerve Surgery

Pyrolytic Carbon Joint replacements of the hand and wrist

Minimal Invasive Total and Partial Knee replacements

Anatomic Shoulder replacements

New York Trauma Courses

Reverse Ball and Socket Shoulder replacements
CURRICULUM VITAE
Edwin B. Fuller, MD, FACS

ADDRESS
450 Fourth Avenue, Suite 311
Chula Vista, CA 91910
(619) 426-3240
fax (619) 426-5964

PLACE/DATE OF BIRTH:
Texas 28 Sept, 1937

EDUCATION:
University of Illinois
Champaign, IL
BS degree 1958

MEDICAL SCHOOL:
Meharry Medical College
Nashville, TN
MD degree to 1963

ROTATING INTERNSHIP:
US Naval Hospital
St. Albens
Long Island, NY to 1964

MILITARY SERVICE:
United States Navy
General Medical Officer
1964 to 1967

ORTHOPEDIC FELLOWSHIPS:
Orthopedic surgery
Mayo Clinic & Mayo Graduate School of Medicine
Rochester, MN to 1967

BOARD CERTIFICATION:
Diplomate, American Board of Orthopedic Surgery Sept 1972

FELLOWSHIPS:
American College of Surgeons
American Academy of Orthopedic Surgeons

CLINICAL APPOINTMENTS:
Clinical Faculty, Department of Orthopedic Surgery, University of California
San Diego, CA
PRIVATE PRACTICE:

Specialization in Orthopedic Surgery
480 4th Ave #302
Chula Vista, CA
1971 to 1985

450 4th Ave #311
Chula Vista, CA
1985 to present

HOSPITAL ASSOCIATIONS:

Sharp Chula Vista
Scripps Memorial Hospital, Chula Vista
Paradise Valley Hospital, National City
UCSD Medical Center, San Diego

PROFESSIONAL SOCIETY MEMBERSHIPS:

San Diego County Medical Society
California Medical Association
American Medical Association
Western Orthopedic Association
Jerome C. Hall, M.D.
3405 Kenyon Street, Suite 211
San Diego, CA 92110
(619) 326-0610

EDUCATION

Scoliosis and Spine Fellowship, Department of Orthopaedic Surgery, The Hospital for Specialty Surgery, New York, NY • August 1995-July 1996

Residency in Orthopaedic Surgery, The Mount Sinai Medical Center, New York, NY • July 1991-June 1995

Internship in General Surgery, The Mount Sinai Medical Center, New York, NY • June 1990-June 1991

New York Medical College, Valhalla, NY
Medical Doctor Degree • June 1990

Cornell University, Ithaca, NY
Bachelor of Science Degree • June 1986

ACADEMIC HONORS AND AWARDS

Alpha Omega Alpha Honor Medical Society -1989

BOARD CERTIFICATION

Diplomate, National Board of Medical Examiners, 1999

American Board of Orthopaedic Surgery, 2000

Fellow of the American Academy of Orthopaedic Surgeons, 2001

HOSPITAL PRIVILEGES

Mercy Hospital, San Diego, CA

Sharp Hospital, San Diego, CA
SOCIETIES AND PROFESSIONAL ORGANIZATIONS

Fellow of American Academy of Orthopaedic Surgeons
San Diego County Medical Society
California Medical Association

LICENSURE

California Medical License Number - G85854

PROFESSIONAL EXPERIENCE

Private Practice, San Diego, CA, December 2000 – Present


SCIENTIFIC PUBLICATIONS

Hall, J. C.; Einhorn, T.A.: Metabolic Bone Disease in the Adult Spine. Principles and Practice J. Frymoyer (Editor). Raven Press, New York City

Hall, J. C.; Girardi, F. P.; Boachie-Adjei, O.: Posterior Lumbar Decancellation Osteotomy. Revision Spine Surgery M. Aebi (Editor), Philadelphia, PA

PRESENTATIONS

Rodney Henderson, M.D.
Specialty: Orthopaedic Surgery

Licensure
California License Number: A67635
D.E.A Certificate Number: BH5890404
NPI Number: 1225035488

Work History
09/01/2008 to Present
U.S. HealthWorks Medical Group - Murrieta
25285 Madison Avenue, Suite 101 & 103
Murrieta, Ca 92562
Phone: (951) 600-9070 / Fax: (951) 600-9177

05/2006 to Present
Girard Orthopedic Surgeons Medical Group, Inc.
La Jolla, California

10/2005 to 04/2006
St. Charles Orthopedic Association, Inc.
St. Charles, Missouri

08/2001 to 10/2005
Girard Orthopedic Surgeons Medical Group, Inc.
La Jolla, California

08/1999 to 07/2001
San Diego Sports Medicine & Orthopedic Center
San Diego, California

Education
1990 to 1994
St. Louis University School of Medicine
Degree: Medical Doctorate
St. Louis, Missouri

07/1994 to 06/1995
St. Louis University Health Science Center
Internship: General Surgery
St. Louis, Missouri

07/1995 to 06/1999
St. Louis University Health Science Center
Residency: Orthopedic Surgery

Certifications
American Board of Orthopedic Surgery (2001)
William Holland, M.D.
Specialty: Orthopaedic Surgery

Licensure
California License Number: G61858
D.E.A Certificate Number: BH1707097
NPI Number: 1063488252

Work History
09/01/2008 to Present
U.S. HealthWorks Medical Group - Escondido - South
860 W. Valley Parkway, Suite 150
Escondido, Ca 92025
Phone: (760) 740-0707
Fax: (760) 740-0730
Other locations: Vista, Perris, Murrieta

04/2006 to Present
Associate, American Orthopaedics and Sports Medicine
Encinitas, California

03/2000 to 03/2006
Director, Orthopaedic Surgery Dept.
Centre for Healthcare
Rancho Bernardo, California

08/1999 to 02/2000
Associate, Advanced Orthopaedic Specialty Medical Ctr.
Torrance, California

08/1997 to 07/1999
Director, Sports Medicine and knee surgery services
Naval Regional Medical Center
San Diego, California

Education
1986
University of Nevada School of Medicine
Degree: Medical Doctorate
Reno, Nevada

07/1996 to 07/1997
Cincinnati Sports medicine and Orthopaedic Center
Fellowship – Sports medicine
Cincinnati, Ohio

07/1986 to 07/1987
Naval Regional Medical Center
Internship
San Diego, California
1978 to 1982 University of Nevada
Degree: BS Biology

Certifications
American Board of Orthopaedic Surgery (1996)
Jon Kelly, M.D.
Specialty: Orthopaedic Surgery - Hand

Licensure
California License Number: A45013
D.E.A Certificate Number: BK4520549
NPI Number: 1205866811

Work History
03/17/2009 to Present
U.S. HealthWorks Medical Group - Escondido
362 West Mission Avenue, Suite 104
Escondido, CA 92025
Phone: (760) 747-2330
Fax: (760) 747-3136
Other locations: Carlsbad East and Vista

10/1997 to Present
Private Practice
255 North Elm Street, Suite 105
Escondido, CA 92025

Education
1984
Tulane Medical School
Degree: Medical Doctorate
New Orleans, Louisiana

1984 to 1985
Naval Regional Medical Center
Internship: Department of Orthopaedics
San Diego, California

1987 to 1991
Naval Regional Medical Center
Residency: Department of Orthopaedics
San Diego, California

1992 to 1993
University of New Mexico Medical Center
Fellowship: Hand Surgery/Micro Vascular
Albuquerque, New Mexico

Certifications
American Board of Orthopaedic Surgery (1994)

Other Affiliations
Society of Military Orthopaedic Surgeons
American Medical Association
Curriculum Vitae

Theodore Levine, M.D.
6969 Fairway Road
La Jolla, CA 92037
Phone: 619-459-9766
Facsimile: 619-729-0074

California License #G5912
New Jersey License #16187 (retired)

Experience

Hospital Appointments
Morristown Memorial Hospital, Morristown, New Jersey
Emeritus Staff
Chief of Orthopedic Surgery 1990-1993

Northwest Covenant Medical Center, Denville, New Jersey
Honorary Staff

Welkind Rehabilitation Hospital, Chester, New Jersey
Consulting Staff

Teaching Appointments
Assistant Clinical Professor of Surgery, university of Medicine and Dentistry of New Jersey

Other Appointments
Orthopedic Consultant to New Jersey State Police

Training
1960-1963 The Hospital for Joint Disease, NYC-Residency in Orthopedic Surgery
1957-1958 Mount Sinai Hospital, NYC-Residency in General Surgery
1958-1960 US Army Medical Corps., Captain
1956-1957 Mount Sinai Hospital, NYC-Internship

Education
1952-1956 University of Chicago School of Medicine, Medical Degree
1948-1952 Rutgers University, Bachelor of Science with Honors
Elected to Phi Beta Kappa
Curriculum Vitae
Theodore Levine, M.D.

Professional Organizations
American Academy of Orthopaedic Surgeons
The N.J. Orthopedic Society
Eastern Orthopedic Association
Arthroscopy Association of North America
Fellow New York Academy of Medicine—Orthopedics
American Medical Association

Certifications
American Board of Orthopaedic Surgery
Licensed to Practice Medicine in California and New Jersey
State of California Qualified Medical Examiner

Current Employment
Parthenia Medical Group
8660 Woodley Avenue
North Hills, Ca  QME evaluator

US HealthWorks  non surgical orthopedic surgery
ALFRED P. LUPPI, II M.D.

PHYSICAL MEDICINE AND REHABILITATION

LICENSES

<table>
<thead>
<tr>
<th>State</th>
<th>License #</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td># 36580</td>
<td>June 25, 1975</td>
</tr>
<tr>
<td>Colorado</td>
<td># 35058</td>
<td>February 15, 1996</td>
</tr>
<tr>
<td>Texas</td>
<td># E2690</td>
<td>January 18, 1975</td>
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</tbody>
</table>

SPECIALTY BOARDS

American Board of Physical Medicine and Rehabilitation
( certified 1980 )

MEDICAL SCHOOL

University of Texas Medical Branch,
Galveston, Texas ( Graduated 1974 )

INTERNSHIP

Los Angeles County Hospital,
University of Southern California
Los Angeles, California ( 1974 – 1975 )

RESIDENCY

Physical Medicine and Rehabilitation
University of California
Irvine, California ( Graduated 1979 )

Chief Resident 1979

ACADEMIC AFFILIATION

Assistant Clinical Professor
Department of Physical Medicine and Rehabilitation ( 1982 – 1990 )
DIRECTORSHIP

Medical Director of Out Patient and In Patient Services
Department of Physical Medicine and Rehabilitation
Utilization Review Committee of Out Patient and In Patient Rehabilitation Services
Scripps Memorial Hospital
Chula Vista, California
(1982–1986)

MEDICAL BOARD

Qualified Medical Examiner, State of California
Workers Compensation (1995 to present)

PROFESSIONAL MEMBERSHIPS

American Academy of Physical Medicine and Rehabilitation
San Diego County Medical Association
California Medical Association

HOSPITAL AFFILIATIONS

Scripps Memorial Hospital in Chula Vista, San Diego- (active 1981 to 2005) now Honorary
University of California at Irvine 1979 to 1992

RESEARCH

Worked with David Simons M.D. in original research (1978–1979)
In Myofacial Pain-Dysfunction studies. This resulted in a two volume book "Myofascial Pain and Dysfunction" published 1983 by Williams and Wilkins

LANGUAGES SPOKEN

English and Spanish
Education

1997 – 2002  Stanford University School of Medicine  M.D. - 2002
2002 - 2003  Santa Clara Valley Hospital, Internship  2002 - 2003
2006 - 2007  Stanford University Hospitals and Clinics, Fellowship in Pain Medicine  2006 - present

Licensure

California Medical License # A84669
DEA # BM8694413
Qualified Medical Examiner – Workers Compensation

Academic and Community Honors

2001  Center of Excellence Award
Stanford University School of Medicine
Outstanding leadership, creativity, dedication and service
2002  Richard Juarez Award
California Chicano Medical Student Association
Outstanding service to the community
2003 - 2004  Medical Student Teaching Award
Stanford University Hospital and Clinics
Department of Anesthesia
Research Experience

1995 — 96  Electrophysiologist, Department of Neuroscience, University of California San Diego Medical Center
Supervisor: Dr. Michael Swenson, Chief of Neurology
Clinical trial #1: Measured effects of Tramadol (Ultram) on the progression of peripheral diabetic polyneuropathy.
Clinical trial #2: Measured effects of Tolrestat on the progression of peripheral diabetic polyneuropathy

1996 — 97  Electrophysiologist, Department of Neuroscience, University of California San Diego Medical Center
Supervisor: Dr. Steven Edelman, Associate Professor
Clinical trial: Measured effects of Zopolrestat on the progression of peripheral diabetic polyneuropathy.

1997  Research Assistant, Stanford University School of Medicine
Supervisor: Dr. Edward Alfrey, Associate Professor in Surgery
Subject: Delayed graft function of renal transplants

1999 — 2000  Research Assistant, Department of Family Medicine, Stanford Medical University
Faculty Advisor: Samuel LeBaron, M.D., PhD.
Subject: The prevalence of Non-Insulin Dependant Diabetes Mellitus in a small community in Morelos, Mexico
Poster presentation at the International Health Medical Education Consortium on March 24, 2000. Vancouver, Canada.

Professional Employment

1995-1996  Administrative Assistant, UCSD Medical Center
Dept. of Neurology
Faculty: Michael Swenson, MD
<table>
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<tr>
<th>Year</th>
<th>Position / Role</th>
<th>Institution / Organization</th>
<th>Faculty / Supervisor</th>
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</thead>
<tbody>
<tr>
<td>1995-1997</td>
<td>Electrophysiologist, Neuromuscular Research Program</td>
<td>UCSD Medical Center</td>
<td>Michael Swenson, MD</td>
</tr>
<tr>
<td>1996</td>
<td>Electrodiagnostic Technician</td>
<td>Center for Industrial Medicine</td>
<td>Dr. Silver</td>
</tr>
<tr>
<td>1998</td>
<td>Teaching Assistant – Histology</td>
<td>Stanford University School of Medicine</td>
<td>Patricia Cross, Ph.D.</td>
</tr>
<tr>
<td>1998</td>
<td>Teaching Assistant - Molecular Biology</td>
<td>Stanford University Health Careers Opportunity Program</td>
<td>Carl Rhodes, Ph.D.</td>
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<td>2001</td>
<td>Medical Consultant</td>
<td>Appriva Medica</td>
<td>Eric Vanderburg</td>
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**Publications/Abstract**


**Service Activities**

<table>
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<tr>
<th>Year</th>
<th>Activity</th>
<th>Details</th>
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<tr>
<td>1993 – 1997</td>
<td>Flying Samaritans: San Diego Chapter</td>
<td>Board Member</td>
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<tr>
<td>1998 – 1999</td>
<td>Stanford Minority Admissions Panel</td>
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<td></td>
<td>Stanford University School of Medicine</td>
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<td>1999 – 2000</td>
<td>Council on Diversity - Committee Member</td>
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<td></td>
<td>Stanford University School of Medicine</td>
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<tr>
<td>1999 – 2000</td>
<td>Northern California President</td>
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<td></td>
<td>California Chicano/Latino Medical Student Association</td>
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1999 – 2000
West Coast Representative
National Network of Latin American Medical Students

2000
State Leadership Conference - Conference Co-Coordinator
Chicano/Latino Medical Student Association

2006
Medical Mission participant - Mante, Mexico
Faculty advisor: Geoff Lighthall, MD

**Extracurricular Achievements**

2000
Big Sur International Marathon: Time: 4:17

**Other**

Fluent in Spanish
Born July 13, 1968, San Diego, CA
Married, 1 child
Mark Harris Perlman, M.D.

PERSONAL INFORMATION

Office Address: 8875 La Mesa Boulevard, Suite A
La Mesa, California 91941

Additional Office: 4130 La Jolla Village Drive, Suite 300
La Jolla, California 92037

Office Telephone: (619) 698-3668
Office Facsimile: (619) 461-8146

Date of Birth: March 16, 1967
Place of Birth: New York, NY
Marital Status: Married
Tax Identification: 33-0856410

EDUCATION

A.B., Biology, Princeton University
September, 1985–June, 1989

M.D., University of California, San Diego
September, 1989–June, 1993

POSTGRADUATE

Disorders of the Foot and Ankle
Private Practice, San Diego, California
August 1999–Present

Foundation for Orthopaedic, Athletic and Reconstructive Research
Thomas O. Clanton, M.D., and Donald E. Baxter, M.D., Houston, TX
Foot and Ankle Fellowship
August 1998–August 1999

Orthopaedic Surgery Residency
Los Angeles County+University of Southern California Medical Center

General Surgery Internship
Los Angeles County+University of Southern California Medical Center
June 1993–June 1994

LICENSE

American Board of Orthopaedic Surgery - Board Certified
Qualified Medical Evaluator
Medical Board of California – G 81331
Drug Enforcement Agency – On Request
FOREIGN LANGUAGES
Spanish

PROFESSIONAL ORGANIZATIONS
American Academy of Orthopaedic Surgeons
American Orthopaedic Foot and Ankle Society
California Medical Association

COMMITTEES
2003 – Present  American Orthopaedic Foot and Ankle Society
               Occupational Medicine Committee
2000 – Present  American Orthopaedic Foot and Ankle Society
               Electronic Media Committee
2004 – Present  Grossmont Hospital Infection Control Committee
2000 – 2001    Grossmont Hospital Continuing Medical Education
               Commendation from California Medical Association

LECTURES, PRESENTATIONS, and ACTIVITIES
"Why Wait for the Miracle -Recognition of Poor Outcome Injuries,"
AOFAS National Workers Compensation Course
"Treatment of Charcot Arthropathy of the Foot and Ankle," National
Association of Orthotists and Prosthetists National Meeting,
March 2000.
American Orthopaedic Foot and Ankle Society, Workers Compensation

AFFILIATIONS
Grossmont Medical Center
Sharp Memorial Hospital
Alvarado Medical Center Hospital
Scripps Memorial Hospital

PUBLICATIONS AND PRESENTATIONS
Perlman, M.H., Thordarson, D.B., “Ankle Fusion in a High Risk
Population–An Assessment of Nonunion Risk Factors.” Foot and Ankle

Perlman, M.H., Patzakis, M.J., Kumar, P.J., Zionts, L., Holtom, P., “The
Incidence of Joint Involvement with Adjacent Osteomyelitis in
Pediatric Patients.” Presented at the American Academy of
Orthopaedic Surgeons Annual Meeting 1997, the Musculoskeletal
Infection Society Meeting 1997, and the American Orthopaedic


CURRICULUM VITAE

KENNETH A. ROMERO, M.D.

A. PERSONAL INFORMATION

OFFICE ADDRESS: 752 Medical Center Court, # 206
Chula Vista, CA 91911

TELEPHONE:
Office (619) 656-3805
Fax (619) 656-4825
Mobile (619) 993-6495
Email kromero@san.rr.com
kromero.md@sbcglobal.net

DATE OF BIRTH: December 7, 1960

PLACE OF BIRTH: Los Angeles, California

CITIZENSHIP: U.S.A.

MARITAL STATUS: Married

B. EDUCATION

UNDERGRADUATE: Occidental College
Bachelor of Arts - Biology
Aug. 1979 - June 1983

MEDICAL SCHOOL: Hahnemann University School of Medicine
Philadelphia, Pennsylvania
August 1983 - Doctor of Medicine
Awarded June 1987

INTERNSHIP: Maricopa County Hospital
Phoenix, Arizona
June 1987 - June 1988

RESIDENCY: Los Angeles County - USC Medical Center
Department of Anesthesia
July 1988 - July 1991

FELLOWSHIP: Los Angeles County - USC Medical Center
Kenneth Norris Jr. Cancer Hospital
Department of Anesthesia/Critical Care
August 1991 - May 1992
CURRICULUM VITAE

PRACTICE EXPERIENCE:

Sharp Chula Vista Medical Center
Chula Vista, CA
October 1992 - Present

Office Practice – Pain Management
752 Medical Center Court, Suite 206
Chula Vista, CA
October 2002 - Present

Inland Valley Surgery Center
15525 Pomerado Road, E-6
Poway, CA 92064
September 2004 - Present

Otay Lakes Surgery Center
955 Lane Avenue, Suite 100
Chula Vista, CA 91914
November 2006 - present

D. SOCIETY MEMBERSHIPS:

American Society of Anesthesiology
California Society of Anesthesiology
International Spinal Injection Society
North American Neuromodulation Society
American Society of Interventional Pain Management
San Diego County Medical Society
California Medical Society

E. HOSPITAL COMMITTEES:

Sharp Healthcare Pain Management Task Force
Oncology Advisory

F. HOSPITAL PRESENTATIONS:

Epidural/Intrathecal Analgesia – June 1997
Chronic Pain Management in the
Acute Care Setting – October 1998
CVA’s following Cardiac Surgery
Focus Study Results – May 1998

Suffering from Chronic Back and Spinal Pain?
Co-Presenter: Dr. Sohaib Kureshi
September 2003, February 2004
F. HOSPITAL PRESENTATIONS:
Suffering from Chronic Back and Spinal Pain?
Co-Presenter: Dr. Sohaib Kureshi
September 2003, February 2004

Managing with Spinal Pain
Sharp Coronado Hospital
September 2005

E. CERTIFICATION
Diplomate American Board of Anesthesiology
Diplomate American Board of Pain Medicine
California License G-66351
DEA License BR2315605

F. INTERESTS
Backpacking, Skiing, Golf, Theatre
Volleyball, Soccer Dad

G. REFERENCES
Upon Request
Curriculum Vitae
Jonathan A. Schleimer, M.D.

Diplomate, American Board Psychiatry and Neurology
Diplomate, American Board of Electrodiagnostic Medicine

Education

Bachelor of Science 
University of California, San Diego 1978-1982
Doctor of Medicine 
Johns Hopkins School of Medicine 1982-1986
Internship—Internal Medicine 
Duke University Medical Center 1986-1987
Residency—Internal Medicine 
Duke University Medical Center 1987-1988
Neurology 
University of California, San Francisco 1988-1992

Fellowships

Neuromuscular Diseases, Electromyography & Electrodiagnosis, University of California, San Francisco, CA 1991-1992
Assistant Clinical Professor, Neurology
University of California, San Diego 1993-Present

Certifications

Diplomate, American Board Psychiatry and Neurology
Diplomate, American Board of Electrodiagnostic Medicine
Qualified Medical Evaluator, California Industrial Medical Council

Neurological Practice

San Diego Nerve Study Center 1994-Present
Participant, San Diego Stroke Project 1993-1994

Research, Clinical Protocol, Atrial Natriuretic Factor and Subarachnoid Hemorrhage, Johns Hopkins Hospital 1986
## Professional Credentials

<table>
<thead>
<tr>
<th>Hospital Affiliations</th>
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</thead>
<tbody>
<tr>
<td>Mercy Hospital, San Diego, California</td>
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<tr>
<td>Scripps Memorial Hospital, La Jolla, California</td>
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<td>UCSD Medical Center, La Jolla, California, Attending Neurologist</td>
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<table>
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<th>Professional Society and Memberships</th>
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<tr>
<td>American Association of Professional Ringside Physicians</td>
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<td>American Academy of Neurology</td>
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<td>San Diego Neurologic Society</td>
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<td>Johns Hopkins Medical &amp; Surgical Association</td>
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<tr>
<th>Invited Lectures</th>
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<tr>
<td>Recent Advances in Common Neurologic Disorders, UCSD</td>
</tr>
<tr>
<td>“Intravenous Gamma Globulin and Neurologic Disorders”</td>
</tr>
<tr>
<td>Charcot Marie Tooth Association Meetings “Recent Advances, Charcot Marie Tooth Disease”</td>
</tr>
<tr>
<td>Scripps Memorial Hospital, La Jolla, California, Medical Grand Rounds, “Intravenous Gamma Globulin for Neurologic Disorders”</td>
</tr>
<tr>
<td>International Conference, Capetown, South Africa, “Neurologic Injuries in Professional Boxers”</td>
</tr>
</tbody>
</table>
Publications

J.A. Schleimer, M.D., 1986 Ataxic Hemiparesis with Intact Sensory Modalities Arch. Neurology 43:1


J. A. Schleimer, J. Engstrom, D. Holtzman, Stroke Associated with Cryptococcal Meningitis and the Acquired Immune Deficiency Syndrome, Presented at the Academy of Neurology Professional Meeting, 1990


R.K. Olney, J. A. Schleimer, Intraexaminer and Interexaminer Reproducibility of Nerve Conduction Measurements in Diabetes with Mild Polyneuropathy, Presented at the American Association of Electrodiagnostic Medicine Professional Meeting, 1992

Research
Research, Clinical Protocol, Atrial Natriuretic Factor and Subarachnoid Hemorrhage, Johns Hopkins Hospital 1986

Research, Corticotrophic Releasing Factor, Salk Institute, 1982, 1983

Participant/Co-Investigator, Nerve Growth Factor for Diabetic Polyneuropathy Trial
CURRICULUM VITAE

Gregory Howard Schwab, M.D

Office 2918 Fifth Avenue, Suite 100
San Diego, CA 92103
Phone: (619) 298-0575
Fax: (619) 298-0581

Place of Birth Los Angeles, CA
Date of Birth June 26, 1951

EDUCATION

High School
Lower Canada College
Montreal, Quebec, Canada
September 1965 to June 1969

College
Stanford University
Stanford, CA 94305
B.S. - Mechanical Engineering
September 1969 to June 1973

Medical School
Baylor College of Medicine
Texas Medical Center
Houston, TX 77030
Doctor of Medicine
July 1973 to June 1976

Internship
Flexible Internship
Baylor College of Medicine
Affiliated Hospitals Residency

Program
Texas Medical Center
Houston, TX 77030
June 1976 to June 1977

Residency
Baylor College of Medicine
Division of Orthopaedic Surgery
Houston, TX 77030
July 1977 to December 1980

Fellowships
Biomechanics
Basic Research in Orthopaedic
under Dr. Victor H. Frankel
University of Washington School of

Biomechanics
Medicine
Division of Orthopaedic Surgery
Seattle, WA
April to June 1978
Re: Gregory Howard Schwab, M.D.

Fellowships
San Diego Knee Fellowship
San Diego Kaiser Permanente

Hospital and
Medical School
University of CA at San Diego
under Dale Daniel, M.D., Paul
and Savio Woo, Ph.D.
January to June 1981

Woodward, M.D.
Sports Medicine Fellowship
National Athletic Health Institute
Kerlan Jobe Orthopaedic Center
under Robert Kerlan, M.D., Frank
July 1981 to June 1982

Jobe, M.D. et al
Medical
License
Naval ROTC Scholarship
State of CA: C39432
American Board of Orthopaedic
July 1984

Military
Qualified Medical Evaluator
CA Dept. of Industrial Relations
Fellow, American
American Board of Disability
Senior Disability Analyst and
American Orthopaedic Society for
American Society of Automotive
American Society of Mechanical
Western Orthopaedic Association

Surgery
Scripps Mercy Hospital and
Sharp Coronado Hospital

Certification
D.S. Penton Award

Analytists
Outstanding Senior Student
Lower Canada College

Diplomate
Dean’s List
Stanford University

Sports Medicine
School of Engineering Scholarship

Engineers

Academy of Orthopaedic Surgeons

Engineers

Hospital Affiliations

Medical Center

Honors

Professional Memberships

Academy of Orthopaedic Surgeons

Analysts

American Board of Disability

Diplomate
Senior Disability Analyst and

Sports Medicine
American Orthopaedic Society for

Engineers
American Society of Automotive

Engineers
American Society of Mechanical

Western Orthopaedic Association

Hospital Affiliations
Scripps Mercy Hospital and

Medical Center
Sharp Coronado Hospital

Honors

D.S. Penton Award
Outstanding Senior Student
Lower Canada College

Dean’s List
Stanford University

School of Engineering Scholarship
Stanford University
Solomon David Orthopaedic Award
Baylor College of Medicine
Paul Harrington Award for Excellence
Division of Orthopaedic Surgery
Baylor College of Medicine

2

Re: Gregory Howard Schwab, M.D.

Publications

Instability
Ligament
Research

Biomechanics of Elbow

The Role of the Medial Collateral
Clinical Orthopaedics and Related
January 1980, Vol. 146

Tensile Fracture of Cancellous Bone
Acta Chirurgica Orthopaedica

Factors Influencing Elbow Stability
AAOS Instructional Course Lectures
Vol. XXX, 1980

Performance of a Professional

Athlete with

the Knee:

Straight Posterior Instability of
A Biomechanical Analysis
American Journal of Sports Medicine
Vol. 9, No. 4, 1981

Running Gait
Research

Lower Extremity EMG Analysis of
Clinical Orthopaedics and Related
Vol. 176, June 1983

Presentations
Density on the Tensile and
Cancellous Bone

The Effect of Apparent
Compressive Properties of
Orthopaedic Research Society
San Francisco, CA 1979

Orthopaedic Surgeons

Biomechanics of Elbow Instability
Exhibit, American Academy of
Atlanta, GA 1980
Performance of the Athlete with Instability of the Knee
Prevention and Treatment of Inglewood, CA 1980
Gait Laboratory Measurement of Knee Measurement of Knee Stability San Diego, CA 1983
Laboratory Instructor Arthroscopic Surgery of the Knee American Academy of Orthopaedic Continuing Education Course San Diego, CA 1983

Re: Gregory Howard Schwab, M.D.

Presentations contd. Reconstruction of the Medial Collateral Ligament of the Elbow Instructional Videotape
1984

Throwers and Swingers Orthopaedics for Francisco, CA 1984

Occupational Injuries Under Utilizing the AMA Long Beach, CA 1995

of Orthopaedic Course

Prevention Seminar

Commonly Encountered Orthopaedic Association

Summer Institute San Diego, CA

Upper Extremities: Swimmers, Sports Medicine and Outpatient the Primary Care Physician San

Disability Evaluation of the Longshore as Compared to Guidelines. Longshore Seminar

Instructor Summer Institute, American Academy Surgeons, Continuing Education San Diego, CA 1996

Little League Coaches Injury San Diego, CA 1990-2003

Arthroscopy of the Shoulder and Athletic Injuries, Western

Hand and Upper Extremity Symposium Coronado, CA 1999
John H. Serocki, M.D.
A Professional Corporation
Diplomate American Board of Orthopaedic Surgery
Sports Medicine Orthopaedic Surgeon — Surgery of the Shoulder, Hand and Knee

9834 Genesee Avenue • Suite 228 • La Jolla, CA 92037
(858) 824-1703 • FAX (858) 455-9473
1763 West 24th Street • Suite 105 • Yuma, AZ 85364
(928) 344-4575 • FAX (928) 344-0577

In Private Practice since 1994
E-MAIL: jserockimd@ljso.org

EDUCATION

MD; Northwestern University Medical School; Chicago, IL, 9/81 — 6/85
MS; Mechanical Engineering; Massachusetts Institute of Technology, Cambridge, MA, 9/79 — 06/81
BA; Applied Mechanics and Engineering Sciences; University of California San Diego, La Jolla, CA 9/73 — 06/77

TRAINING

Sports Medicine Fellowship; OASIS Medical Group, San Diego, CA 8/92 — 7/93
Adult Reconstruction Fellowship; Kerlan- Jobe Orthopaedic Clinic, Inglewood, CA 2/92 — 7/92
Hand Surgery Fellowship, Blodgett Medical Center, Grand Rapids, MI 07/91 — 12/91
Orthopaedic Surgery Residency; Los Angeles County Medical Center, Los Angeles, CA 7/86 — 6/91
General Surgery Internship; Northwestern University, Chicago, IL 7/85 — 6/86

LICENSURE

Medical Licenses:
State of California – G58911
State of Arizona - 22158
Qualified Medical Examiner: State of California

AFFILIATIONS

Board Certification and Diplomat in American Board of Orthopaedic Surgery, 1995
Elected Fellow American Academy of Orthopaedic Surgeons, 1997
San Diego County Medical Society
Western Orthopaedic Association

HOSPITAL STAFF

Scripps Memorial Hospital, La Jolla, CA, Senior Staff, On-Call Trauma Surgeon
UTC Surgery Center
La Jolla Orthopaedic Surgery Center

WORK HISTORY

Private Practice 1995 to current
Scripps Memorial Hospital Campus
9834 Genesee Ave, Suite 228
La Jolla, CA

US HealthWorks, Inc. 1997 to current
San Diego, CA

John H. Serocki, M.D.
1763 West 24th Street, Suite 105
Yuma, Arizona
PUBLICATIONS / PRESENTATIONS

"Repair of the Ankle Syndesmosis Using Bone Suture Anchors, A Bio Mechanical Investigation"
Robertson, D.D.; Serocki, J.
Presented at 1994 AAOS

"Mechanisms of Failure of Total Knee Arthroplasty"
Door, L.D.; Serocki, J.
In The Knee, Norm Scott, Editor, 1993

"Neonatal Hand Injury at the Time of Cesarean Section: Report of Two Cases"
Balfour, G.W.; Serocki, J.; Ritz, R.
Contemporary Orthopedics, September, 1993, (27:3) pages 231-233

"Treatment of Fractures About Hip Prosthesis With Compression Plating"
Serocki, J.; Chandler, R.W.; Dorr, L.D.

"Unreamed Interlocked Nailing of Open Tibial Fractures"
Serocki, J.; Brien, E.
Presented at 1991 American Academy of Orthopaedic Surgeons

"Comparison of Cement Versus Non-Cemented Fixation in Patients with Bilateral Total Hips"
Serocki, J.; Dorr, L.D.
Presented at 1990 American Academy of Orthopaedic Surgeons

Personal

Date of Birth: June 6, 1956; Houston, Texas
ROBERT E. SCOTT JR., M.D.
120 Craven Rd. 101
San Marcos, CA. 92069

CURRICULUM VITAE

PROFESSIONAL EXPERIENCE
Current
Consultant- Sharp Mission Park Occupational Medicine Center (2001 to Present)
US Healthworks Occupational Medicine (2000 to present)

Past
Physical Medicine, Electrodiagnosis, Surgical Assistant, Pain Management- San Diego Orthopedic Associates- San Diego, CA (Part time 1996 to 2003)
Inpatient Rehabilitation- Southern California Rehabilitation Medical Associates- Burbank, CA, (Part-time: 1997 to 2001)

Civilian Staff- Naval Hospital Sports Medicine Dept.- Camp Pendleton, CA (Part-time: 1997-00)
Associate Physician- Central Coast Physical Medicine- Santa Barbara, CA. (1996-97)
Staff Physician- Southern California Permanente Medical Group- San Diego, CA. (1996-96)
Assistant Director of Rehabilitation- Scottsdale Memorial Hospital- Scottsdale, AZ. (1994-95)
Associate Physician- Arizona Physical Medicine and Rehabilitation- Scottsdale, AZ. (1994-95)

EDUCATION
Internship: St. Joseph’s Hospital- Phoenix, AZ. Medicine. (June 1991)
Medical School: George Washington University- Washington, D.C. (May 1990)
Undergraduate: University of California, Berkeley- BS Ophthalmic Optics (Aug 1986)

University of California, Santa Barbara- BS with Honors- Biopsychology (June 1983)

Other: Mentorship: Lumbar Spinal Injection Procedures- Lutheran Medical Center/University of Colorado-Denver, CO (March 2001)

PROFESSIONAL CERTIFICATIONS
American Board of Physical Medicine and Rehabilitation 4883
Subspecialty Board In Pain Management Certified 9/04
American Board of Electrodiagnostic Medicine 2171

California Medical License G073573
Colorado Medical License 39165
Arizona Medical License 22581
California Qualified Medical Examiner 919004
DEA BS 3252854
ACLS certification Current
Radiography and Fluoroscopy Supervisor and Operator RHD 146770
CURRENT INSTITUTIONAL PRIVILEGES
Scripps Mercy Hospital- San Diego, CA
University of California, San Diego, CA
Scripps Memorial Hospital-San Diego, CA
Tri City Medical Center- Oceanside, CA
Health South Surgery Centers; North Coast, UTC and Kearny Villa - San Diego, CA

ACADEMIC APPOINTMENTS
Clinical Staff: University of California School of Medicine, San Diego

SOCIETIES
American Association of Neuromuscular and Electrodiagnostic Medicine
International Spinal Intervention Society
San Diego County Medical Society

RECENT PRESENTATIONS/PUBLICATIONS
Sports Neuropathies 3- For San Diego County Athletic Trainers 11/05
Case Management of Worker's Compensation Injuries-Sharp Mission Park, 6/04
NSAID's and Pain Management-San Diego, CA, 5/04
Sports Neuropathies 2-OASIS/Health South Lecture 11/03
338-346
Cumulative Trauma Injuries and the Injured Worker-Sharp Mission Park, 7/02
Sports Neuropathies OASIS Lecture-San Diego, 10/02
Electrodiagnostic Case Studies- OASIS Lecture-San Diego, 11/02
Myofascial Pain and Fibromyalgia- OASIS Lecture-San Diego, 12/01
Chronic Pain Management- CMEA Lecture-Miami, 12/01
Exercise and Arthritis- CMEA Lecture-Miami, 12/01
Electrodiagnosis- OASIS Lecture-San Diego, 11/01
Upper Extremity Repetitive Stress Syndromes- HEALTH SOUTH-San Diego, 09/01

CURRENT VOLUNTEER ACTIVITIES
Clinical Advisor: American Running Association
Team Physician: Mesa College Sports and Football- current
Team Captain, San Diego Rock and Roll Marathon Medical Team- 2002, 2003
Medical Team, Suzuki Primal Quest Adventure Race Telluride, CO- 2002

PERSONAL
Married: December, 1997; Wife, Sherri- employed-Clothing design/production
Children: 1 son, Riley- born, April 2002
Activities: Masters swimming, ocean swim competitions, triathlon competition, club water polo
# CURRICULUM VITAE

**NAME:** Raymond M. Vance, M.D.

**OFFICE ADDRESS:** 3737 Moraga Ave., Suite A106  
San Diego, CA  92117  
Phone: (858) 270-4420

**BIRTHPLACE:** Johnstown, Pennsylvania

**BIRTHDATE:** 1 September 1948

**SOCIAL SECURITY:** 206-40-9978

**COLLEGE:** Georgetown University  
37th and O Streets  
Washington, D.C.  20007

B.S. - Biology, 1970, Magna Cum Laude

**MEDICAL SCHOOL:** University of Pennsylvania School of Medicine  
Hamilton Walk  
Philadelphia, Pennsylvania  19104

M.D. - 1974

**INTERNSHIP:** University of California, San Diego  
Department of Surgery  
Straight Surgery - 1974-1975

**RESIDENCY:** University of California, San Diego  
Orthopedic Surgery - 1975-1979

**LICENSURE:** California - G30115  
7/1/75 - Certificate No. 145565

**BOARD OF MEDICAL EXAMINERS:** 1980

**AMERICAN BOARD OF ORTHOPEDIC SURGEONS:** 1980
RAYMOND M. VANCE, M.D.:

**HONORS:**
Phi Beta Kappa - Georgetown University, 1969.

**SOCIETY MEMBERSHIPS:**
San Diego County Medical Society
American Academy of Orthopedic Surgeons
California Medical Association
California Orthopedic Association

**OFFICES HELD:**
MISSION BAY HOSPITAL:
Chairman Patient Care Evaluation Comm., 1981
Chairman Patient Care Evaluation Comm., 1982
Chief of Orthopedics, 1982
Vice-Chief of Staff, 1983
Chief of Orthopedics, 1983
Chairman Patient Care Evaluation Comm., 1983
Chief of Dept. Of Surgery, 1985
Chief of Staff, 1986
Chief of Orthopedics, 1990
Chief of Surgery, 1996
RAYMOND M. VANCE, M.D.

PRESENTATIONS:


RAYMOND M. VANCE, M.D.

PUBLICATIONS:


Gerald Weeks, D.C.
Specialty: Doctor of Chiropractic

Licensure
California License Number: DC21553
NPI Number: 1720024441

Work History
05/11/2009 to Present
U.S. HealthWorks Medical Group - Vista
2023 West Vista Way, Suite C
Vista, CA 92083
Phone: (760) 941-2000
Fax: (760) 941-4900
Other Locations: Carlsbad East and Escondido

Universal Care, HMO
Doctor of Chiropractic, Treating Physician
Director of Physical Medicine
Garden Grove, Bellflower, California

Eastside Health Center
Doctor of Chiropractic, Treating Physician
Diagnosis and treatment of patients
West Covina, California

United Health Center
Doctor of Chiropractic, Treating Physician
Diagnosis and treatment of patients
Westminster, California

Hawaiian Peer Review
Peer Review Physician
Kailua, Hawaii

Center Plaza Medical Group
Director of Physical Medicine
Diagnosis and treatment of patients
Costa Mesa, California

Education
Los Angeles College of Chiropractic
Degree: Bachelor of Science, Human Biology and Doctor of Chiropractic degree
Whittier, California
9/1984 to 1/1988
San Diego State University
Biology major, undergraduate courses
San Diego, California

Certifications
X-ray Supervisor & Operator license, Permit No. RHC 135523
CURRICULUM VITAE
William W. Winternitz, Jr., M.D.

PERSONAL DATA:
Address: Pomerado Orthopedic Specialists
12630 Monte Vista Road, Suite #105
Poway, California 92064
TEL#: (858) 487-6440
FAX#: (858) 487-7281
California License: G51348
Date of Birth: September 27, 1949

EDUCATION:
College
B.S., 1973
University of Kentucky

Medical School
M.D., 1977
University of Kentucky

Internship
General Surgery, 1977
University of Minnesota

Residency
Orthopedic Surgery, 1977-82

Fellowship
Orthopedic Sports Medicine, 1982
University of Oregon

EMPLOYMENT:
2001-2004
Sutter West Medical Group
Orthopedic Surgeon
Davis, California

2001-2004
Team Physician
Sacramento River Cats
Sacramento, California

Team Physician
University of California, Davis
Davis, California
CURRICULUM VITAE
William W. Winternitz, Jr., M.D.

EMPLOYMENT (cont.)

1998-2001    Madrona Medical Group
             Orthopedic Surgeon
             Bellingham, Washington

1983-1998    Private Practice, Davis, California
             Consultant, Cowell Health Service
             University of California, Davis

1982-1993    Private Practice
             LaCrosse, Wisconsin

BOARD CERTIFICATION

1986    Board Certified, American Board of Orthopedic Surgery
        Recertified, 1996

1988    Member, American Academy of Orthopedic Surgery

MEMBERSHIPS

American Arthroscopy Association of North America
American Academy of Orthopedic Surgery
American Orthopedic Society for Sports Medicine

AWARDS

1997    Award for Excellence in Teaching, The Principles of Orthopedic Surgery, U.C. Davis Medical School, Family Practice Residency Program

2003    Teach of the Year, Sutter Health Family Practice Residency Program
CURRICULUM VITAE
William W. Winternitz, Jr., M.D.

HOSPITAL STAFF PRIVILEGES
Pomerado Hospital, Poway, California - Active Staff

PROFESSIONAL ACTIVITIES

<table>
<thead>
<tr>
<th>Year</th>
<th>Activity</th>
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<tbody>
<tr>
<td>1982-1983</td>
<td>Team Physician and Orthopedic Consultant, University of Wisconsin, LaCrosse, Wisconsin</td>
</tr>
<tr>
<td>1983-1998</td>
<td>Team Physician and Orthopedic Consultant, Davis Senior High School, Davis, California</td>
</tr>
<tr>
<td>1984-1997</td>
<td>Team Physician, U.S., Nike Volleyball Festival, University of California, Davis</td>
</tr>
<tr>
<td>1985</td>
<td>Orthopedic Chairman, Sports Medicine, University of California, Davis, Department of Family Practice</td>
</tr>
<tr>
<td>1987-1998</td>
<td>Coordinator, Team Physician, University of California, Davis</td>
</tr>
<tr>
<td>1987</td>
<td>Chairman, Tissue Review Committee, Sutter Davis Hospital</td>
</tr>
<tr>
<td>1988-1989</td>
<td>Chairman, Department of Surgery and Member of Medical Executive Committee, Sutter Davis Hospital</td>
</tr>
<tr>
<td>1988-1991</td>
<td>Member at Large, Executive Committee, Sutter Davis Hospital</td>
</tr>
<tr>
<td>1990-1991</td>
<td>Member UHMG Quality Assurance Committee</td>
</tr>
<tr>
<td>1992-1998</td>
<td>Team Physician, Solano Junior College, Fairfield, California</td>
</tr>
<tr>
<td>1992-1998</td>
<td>Surgical Quality Review Committee, Solano Surgery Center, Vacaville, California</td>
</tr>
<tr>
<td>1993-1994</td>
<td>Member, Quality Assurance Committee, Sutter Davis Hospital</td>
</tr>
<tr>
<td>1993-1994</td>
<td>Member, Pediatrics Committee, Sutter Davis Hospital</td>
</tr>
</tbody>
</table>
PROFESSIONAL ACTIVITIES (cont.)

1993-1994  Member, Operating Room Reorganization Committee, Sutter Davis Hospital
1993-1994  Member, Operating Room Cost Containment Committee, Sutter Davis Hospital
1993-1995  Quality Assurance Committee, Courtyard Convalescent Hospital, Davis, California
1995-1998  Quality Assurance Committee for Sports Medicine, University of California, Davis
1995-1998  Research Committee for Sports Medicine, University of California, Davis
1996       Committee for Women's Health Needs in Sports Medicine, University of California, Davis
1998-2001  Madrona Medical Group, Member, Finance Committee, Bellingham, Washington
2001       Founder, Sutter Health Family Practice Monthly Orthopedic Conference

TEACHING EXPERIENCE

1982       Coordinator, LaCrosse Sports Medicine Symposium
1983       Speaker, LaCrosse Sports Medicine Symposium, "The Adolescent Knee"
1984       Speaker, Sports Medicine, University of California, Davis, Department of Family Practice, North Lake Tahoe
1985       Speaker, Sports Medicine, "A Coach's Perspective," Davis, California
### TEACHING EXPERIENCE (cont.)

<table>
<thead>
<tr>
<th>Year</th>
<th>Position and Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>1984-1998</td>
<td>Assistant Clinical Professor, Department of Orthopedic Surgery, University of California, Davis</td>
</tr>
<tr>
<td>1984-1998</td>
<td>Lecturer, Department of Physical Education and Physical Medicine and Rehabilitation</td>
</tr>
<tr>
<td>1984-1998 and</td>
<td>Preceptor for Orthopedic Surgery and Sports Medicine for Undergraduate Students, University of California, Davis</td>
</tr>
<tr>
<td>2001-Present</td>
<td>Assistant Clinical Professor, Department of Family Practice, University of California, Davis</td>
</tr>
<tr>
<td>1987-1989</td>
<td>Chairman, University of California, Davis, Sports Symposium</td>
</tr>
<tr>
<td>1997</td>
<td>Speaker, University of California, Davis, Department of Family Practice and Physical Medicine and Rehabilitation, &quot;The Team Physician; What you need to know to cover athletic events this Fall&quot;</td>
</tr>
<tr>
<td>1997</td>
<td>Numerous speaking engagements, presenting running injuries, ankle injuries, shoulder and knee injuries to physicians, nurses, athletic trainers and physical therapists at Sutter Davis Hospital, U.C. Davis Athletic Department and Cowell Student Health Center, University of California, Davis</td>
</tr>
<tr>
<td>March 4, 1999</td>
<td>Speaker, Pacific Rim Educational Network, &quot;Total Joint Arthroplasty - The State of Art,&quot; San Jose, California</td>
</tr>
<tr>
<td>April 1, 1999</td>
<td>Speaker, Madrona Medical Group CME: &quot;The Rotator Cuff&quot;</td>
</tr>
<tr>
<td>December 16, 1999</td>
<td>&quot;Developmental Dysplasia of the Hip&quot;</td>
</tr>
<tr>
<td>January 7, 2000</td>
<td>&quot;The Acute Knee Injury&quot;</td>
</tr>
<tr>
<td>1991-1995</td>
<td>Lecturer, University of California, Davis, School of Medicine: OSU (Core B), The Musculoskeletal System</td>
</tr>
<tr>
<td>1994-1997</td>
<td>Lecturer, Wilderness Medicine Course, Outdoor Adventure, University of California, Davis</td>
</tr>
</tbody>
</table>
### TEACHING EXPERIENCE (cont.)

<table>
<thead>
<tr>
<th>Year</th>
<th>Role and Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1994-1998</td>
<td>Instructor, Primary Care Plus, University of California, Davis, Department of Orthopedic Surgery</td>
</tr>
<tr>
<td>1995</td>
<td>Preceptor, Physician Assistant Program, University of California, Davis</td>
</tr>
<tr>
<td>1996-Present</td>
<td>Assistant Clinical Professor, Department of Family Practice, University of California, Davis</td>
</tr>
<tr>
<td>1999-2000</td>
<td>Instructor, Pacific Rim Educational Network (Physical Therapists), Portland, Oregon</td>
</tr>
<tr>
<td>2001-Present</td>
<td>Faculty Member, Sutter West Medical Group and Sacramento Sierra Family Practice</td>
</tr>
<tr>
<td></td>
<td>Whatcom Community College and Western Washington University, Lecturer, Bellingham, Washington</td>
</tr>
<tr>
<td>2001-Present</td>
<td>Assistant Clinical Professor, U. C. Davis, Department of Family Practice</td>
</tr>
<tr>
<td>2001-Present</td>
<td>Bimonthly Speaker, Sutter Health Family Practice</td>
</tr>
<tr>
<td>2003</td>
<td>Speaker: Combined Family Practice Residents Conference, Santa Rosa, February 28; 2003</td>
</tr>
<tr>
<td>2004</td>
<td>Speaker: Combined Family Practice Residents Conference, Monterey, February 29, 2004</td>
</tr>
</tbody>
</table>
PUBLICATIONS:


COMMUNITY ACTIVITIES

2003-2004 Organizer, A.C.L., Injury Prevention Program, Davis Youth Soccer and U. C. Davis Athletics

OVERSEAS MEDICINE

July 2002 Orthopedic Care, Kijabe Regional Hospital, Kenya

SPECIAL INTERESTS

Long distance running, white water kayaking, farming.

CURRENT RESEARCH PROJECTS

Use of intra-articular methadone, Marcaine with epinephrine and morphine for pain control following arthroscopic knee surgery.
WORK EXPERIENCE

2001 to Present  U.S. HealthWorks  San Diego, CA
Ergonomic Specialist, Physical Therapist Assistant
- For the past 4 years I have focused on Ergonomics in the workplace for clients of U.S. Healthworks. I develop and perform Physical Abilities Tests for clients and market the program to companies. Ergonomic Consultant for Motorola nurses.
- Lecture to U.S. HealthWorks' Accounts on Workplace Ergonomics, Back Safety classes and Exercise Programs for employees.
- Assist Physical Therapists in carrying out protocols on varied diagnoses of patients in the clinics throughout San Diego County.

1995 to Present
Heart Start CPR Training Center, Owner
- Teach CPR, First Aid, ACLS, PALS, and Blood borne Pathogens classes to individuals, hospitals and private businesses.

1995 to 2001  HealthSouth/Readicare  San Diego, CA
Physical Therapist Assistant/Exercise Physiologist
- Assisted several Physical Therapists with clinical duties, and responsible for insurance authorization, computer billing, scheduling and phones. Developed exercise programs for patients.

EDUCATION

1993  CA State Licensing
Licensed Physical Therapist Assistant
1988  PSU
B.S., Exercise Physiology & Education

PROFESSIONAL MEMBERSHIPS

- Marie College Advisory Board
- Boys and Girls Clubs of America Board

CERTIFICATIONS

- CEAS-Back School of Atlanta - 2005
- CEAS II-Back School of Atlanta-2006
- Advanced Office Ergonomics -Sharon Manzuk, P.T. -COEH -2004
- Primary Office Ergonomic Assessment-Francis Axelrad P.T.- U.S. HealthWorks 2003
- Job Site Analysis-Shelly Neufeld, P.T.- U.S. Healthworks-2003
- Shoulder Complex: Evaluation and Treatment, Chris Kime, P.T. -MTEC-2001
- Functional Anatomy-Allison L., PhD P.T.- Rehab Health Services-2004
- BLS, ACLS, PALS, Blood borne Pathogens, First Aid Instructor
Exhibit K
## Ancillary Service Providers

<table>
<thead>
<tr>
<th>Allergist Provider:</th>
<th>Milan Brandon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical License</td>
<td>A 016296</td>
</tr>
<tr>
<td>Federal Tax ID</td>
<td>95-2692869</td>
</tr>
<tr>
<td>Address</td>
<td>2800 Third Avenue</td>
</tr>
<tr>
<td>City</td>
<td>San Diego</td>
</tr>
<tr>
<td>State</td>
<td>CA 92103</td>
</tr>
<tr>
<td>Phone Number</td>
<td>(619) 291-2321</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cardiologist Provider:</th>
<th>Charles A. Athill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical License</td>
<td>G 78671</td>
</tr>
<tr>
<td>Federal Tax ID</td>
<td>33-0100747</td>
</tr>
<tr>
<td>Address</td>
<td>3131 Berger Avenue, S 200</td>
</tr>
<tr>
<td>City</td>
<td>San Diego</td>
</tr>
<tr>
<td>State</td>
<td>CA 92123</td>
</tr>
<tr>
<td>Phone Number</td>
<td>(858) 244-6800</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cardiologist Provider:</th>
<th>John B. Gordon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical License</td>
<td>C 42631</td>
</tr>
<tr>
<td>Federal Tax ID</td>
<td>33-0100747</td>
</tr>
<tr>
<td>Address</td>
<td>3131 Berger Avenue, S 200</td>
</tr>
<tr>
<td>City</td>
<td>San Diego</td>
</tr>
<tr>
<td>State</td>
<td>CA 92123</td>
</tr>
<tr>
<td>Phone Number</td>
<td>(858) 244-6800</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cardiologist Provider:</th>
<th>Peter M. Hoagland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical License</td>
<td>G 54598</td>
</tr>
<tr>
<td>Federal Tax ID</td>
<td>33-0100747</td>
</tr>
<tr>
<td>Address</td>
<td>3131 Berger Avenue, S 200</td>
</tr>
<tr>
<td>City</td>
<td>San Diego</td>
</tr>
<tr>
<td>State</td>
<td>CA 92123</td>
</tr>
<tr>
<td>Phone Number</td>
<td>(858) 244-6800</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cardiologist Provider:</th>
<th>Brian E. Jaski</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical License</td>
<td>G 55011</td>
</tr>
<tr>
<td>Federal Tax ID</td>
<td>33-0100747</td>
</tr>
<tr>
<td>Address</td>
<td>3131 Berger Avenue, S 200</td>
</tr>
<tr>
<td>City</td>
<td>San Diego</td>
</tr>
<tr>
<td>State</td>
<td>CA 92123</td>
</tr>
<tr>
<td>Phone Number</td>
<td>(858) 244-6800</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cardiologist Provider:</th>
<th>Kavita Kumar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical License</td>
<td>A 71068</td>
</tr>
<tr>
<td>Federal Tax ID</td>
<td>33-0100747</td>
</tr>
<tr>
<td>Address</td>
<td>3131 Berger Avenue, S 200</td>
</tr>
<tr>
<td>City</td>
<td>San Diego</td>
</tr>
<tr>
<td>State</td>
<td>CA 92123</td>
</tr>
<tr>
<td>Phone Number</td>
<td>(858) 244-6800</td>
</tr>
</tbody>
</table>
Ancillary Service Providers

Cardiologist Provider:
Medical License #
Federal Tax ID #:
Address:
City:
State:
Phone Number:

Cardiologist Provider:
Medical License #
Federal Tax ID #:
Address:
City:
State:
Phone Number:

Cardiologist Provider:
Medical License #
Federal Tax ID #:
Address:
City:
State:
Phone Number:

Cardiologist Provider:
Medical License #
Federal Tax ID #:
Address:
City:
State:
Phone Number:

Ear, Nose & Throat Provider:
Medical License #
Federal Tax ID #:
Address:
City:
State:
Phone Number:

Ear, Nose & Throat Provider:
Medical License #
Federal Tax ID #:
Address:
City:
State:
Phone Number:

Gregory B. Mahan
G 42703
33-0100747
3131 Berger Avenue, S 200
San Diego
CA 92123
(858) 244-6800

David G. Marsh
C 35488
33-0100747
3131 Berger Avenue, S 200
San Diego
CA 92123
(858) 244-6800

Ronald H. Miller
G 22925
33-0100747
3131 Berger Avenue, S 200
San Diego
CA 92123
(858) 244-6800

Harold Shively M.D.
G13012
02-6280066
9850 Genesee Avenue, Suite 780
La Jolla
CA 92037
(858) 450-3388

Paul Goodman, M.D.
G24856
95-3596114
4033 Third Ave, Suite 104
San Diego
CA 92103
(619) 294-2350

Pierre Rivet, M.D.
C036527
33-0125461
4033 Third Ave, Suite 104
San Diego
CA 92103
(619) 294-2350
Ancillary Service Providers

Endocrinology Provider:
Medical License #
Federal Tax ID #:
Address:
City:
State:
Phone Number:

Jeffrey Sandler, M.D.
G23440
95-3510726
4060 Fourth Avenue, Suite 604
San Diego
CA 92103
(619) 497-6188

Geoffrey Stiles, M.D.
G57934
55-8960924
8010 Frost Street, Suite 604
San Diego
CA 92123
(858) 279-5599

John Ponsiglione, M.D.
G67990
36-2965315
3330 Third Avenue, Suite 300
San Diego
CA 92103
(619) 497-6100

Neurosurgery and Spine Surgery
Medical License #
Federal Tax ID #:
Address:
City:
State:
Phone Number:

Jeffrey Sandler, M.D.
G23440
95-351076
4060 Fourth Avenue, Suite 508
San Diego
CA 92103
(619) 497-6188

Lokesh S. Tantuwaya, M.D.
G79268
33-0975431
8929 University Center Lane, Suite 203
San Diego
CA 92122
(858) 457-7580

Ophthalmology Provider:
Medical License #
Federal Tax ID #:
Address:
City:
State:
Phone Number:

Richard Leung, M.D.
G48263
33-0941754
3075 HealthCenter Dr., Suite 403
San Diego
CA 92123
(858) 278-9900
Ancillary Service Providers

Ophthalmology Provider:
Medical License #
Federal Tax ID #:
Address:
City:
State:
Phone Number:

Ophthalmology Provider:
Medical License #
Federal Tax ID #:
Address:
City:
State:
Phone Number:

Psychologist (Clinical)
Medical License #
Federal Tax ID #:
Address:
City:
State:
Phone Number:

Padma Nanduri, M.D.
A73131
56-4373254
9834 Genesee Avenue, Suite 406
La Jolla
CA 92037
(858) 450-1010

Tory Prestera, M.D.
A062321
56-4373254
100 North Rancho Sante Fe Rd., Suite 126
San Marcos
CA 92069
(760) 598-0400

Ira Grossman, Ph.D., ABPP
PSY5618
95-3754536
4550 Kearny Villa Rd., Suite 214
San Diego
CA 92123
(858) 560-0900
Exhibit L
Ergonomic Evaluation for: Jane Doe

**OFFICE WORKER ERGONOMIC ASSESSMENT AND REPORT**

<table>
<thead>
<tr>
<th>Client Name: John Doe</th>
<th>Company Name and Address: Any Company 1234 Any Avenue San Diego, CA 92123</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupation/Title: Customer Service Represent</td>
<td>Phone: 999-999-9999 Contact/Supervisor: Jane Doe</td>
</tr>
<tr>
<td>Evaluator Name:</td>
<td>Evaluator Phone: Evaluation Date:</td>
</tr>
</tbody>
</table>

### CLIENT DETAILS

- **Height:** 6'1"
- **Bifocal Lenses:** No
- **Dominant Hand:** Right
- **Purpose:** Injury

**Reported Discomfort:** DX: 095-112912-Bilateral wrist/hand strains; Right> Left

**Recent Changes to Work Environment:** None

### WORK TASKS/HOURS PER DAY

**As Stated Per Employee: 8 hours**

<table>
<thead>
<tr>
<th>Task</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keyboard/Mouse</td>
<td>6-7</td>
</tr>
<tr>
<td>Reading</td>
<td>4-6</td>
</tr>
<tr>
<td>Telephone</td>
<td>1</td>
</tr>
<tr>
<td>Filing</td>
<td>minimal</td>
</tr>
<tr>
<td>Handwriting</td>
<td>1</td>
</tr>
<tr>
<td>Lifting</td>
<td>none</td>
</tr>
<tr>
<td>Calculator</td>
<td>none</td>
</tr>
<tr>
<td>Meetings</td>
<td>1 X month</td>
</tr>
<tr>
<td>Reaching</td>
<td>4-6</td>
</tr>
</tbody>
</table>

### SIMULTANEOUS TASKS

- Keyboard/Mouse Together With: phone, writing, reviewing cases
- Telephone Together With: PC, writing
### MEASUREMENTS

<table>
<thead>
<tr>
<th>ISSUE</th>
<th>INITIAL (Inches)</th>
<th>RECOMMENDED (Inches)</th>
<th>ADJUSTMENT MADE</th>
<th>ADJUSTMENT REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desk Height</td>
<td>29.5</td>
<td>29.5</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Desk Depth</td>
<td>40</td>
<td>40</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Keyboard Height</td>
<td>25.5</td>
<td>27</td>
<td>The tray low causing forward trunk posture. The tray was raised, and the chair was lowered. Instructed employee on proper postures.</td>
<td></td>
</tr>
<tr>
<td>Mouse Height</td>
<td>25.5</td>
<td>27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitor Height</td>
<td>51.5</td>
<td>51.5</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Monitor Distance</td>
<td>27</td>
<td>18-30</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Elbow to Floor</td>
<td>31</td>
<td>29</td>
<td>The chair was lowered for more neutral postures.</td>
<td></td>
</tr>
</tbody>
</table>

### EQUIPMENT & TECHNIQUE

<table>
<thead>
<tr>
<th>ISSUE</th>
<th>INITIALLY CORRECT</th>
<th>CORRECTED/INSTRUCTED</th>
<th>NOTES</th>
<th>FURTHER ACTION NEEDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair:</td>
<td></td>
<td></td>
<td></td>
<td>Recommend ergonomic chair without armrests for petite 5'6&quot; employee. Will require 19.5&quot;-20&quot; D x 19.5&quot;-20&quot; L seat pan. Recommended features: seat slider, backrest tilt, backrest height adjustment, built in lumbar support, chair height adjustment.</td>
</tr>
<tr>
<td>Client knows how to adjust</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feet firmly on floor</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate lumbar support</td>
<td>N</td>
<td>Y</td>
<td>Chair backrest does not provide lumbar support making chair uncomfortable. She also has forward posture. Instructed employee on proper postures.</td>
<td></td>
</tr>
<tr>
<td>Back rest and seat pan adjusted properly</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate thigh/knee clearance</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arm rests adjusted properly</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chair in good working condition</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISSUE</td>
<td>INITIALLY CORRECT</td>
<td>CORRECTED/INSTRUCTED</td>
<td>NOTES</td>
<td>FURTHER ACTION NEEDED</td>
</tr>
<tr>
<td>-------</td>
<td>-------------------</td>
<td>----------------------</td>
<td>-------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Monitor:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Centered properly</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Height at or below eye level</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comfortable distance (18 to 32 inches)</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tilt adjustment</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitor free from glare</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brightness and contrast adjusted for optimal viewing</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screen clear of dust and fingerprints</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keyboard:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Position centered</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Position flat or in a negative tilt</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Height adjusted so that client’s forearms are approx. parallel to floor</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintains neutral wrist while keying</td>
<td>N</td>
<td>Y</td>
<td>The employee rests wrists while typing. This causes wrist extension and contact stress on the volar wrists. Instructed the employee on proper keyboard techniques.</td>
<td></td>
</tr>
<tr>
<td>Uses floating technique</td>
<td>N</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does not turn wrist out when keying</td>
<td>N</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Presses keys with light touch</td>
<td>N</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintains fingers in relaxed, gently curled position</td>
<td>N</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able to touch type</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses keyboard shortcuts</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Input Device:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keyboard tray long enough for input device</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At same height as keyboard</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correct size for client’s hand</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISSUE</td>
<td>INITIALLY CORRECT</td>
<td>CORRECTED/INSTRUCTED</td>
<td>NOTES</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-------------------</td>
<td>----------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Doesn't extend arm to reach device</td>
<td>N</td>
<td>Y</td>
<td>The employee grips and pinches the mouse and rests wrists on the tray edge while using the mouse. This causes wrist extension and contact stress on the volar wrist. Instructed the employee on proper mouse techniques.</td>
<td></td>
</tr>
<tr>
<td>Holds device gently and doesn't squeeze</td>
<td>N</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintains wrist and fingers in a straight line and doesn't turn to the outside</td>
<td>N</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Easy to reach</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Holds head upright while talking on telephone</td>
<td>N</td>
<td>Y</td>
<td>Cradles phone receiver between ear and shoulder. Recommend: Install a headset (i.e., Plantronics)</td>
<td></td>
</tr>
<tr>
<td>Headset available</td>
<td>N</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lighting:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General lighting sufficient</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Task light available</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Window coverings sufficient</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calculator is easy to reach and neutral wrist position is maintained</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate room under the desk for client's legs</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work surface large enough to hold equipment and reference materials</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reviews/reads documents without bending neck forward</td>
<td>N</td>
<td>Y</td>
<td>Employee references materials to the left causing neck rotation. Recommend: Install a desktop document holder in line with the monitor and keyboard.</td>
<td></td>
</tr>
<tr>
<td>Document holder at appropriate height and distance</td>
<td>N</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Holds pen lightly</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequently used items within reach</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stands up to reach items above shoulder height</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifts binders or heavy books with both hands</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifts by bending at the knees</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
GENERAL EDUCATION

<table>
<thead>
<tr>
<th>ISSUE</th>
<th>INSTRUCTION PROVIDED</th>
<th>HANDOUT PROVIDED</th>
<th>FURTHER ACTION REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Posture and body mechanics</td>
<td>Yes</td>
<td>Yes</td>
<td>Provided employee with “Correct Positioning for Computer Users” handout.</td>
</tr>
<tr>
<td>Stretch and task breaks</td>
<td>Yes</td>
<td>Yes</td>
<td>Provided employee with “Computer &amp; Desk Stretches” handout. Instructed employee to contact PT/OT and/or MD prior to doing any of the exercises.</td>
</tr>
<tr>
<td>Keyboard and input device</td>
<td>Yes</td>
<td>No</td>
<td>Educated employee on proper technique of keyboard and mouse.</td>
</tr>
<tr>
<td>Basic office ergonomic set-up</td>
<td>Yes</td>
<td>Yes</td>
<td>Provided employee with “Correct Positioning for Computer Users” handout.</td>
</tr>
</tbody>
</table>

SUMMARY OF FURTHER ACTION NEEDED

1. Recommend ergonomic chair without armrests for petite 6‘1”” employee. Will require 20.5”-21” D x 20.5”-20”-21” seat pan. Recommended features: seat slider, backrest tilt, backrest height adjustment, built in lumbar support, chair height adjustment. Contact your chair/furniture vendor to be fitted properly for the chair.

2. Recommend: Install a desktop document holder in line with the monitor.
   
   Example:
   
   ![Corporate Express/Staples](image)
   
   Item 471570-3M inline copy holder

3. Recommend: Install a headset (i.e., Plantronics)
Ergonomic Evaluation for: Jane Doe

Before: Tray low; forward head/trunk

After some changes and instructions
Exhibit M
RESPIRATORY PROTECTION
29 CFR 1910.134

Based on

Occupational Safety and Health Administration
Occupational Safety and Health Standards
Personal Protective Equipment

U.S. HealthWorks
Medical Executive Committee

Revised: April / 2009
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    - Powered (PAPR) 4
  - Negative pressure, non-powered 4
  - Powered (PAPR) 4
  - Atmosphere-Supplying 4
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### Appendices

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POLICY STATEMENT

All U.S. HealthWorks clinicians must become familiar with the information in this document and adjust to the procedures when delivering medical services to clients requiring assessment under the OSHA Respiratory Standard 29 CFR 1910.134. This policy does not address state-mandated occupational health requirements, which may be more restrictive than those mandated by OSHA. Contact your Regional Medical Director or state agency for further regulatory guidance in your region.

GENERAL CONSIDERATIONS

Introduction


The standard mandates that prior to fit testing and/or respirator use that an employee be medically evaluated to determine the ability of the employee to wear a respirator. The regulation allows this evaluation to be initially conducted by either a physician or other licensed health care professional (not defined in the regulation). The employee must first complete a questionnaire that is found in the regulation (See U.S. HEALTHWORKS Respirator Employee Questionnaire). A physician or other licensed health care provider must further evaluate the employee if any question is answered in the affirmative in Section 2 of the questionnaire.

Definitions

Air-purifying respirator means a respirator with an air-purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through the air-purifying element.

Assigned protection factor (APF) [Reserved]

Atmosphere-supplying respirator means a respirator that supplies the respirator user with breathing air from a source independent of the ambient atmosphere, and includes supplied-air respirators (SARs) and self-contained breathing apparatus (SCBA) units.
Canister or cartridge means a container with a filter, sorbent, or catalyst, or combination of these items, which removes specific contaminants from the air passed through the container.

Demand respirator means an atmosphere-supplying respirator that admits breathing air to the facepiece only when a negative pressure is created inside the facepiece by inhalation.

Emergency situation means any occurrence such as, but not limited to, equipment failure, rupture of containers, or failure of control equipment that may or does result in an uncontrolled significant release of an airborne contaminant.

Employee exposure means exposure to a concentration of an airborne contaminant that would occur if the employee were not using respiratory protection.

End-of-service-life indicator (ESLI) means a system that warns the respirator user of the approach of the end of adequate respiratory protection, for example, that the absorbent is approaching saturation or is no longer effective.

Escape-only respirator means a respirator intended to be used only for emergency exit.

Filter or air purifying element means a component used in respirators to remove solid or liquid aerosols from the inspired air.

Filtering facepiece (dust mask) means a negative pressure particulate respirator with a filter as an integral part of the facepiece or with the entire facepiece composed of the filtering medium.

Fit factor means a quantitative estimate of the fit of a particular respirator to a specific individual, and typically estimates the ratio of the concentration of a substance in ambient air to its concentration inside the respirator when worn.

Fit test means the use of a protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual. (See also Qualitative fit test QLFT and Quantitative fit test QNFT.)

Helmet means a rigid respiratory inlet covering that also provides head protection against impact and penetration.

High efficiency particulate air (HEPA) filter means a filter that is at least 99.97% efficient in removing monodisperse particles of 0.3 micrometers in diameter. The equivalent NIOSH 42 CFR 84 particulate filters are the N100, R100, and P100 filters.

Hood means a respiratory inlet covering that completely covers the head and neck and may also cover portions of the shoulders and torso.

Immediately dangerous to life or health (IDLH) means an atmosphere that poses an immediate threat to life, would cause irreversible adverse health effects, or would impair an individual’s ability to escape from a dangerous atmosphere.

Interior structural firefighting means the physical activity of fire suppression, rescue or both, inside of buildings or enclosed structures that are involved in a fire situation beyond the incipient stage. (See 29 CFR 1910.155)
Loose-fitting facepiece means a respiratory inlet covering that is designed to form a partial seal with the face.

Negative pressure respirator (tight fitting) means a respirator in which the air pressure inside the facepiece is negative during inhalation with respect to the ambient air pressure outside the respirator.

Oxygen deficient atmosphere means an atmosphere with an oxygen content below 19.5% by volume.

Physician or other licensed health care professional (PLHCP) means an individual whose legally permitted scope of practice (i.e., license, registration, or certification) allows him or her to independently provide, or be delegated the responsibility to provide, some or all of the health care services required by paragraph (e) of this section.

Positive pressure respirator means a respirator in which the pressure inside the respiratory inlet covering exceeds the ambient air pressure outside the respirator.

Powered air-purifying respirator (PAPR) means an air-purifying respirator that uses a blower to force the ambient air through air-purifying elements to the inlet covering.

Pressure demand respirator means a positive pressure atmosphere-supplying respirator that admits breathing air to the facepiece when the positive pressure is reduced inside the facepiece by inhalation.

Qualitative fit test (QLFT) means a pass/fail fit test to assess the adequacy of respirator fit that relies on the individual's response to the test agent.

Quantitative fit test (QNFT) means an assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.

Respiratory inlet covering means that portion of a respirator that forms the protective barrier between the user's respiratory tract and an air-purifying device or breathing air source, or both. It may be a facepiece, helmet, hood, suit, or a mouthpiece respirator with nose clamp.

Self-contained breathing apparatus (SCBA) means an atmosphere-supplying respirator for which the breathing air source is designed to be carried by the user.

Service life means the period of time that a respirator, filter or sorbent, or other respiratory equipment provides adequate protection to the wearer.

Supplied-air respirator (SAR) or airline respirator means an atmosphere-supplying respirator for which the source of breathing air is not designed to be carried by the user.

This section means this respiratory protection standard.

Tight-fitting facepiece means a respiratory inlet covering that forms a complete seal with the face.

User seal check means an action conducted by the respirator user to determine if the respirator is properly seated to the face.
Environmental Exposure

Equally critical to assess for a respirator user is the environment in which the respirator is to be used. One must always consider respirator failure and its consequences. Most exposures for which respirators are used are not immediately dangerous to life and health (IDLH) nor do they usually exceed the short-term exposure limit (STEL). However, if one has a particular sensitivity to the chemical or environment of exposure, this must be considered in the evaluation process. The environment to which one is exposed should also prompt the clinician to potentially obtain baseline evaluations for physiological systems that may be affected. An environmental assessment may also direct the physician to other potential OSHA standards, which may be applicable to the employee. After assessing the exposure for which a respirator is to be worn, perhaps the evaluation to be performed would be more appropriately addressed by another standard such as hazardous material, lead, asbestos, cadmium, etc.

CLINICAL INFORMATION

Respirators

The respirator evaluation should be conducted with knowledge of the environment in which the respirator is to be used. The amount of physiological stress exerted during respirator wear may be dependent upon the type of respirator worn. Therefore, the initial history should assess the type of respirator to be worn and the environment it will be used in. Respirators fall into the following general classifications:

1. Air-Purifying Respirators

   A. Negative pressure, non-powered (inhalation resistance)
      The user must inhale through a mask and filter. A negative pressure respirator will increase inspiratory resistance and increase dead space. Expiratory resistance is minimal. The net effect is a small decrease in ventilation. This may result in a reduction in endurance and maximal exercise. The work of breathing is also increased with an increase in oxygen consumption. An increased risk of pneumothorax is theoretically possible. Blood pressure may increase slightly though heart rate usually remains stable. Active asthma or COPD may be exacerbated by use of a negative pressure respirator.

   B. Powered (neither inhalation nor exhalation resistance)
      A blower forces air through a filter, which is delivered through a mask or hood. This is often called a powered air-purifying respirator (PAPR). The advantage of these devices is that there is no negative inspiratory pressure generated during breathing. Therefore, the possible physiological risks inherent in the wear of a negative pressure respirator are not found with powered respirators.

2. Atmosphere—Supplying Respirator

   A. Air line
      The user is supplied air from outside the immediate environment. This is blown in to the user through a trailing hose. Air is supplied through a mask or hood. Like the powered
air-purifying respirator, there is no inspiratory negative pressure generated during inhalation. Thus the work of breathing is minimal through such a device.

B. SCBA (Self Contained Breathing Apparatus)
Air is supplied to the user from a compressed air tank, which the user must carry. The “demand” SCBA is the most common in use. An air tank provides compressed air upon “demand” from the user. This “demand” is triggered by inspiration. Although slight negative pressure is necessary to trigger this “demand”, the negative pressure level is quite low. The primary risk involved with SCBA use is secondary to the weight of the device. The SCBA alone usually varies from between twenty-five to fifty pounds depending on the amount of air to be carried. Use of this device is also usually accompanied by the wearing of protective clothing that is not only heavy, but generally impermeable resulting in the retention of heat and moisture. Such a device is also commonly used in emergency type situations where emotional stress levels may be high. Cardiac stress in particular is increased with the use of such a device with increases in heart rate, blood pressure, and oxygen consumption. The weight and biomechanics of carrying the equipment may also present a risk to individuals with pathology of the lumbar spine. Air supplied by an SCBA also tends to be dry and thus, can be irritating to the mucous membranes and respiratory tract.

Physiological Effects of Respirator Use

f. HEENT
Wearing a respirator can decrease peripheral vision and reduce auditory acuity. This may result in a decreased ability to communicate, and in particular, response to aural or visual alarms. Visual and auditory interference depends upon the method in which the air is delivered to the nose and mouth. Contact wear should be considered for several reasons. First of all, if the respirator is worn to protect from a material, which can be damaging to the eye, the substance may become trapped under the contact lens and be held in close proximity to the cornea. This may increase the compound’s toxic or destructive effect to the eye. SCBA air in particular is dry and may result in irritation secondary to drying of the eye. Lastly, in a hazardous environment, one must consider the possibility of the contact becoming dislodged, creating a hazard to the individual who must now attempt to egress the hazardous environment without the benefit of proper visual acuity.

g. Pulmonary
Respirator use may increase the work of breathing, and theoretically increase the risk of pneumothorax or exacerbate active conditions such as COPD or asthma.

h. Cardiovascular
Respirator use may increase the work of breathing, decrease ventilation, increase oxygen consumption, and increase physiological load in general. This may result in increases in myocardial oxygen consumption, heart rate, and blood pressure.

i. Musculoskeletal
The use of SCBA in particular may increase the risk of lumbar spine injury secondary to the weight of the device.
j. Dermatology
A mask type respirator device may result in pseudofolliculitis barbae or allergic contact dermatitis. Not only is this irritating to the user, but may also impair proper sealing of the mask to the face.

k. Psychology
Respirator use may result in claustrophobia. Persons with such a history may require a more thorough evaluation during the fit test or even work simulation prior to being exposed to a hazardous environment.

Medical Surveillance/Evaluation

Regulations allow respirator use clearance to be determined through the use of a mandatory Respirator Medical Evaluation Questionnaire. U.S. HEALTHWORKS does not believe that respirator use risk can be optimally assessed only by the review of the aforementioned questionnaire. However, it consents to such evaluations at the discretion of the Center Medical Director. Both marketing and clinical staff should attempt to educate employers who have chosen this approach with regard to the benefits of performing a physical examination on these individuals.

Any affirmative answers to questions 1 through 8 in Section 2, and all those employees mandated to complete questions 10 through 15 of the questionnaire require a follow up medical examination of the employee in addition to the evaluation of the Respirator Medical Evaluation Questionnaire. When required, such examination may include but not be limited to:

1. Medical History
A complete past medical history should be obtained with emphasis on the following:
   a. Respiratory or cardiac disease
   b. Musculoskeletal problems in users of an SCBA
   c. Psychological problems to include claustrophobia
   d. Medication use
   e. Physical deformities that may interfere with respirator use or use of the respirator in a physically stressful environment
   f. Prior respirator use and any problems associated with such use.

2. Examination
The physical examination should be comprehensive with attention focused on the following areas:
   a. In the case of a respirator that requires a facial seal, there should be no facial hair, acne, scars, or facial deformity that would impair a proper seal. If such a condition is suspected, this can be confirmed through fit testing performed by the employer or the employers designated representative.
   b. Visual system to determine the need for potential fitting of corrective lenses into the respirator equipment. Color vision assessment may also be important for those who may be required to respond to color coding or visual colored alarm systems.
   c. Auditory acuity to ensure the employee can properly communicate in a hazardous environment as well as respond to potential aural alarms. There is also a theoretical risk
of toxic gases being drawn into the nasopharynx and lung through a perforation in the tympanic membrane. It is thus critical to evaluate this possibility particularly in those individuals that may have exposure to highly toxic materials.

d. Respiratory and cardiovascular system. These two systems are the most critical in terms of respirator hazard.

e. Endocrine disorders

f. Musculoskeletal system. This system should be evaluated closely particularly for users of SCBA's. If the user is to be responding to emergencies where there is the potential for having to carry persons out of the hazardous environment, a thorough musculoskeletal examination is necessary.

g. Neurological system

h. Psychological state. It is important to assess for the presence of claustrophobia as well as the persons ability to work in a potentially emotionally stressful environment.

3. Tests

1. Pulmonary Function Tests
PFT's may be useful in screening persons for respirator wear. They are not mandatory, however, and can be left to the clinical judgment of the physician. It may be useful to obtain a PFT at least as a baseline for future comparison. When performed, only an FVC and FEV1 is required. If the FVC is less than 80% or the FEV1 is less than 70%, one should begin to consider restriction from respirator use (see also: table on relative and absolute contraindications to respirator use, page 8 of this document). For those respirator users who function in a very physically stressful environment, maximum voluntary ventilation for 15 seconds (MVV\textsubscript{0.25}) may also be helpful. Lastly, a maximum exercise stress test may be useful for personnel who use SCBA in a demanding environment or for those with a history or examination causing the examiner to consider the possibility of coronary artery disease.

2. Chest X-ray
Chest X-rays are generally unnecessary as part of the respirator use evaluation process. These should only be conducted if upon history or physical examination, a suspicion of pulmonary disease arises, the presence of, which can only be determined through the use of a chest x-ray. A baseline chest x-ray should also be considered however, if the environment to which the respirator user is exposed may cause a pulmonary disease which, may later be further evaluated through the use of chest x-ray.

4. Medical Decision Making

There are no absolutes in terms of who should and should not receive clearance for respirator use. This decision is dependent upon a complete assessment of the individual, the respiratory protective device to be worn, the exposure hazard, the potential strenuous nature of the work, and the environment in which the respirator is to be worn. This should then be referenced to whether respirator use is either a hazard to the individual user, or others who may be affected by this individual's use of a respirator. This can include individuals in the immediate environment, or others effected by the ability of the user to complete the assigned task i.e., emergency response. It is important to keep in mind the rights and liabilities of the user, the employer, and others potentially affected.
5. Restriction Considerations

The approval or restriction from respirator use should always be made following an assessment of risk. As an example, an individual with moderate COPD would not be at risk for use of a supplied air respirator in a light duty environment. This same person however, would be restricted from negative pressure respirator use in a moderate duty environment. Therefore, the clearance should specify that the approval or denial is limited to the work environment as described by the employer.

The risk can be assessed by considering the following guidelines:

<table>
<thead>
<tr>
<th>Type of Respirator</th>
<th>Duration of Use</th>
<th>Work Activity</th>
<th>Environmental Conditions *</th>
<th>Other Protective Equipment</th>
<th>Medical Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Risk&lt;br&gt;Supplied air and PAPR&lt;br&gt;Medium Risk&lt;br&gt;Negative pressure&lt;br&gt;High Risk&lt;br&gt;SCBA</td>
<td>Short&lt;br&gt;Moderate&lt;br&gt;Long</td>
<td>Light&lt;br&gt;Moderate&lt;br&gt;Heavy</td>
<td>Moderate temperature&lt;br&gt;Cold&lt;br&gt;Hot / humid</td>
<td>Normal clothing&lt;br&gt;Heavy or impermeable</td>
<td>As assessed by medical history and exam. As assessed by medical history and exam. As assessed by medical history and exam.</td>
</tr>
</tbody>
</table>

* Consider other environmental risks to include low oxygen tension, confined spaces, high or low pressures, high altitudes, etc.

The following guidelines should be considered as possible contraindications to respirator use. Again, each decision must be made on a case-by-case basis.

<table>
<thead>
<tr>
<th>Relative Contraindications</th>
<th>Absolute Contraindications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate pulmonary impairment&lt;br&gt;FVC 51% to 59% (% of predicted value)&lt;br&gt;FEV₁ 41% to 59% (% of predicted value)&lt;br&gt;FEV₁/FVC 41% to 59% (% of predicted value)</td>
<td>Severe pulmonary impairment&lt;br&gt;FVC 50% or less (% of predicted value)&lt;br&gt;FEV₁ 40% or less (% of predicted value)&lt;br&gt;FEV₁/FVC 40% or less (% of predicted value)</td>
</tr>
<tr>
<td>Moderate hypertension</td>
<td>Hx of spontaneous pneumothorax</td>
</tr>
<tr>
<td>Hx of ischemic heart disease</td>
<td>Claustrophobia / anxiety reactions</td>
</tr>
<tr>
<td>Insulin dependent diabetes</td>
<td>Active or brittle cardiovascular disease</td>
</tr>
<tr>
<td>Seizure disorder</td>
<td>Severe hypertension</td>
</tr>
<tr>
<td>Claustrophobia</td>
<td>Significant psychiatric disease</td>
</tr>
</tbody>
</table>
Reporting

Following completion of the medical evaluation, the Healthcare Professional must:

- Complete the Medical Recommendations for Use of Respiratory Protective Equipment form and report to the employer.
- Provide a copy to the employee who has undergone the evaluation. The questionnaire is not supposed to be submitted by the employer on behalf of the employee. However, when the employer chooses to do so, the request must include the employee's address so that a copy of the report is mailed directly to the employee.

Evaluation Frequency

OSHA 29 CFR 1910.134 does not mandate that respirator evaluations be conducted on a regular schedule. Subsequent evaluations are only required when:

- Employee reports signs or symptoms that are related to respirator use.
- Health care provider, supervisor, or respirator program administrator informs the employer that an employee requires further evaluation.
- Information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for re-evaluation.
- A change occurs in workplace conditions that may alter the physiological burden placed on the employee.

The American National Standards Institute (ANSI) also publishes a respirator protection standard. ANSI Z88.6 recommends that respirator use examination be performed with the following frequency:

- Below age 35: Every 5 years.
- From age 35 to 45: Every 2 years.
- After age 45: Annually

This schedule should be modified if there are any potential medical conditions that may require more frequent evaluation. This ANSI standard is implemented in some state OSHA programs as an additional requirement to the federal OSHA standard. It is, therefore, important to be familiar with your state OSHA regulations.
U. S. HEALTHWORKS
CLINICAL REFERENCE

RESPIRATORY PROTECTION
Personal Protective Equipment

APPENDICES

Forms
Employer Information (Standard Highlights)
Suggested Medical Surveillance/Evaluation Protocols
OSHA. Personal Protective Equipment. Respiratory Protection
29 CFR 1910.134
RESPIRATORY PROTECTION
Personal Protective Equipment

Forms
TO THE EMPLOYER. Affirmative answers to questions in Part A Section 2, except question 9, require a follow-up medical examination.

TO THE EMPLOYEE. Can you read? [ ] Yes [ ] No Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient for you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional that will review it.

Supplemental Information. To be provided by the employer regarding the use of respirator and the working conditions.

1. Employer Representative: __________________________ Telephone: __________________________

2. Respirator Type: __________________________ Weight: __________________________ Duration of Use: __________________________ Frequency of Use: __________________________

   Expected physical effort: 
   [ ] Light Effort (Sitting/standing while writing, performing light assembly work or controlling machines)
   [ ] Moderate Effort (Sitting/standing/walking using tools, performing assembly work, lifting/pushing moderate loads)
   [ ] Heavy Effort (Lifting heavy loads (>35lbs.); shoveling; walking up an 8° grade, climbing stairs with a load)

   Expected use of additional protective clothing and/or equipment while using the respirator. [ ] Yes [ ] No

   If yes, describe: __________________________

   Expected working conditions: 
   Temperature Extremes: Low: __________°F, High: __________°F
   Humidity Extremes: Low: __________%, High: __________%

Part A. Section 1. To be completed by all applicants/employees selected to use any type of respirator. Please print.

Name __________________________ Social Security # __________________________ Sex [ ] Male [ ] Female Date __________________________

Address: __________________________ City: __________________________ State: __________________________ Zip Code: __________________________ Job Title: __________________________

Telephone: __________________________ Best time to reach you at this number __________________________ Date of Birth: __________________________ Age: __________________________ Height (ft. in.): __________________________ Weight (lbs): __________________________

1. Has your employer told you how to contact the health care professional who will review this questionnaire? [ ] Yes [ ] No
2. Check the type of respirator you will use. (Check all that apply)
   [ ] N, R, or P disposable respirator
   [ ] Other types (i.e. half or full-facepiece, powered-air purifying, supplied-air, self-contained breathing apparatus).

3. Have you worn a respirator? [ ] Yes [ ] No
   If Yes, list what type(s):

Part A. Section 2. To be completed by all applicants/employees selected to use any type of respirator. Please circle Yes or No.

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month? 
   Yes 
   No
e. Pneumonia: Yes No
f. Tuberculosis: Yes No
g. Silicosis: Yes No
h. Pneumothorax (collapsed lung): Yes No
l. Lung cancer: Yes No
j. Broken ribs: Yes No
k. Any chest injuries or surgeries: Yes No
l. Other lung problems you’ve been told about? Yes No

2. Have you ever had any of the following conditions?
   a. Seizures (fits): Yes No
d. Claustrophobia (fear of closed-in places): Yes No
e. Trouble smelling odors: Yes No
   b. Diabetes (sugar disease): Yes No
c. Allergic reactions interfering with your breathing: Yes No
f. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes No

3. Have you ever had any of the following pulmonary or lung problems?
   a. Asbestosis: Yes No
b. Tuberculosis: Yes No
c. Asthma: Yes No
d. Pneumonia: Yes No
e. Silicosis: Yes No
f. Pneumothorax (collapsed lung): Yes No
g. Asthma: Yes No
h. Pneumothorax (collapsed lung): Yes No
l. Lung cancer: Yes No

4. Do you currently have any of the following symptoms of pulmonary or lung illness?
   a. Shortness of breath: Yes No
b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes No
c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes No
d. Have to stop for breath when working at your own pace on level ground: Yes No
e. Shortness of breath when washing or dressing yourself: Yes No
f. Shortness of breath interfering with your job: Yes No
g. Coughing producing phlegm (thick sputum): Yes No
h. Coughing that wakes you early in morning: Yes No
i. Coughing that occurs mostly when you are lying down: Yes No
j. Coughing up blood in the last month: Yes No
k. Wheezing: Yes No
l. Wheezing that interferes with your job: Yes No
m. Chest pain when you breathe deeply: Yes No
n. Any other symptoms that you think may be related to lung problems: Yes No

5. Have you ever had any of the following cardiovascular or heart problems?
   a. Heart attack: Yes No
   b. Stroke: Yes No
c. Angina: Yes No
d. Heart failure: Yes No
e. Swelling in your legs or feet (not caused by walking): Yes No
f. Heart arrhythmia (heart beating irregularity): Yes No
g. High blood pressure: Yes No
h. Other heart problems you’ve been told about: Yes No

6. Have you ever had any of the following cardiovascular or heart symptoms?
   a. Frequent pain or tightness in your chest: Yes No

7. Do you currently take any medication for any of the following problems?
   a. Breathing or lung problems: Yes No
   b. Heart problems: Yes No
c. Blood pressure: Yes No
d. Seizures (fits): Yes No

8. Have you ever used a respirator? Yes No
   If Yes, have you had any of the following problems?
   a. Eye irritation: Yes No
   b. Skin allergies or rashes: Yes No
c. Anxiety: Yes No
d. General weakness or fatigue: Yes No
e. Any other problems that interfere with your use of a respirator: Yes No

9. Would you like to talk to the health care professional who will review this questionnaire about your answers? Yes No

Questions 10 to 15 must be completed by all applicants/employees selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees selected to use other types of respirators, answering these questions is voluntary. Please circle Yes or No.

10. Have you ever lost vision in either eye (temporarily or permanently)? Yes No

11. Do you currently have any of the following vision problems?
   a. Wear contact lenses: Yes No
   b. Wear glasses: Yes No
c. Color blind: Yes No
d. Any other eye or vision problem: Yes No

12. Have you ever injured your ears, including a broken ear drum? Yes No

13. Do you currently have any of the following hearing problems?
   a. Difficulty hearing: Yes No
   b. Wear a hearing aid: Yes No
c. Any other hearing or ear problem: Yes No

14. Have you ever had a back injury? Yes No

15. Do you currently have any of the following musculoskeletal problems?
   a. Weakness in any of your arms, hands, legs, or feet: Yes No
   b. Back pain: Yes No
c. Difficulty fully moving your arms and legs: Yes No
d. Pain or stiffness when you leaning forward or backward at the waist: Yes No
e. Difficulty fully moving your head up or down: Yes No
f. Difficulty fully moving your head side to side: Yes No
g. Difficulty bending at your knees: Yes No
h. Difficulty squatting to the ground: Yes No
i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes No
j. Any other muscle or skeletal problem that interferes with using a respirator: Yes No

Patient Signature: ____________________________________________________________________________ Date: ________________

Healthcare Professional

Name: __________________________________________________________________________________________
Address: _______________________________________________________________________________________
Signature: ______________________________________________________________________________________ Date: ________________
AL PATRON. Respuestas afirmativas a las preguntas en la Parte A, Sección 2, excepto la pregunta 9, requieren de un examen médico de seguimiento. 

AL EMPLEADO ¿Puede usted leer? [ ] SI [ ] No Su patrón debe permitirle completar este cuestionario durante sus horas normales de trabajo en un sitio y a una hora que le resulten convenientes a usted. Para mantener esta información confidencial, su supervisor o su patrón no deberán revisar sus respuestas y tan solo deberán decirle cómo hacerle llegar este cuestionario al médico que lo ha de revisar.

Información Suplementaria. Para ser suministrada por el patrón con respecto al tiempo de uso del respirador y a las condiciones de trabajo:

1. Representante del Patrón: ____________________________ Teléfono: ____________________________

2. Tipo de Respirador: ____________________________ Peso: ____________________________
Tiempo de Duración: ____________________________ Frecuencia de Uso: ____________________________

<table>
<thead>
<tr>
<th>Probable esfuerzo físico:</th>
<th>Liviano (Sentado/parado mientras escribe, al desempeñar ensamblaje ligero, control de maquinaria.)</th>
<th>[ ] SI [ ] No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Moderado (Sentado/parado/caminando al usar herramientas, ensamblaje ligero, empujar/levantar cargas moderadas)</td>
<td>[ ] SI [ ] No</td>
</tr>
<tr>
<td></td>
<td>Fuerte (Al levantar cargas pesadas (&gt;35 lbs.); caminar en pendiente de 8°, al subir escaleras con peso.)</td>
<td>[ ] SI [ ] No</td>
</tr>
</tbody>
</table>

Probable uso de ropa o equipo adicional de protección durante el uso del respirador. [ ] SI [ ] No

Describa: ____________________________

Condiciones de Trabajo.

<table>
<thead>
<tr>
<th>Temperaturas Extremas</th>
<th>Baja: _______ °F</th>
<th>Alta: _______ °F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humedad Extremas</td>
<td>Baja: _____ %</td>
<td>Alta: ____ %</td>
</tr>
</tbody>
</table>

Parte A. Sección 1. Para ser completada por aplicantes/empleados seleccionados para usar algún tipo de respirador. 

<table>
<thead>
<tr>
<th>Nombre</th>
<th>Seguro Social #</th>
<th>[ ] Masculino</th>
<th>[ ] Femenino</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dirección</td>
<td>Ciudad</td>
<td>Estado</td>
<td>Cod. Postal</td>
</tr>
<tr>
<td>Teléfono ( )</td>
<td>Mejor momento para llamarlo a este número</td>
<td>Fecha de Nacimiento</td>
<td>Edad</td>
</tr>
</tbody>
</table>

1. ¿Ha dicho su patrón cómo contactar al médico que necesita revisar este cuestionario? [ ] SI [ ] No

2. Marque el tipo de respirador a utilizar. (Marque lo que aplique.)

| [ ] Respiradores desechables N, R, o P. |
| [ ] Otros tipos. (half or full-facepiece, powered-air purifying, supplied-air, self-contained breathing apparatus). |

Parte A. Sección 2. Para ser completada por empleados seleccionados para usar algún tipo de respirador. 

| [ ] SI [ ] No |
|------------------|-------------|
| 3. ¿Ha utilizado respiradores antes? |

Indique los tipos:

| [ ] SI [ ] No |
|------------------|-------------|
| 4. ¿Tiene actualmente alguno de los siguientes síntomas pulmonares o respiratorios? |

| a. Pneumonia: SI No |
| f. Tuberculosis: SI No |
| g. Silicosis: SI No |
| h. Pneumotorax (colapso del pulmón): SI No |
| i. Cáncer del pulmón: SI No |
| j. Costillas rotas: SI No |
| k. Lesiones, heridas o cirugía del pecho: SI No |
| l. Algun otro problema pulmonar SI No |

| [ ] SI [ ] No |
|------------------|-------------|
| 1. ¿Fuma usted actualmente o ha fumado en este último mes? |

| a. Asbestosis: SI No |
| b. Asma: SI No |
| c. Bronquitis Crónica: SI No |
| d. Emtisema: SI No |
| e. Pneumonía: SI No |

| a. Dificultad para respirar: SI No |
| b. Dificultad para respirar al caminar rápido en suelo nivelado o ligeramente inclinado: SI No |
| c. Dificultad respiratoria al caminar con otros a paso normal y en suelo nivelado: SI No |

2. ¿Alguna vez ha tenido alguna de las siguientes condiciones? 

| a. Convulsiones: SI No |
| b. Diabetes (azúcar en la sangre): SI No |
| c. Reacciones alérgicas afectando la respiración SI No |
| d. Asbestosis (miedo a sitios encerrados): SI No |
| e. Disminución del olfato SI No |

| a. Asbestosis: SI No |
| b. Asma: SI No |
| c. Bronquitis Crónica: SI No |
| d. Emtisema: SI No |

| a. Dificultad para respirar: SI No |
| b. Dificultad para respirar al caminar rápido en suelo nivelado o ligeramente inclinado: SI No |
| c. Dificultad respiratoria al caminar con otros a paso normal y en suelo nivelado: SI No |

3. ¿Alguna vez ha tenido alguna de las siguientes condiciones en los pulmones?

| a. Asbestosis: SI No |
| b. Asma: SI No |
| c. Bronquitis Crónica: SI No |
| d. Emtisema: SI No |

| a. Dificultad para respirar: SI No |
| b. Dificultad para respirar al caminar rápido en suelo nivelado o ligeramente inclinado: SI No |
| c. Dificultad respiratoria al caminar con otros a paso normal y en suelo nivelado: SI No |
5. ¿Alguna vez ha tenido alguno de los siguientes problemas cardiovasculares o del corazón?
   a. Ataque al corazón  
   b. Trombosis cerebral  
   c. Angina o dolor en el corazón  
   d. Insuficiencia cardiaca  
   e. Hinchazón en los pies no relacionados con el caminar  
   f. Artritis cardíaca (palpitaciones)  
   g. Presión arterial alta  
   h. Otros problemas del corazón  

6. ¿Alguna vez ha tenido alguno de los siguientes síntomas cardiovasculares o del corazón?
   a. Dolor u opresión en el pecho frecuentes  
   b. Dolor u opresión en el pecho con el ejercicio  
   c. Dolor u opresión en el pecho que interfiere con el trabajo  
   d. ¿En los últimos dos años, ha notado la ausencia de un latido en su corazón?  
   e. Acidez o indigestión no relacionados con el comer  
   f. Otros síntomas que parezcan relacionados con el corazón o con problemas circulatorios?

7. ¿Toma actualmente medicinas para alguno de los siguientes problemas?
   a. Problemas respiratorios o pulmonares  
   b. Problemas del corazón  
   c. Presión sanguínea  
   d. Convulsiones (ataques)  

8. ¿Alguna vez ha usado un respirador?
   a. Irritación en los ojos  
   b. Alergias o erupciones en la piel  
   c. Ansiedad  
   d. Debilidad general o fatiga  
   e. Cualquier otro problema que haya interferido con el uso del respirador?

9. ¿Le gustaría hablar con el profesional de la salud que ha de revisar sus respuestas a este cuestionario?

10. ¿Alguna vez ha perdido la visión en alguno de sus ojos de manera temporal o permanente?
    a. Usa lentes de contacto  
    b. Usa lentes  
    c. Ceguera a los colores  
    d. Cualquier otro problema de visión o en los ojos

11. ¿Tiene actualmente alguno de los siguientes problemas visuales?
    a. Dificultad para oír  
    b. Usa dispositivos para ayudarlo a oír:  
    c. Algun otro problema de audición o en sus oídos

12. ¿Alguna vez se ha lesionado los oídos o se ha roto el timpano?
    a. Dificultad para oír  
    b. Usa dispositivos para ayudarlo a oír:  
    c. Algun otro problema de audición o en sus oídos

13. ¿Tiene actualmente alguno de los siguientes problemas de audición?
    a. Dificultad para oír  
    b. Usa dispositivos para ayudarlo a oír:  
    c. Algun otro problema de audición o en sus oídos

14. ¿Alguna vez se ha lastimado la espalda?
    a. Dolor u opresión en el pecho frecuentes  
    b. Dolor u opresión en el pecho con el ejercicio  
    c. Dolor u opresión en el pecho que interfiere con el trabajo  
    d. ¿En los últimos dos años, ha notado la ausencia de un latido en su corazón?  
    e. Acidez o indigestión no relacionados con el comer  
    f. Otros síntomas que parezcan relacionados con el corazón o con problemas circulatorios?

15. ¿Tiene usted actualmente alguno de los siguientes problemas musculoesqueléticos?
    a. Debilidad en alguno de sus brazos, manos, piernas o pies  
    b. Dolor de espalda  
    c. Dificultad para mover sus brazos o piernas totalmente  
    d. Dolor o rigidez al flexionar o extender la cintura  
    e. Dificultad para flexionar o extender la cabeza  
    f. Dificultad para mover la cabeza hacia los lados  
    g. Dificultad al doblar sus rodillas  
    h. Dificultad para agacharse  
    i. Dificultad para subir un tramo de escaleras cargando mas de 25 libras  
    j. Cualquier otro problema musculoesquelético que interfiera con el uso de respiradores

---

**Firma del Paciente:** ___________________________  **Fecha:** ___________________________

**Profesional de la Salud**

**Nombre:** ___________________________  **Dirección:** ___________________________

**Firma:** ___________________________  **Fecha:** ___________________________
Medical Recommendations for Use of Respiratory Protective Equipment

Refer to current USHW standard or state-specific form under Medical / Clinical Documentation section in ROCKET.
RESPIRATORY PROTECTION
Personal Protective Equipment

Employer Information
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
Respiratory Protection
29 CFR 1910.134

This standard addresses those workplaces where respirators are needed to protect the health of employees. A copy of the standard is available through the OSHA website at http://www.dol.gov. You can also request a copy of the standard through your U.S. Healthworks marketing representative. Your state law may also have respiratory protection requirements that are more stringent than those promulgated by OSHA; your appropriate state agency can give you further information and guidance.

Please be aware that the standard only applies to employees required to use respirators in the workplace. Other standards, such as those for lead and asbestos, may have additional requirements for assessment and surveillance of your employees.

Per 29 CFR 1910.134, the employer is required:

To develop and implement a written respiratory protection program. A properly trained program administrator must administer the program. The Small Entity Compliance Guide contains criteria for the selection of a program administrator as well as a sample program that meets regulatory requirements. A copy of the Guide is available from OSHA Office of Publications, 200 Constitution Avenue, Room 3101, Washington, DC, 20210 (202-219-4667).

To evaluate respiratory hazards in the workplace and select, as needed, a NIOSH-certified respirator.

To identify a physician or other licensed health care professional (PLHCP) to medically evaluate individual employees who will be using respirators. Please review the standard itself for specifics regarding the medical evaluation. OSHA specifies a questionnaire (Appendix C) that must be used, as a minimum, for evaluation. Any employee who answers in the affirmative to any question among questions 1 through 8 in Section 2, Part A of Appendix C requires a medical examination.

To provide information to the PLHCP before the PLHCP makes a recommendation regarding an employee's ability to use a respirator. This information must include:
   - The type and weight of respirator to be used
   - The duration and frequency of respirator use
   - The expected physical work effort
   - Additional protective clothing and equipment to be worn
   - Temperature and humidity extremes that may be encountered.

To obtain from the PLHCP a written recommendation regarding the employee's ability to use a respirator. The recommendation shall provide only:
   - Any limitations on respirator use related to the medical condition of the employee, or relating to workplace conditions, including whether or not the employee is medically able to use the respirator
   - The need, if any, for follow-up medical evaluations
a statement that the PLHCP has provided the employee with a copy of the PLHCP's written recommendations.

To have the employee fit tested for the same respirator to be used in the workplace prior to any actual use.

To maintain and care for all respirators.

To provide effective training to those employees who will be using respirators.

To conduct program evaluation in the workplace to ensure the written program is effectively implemented.

To maintain records concerning aspects of the program.

This summary is not meant to be all inclusive. The regulations expand on the employer requirements listed above. Please review the standard for further information.
RESPIRATORY PROTECTION
Personal Protective Equipment

Suggested Medical Surveillance/Evaluation Protocols
RESPIRATORY PROTECTION
Personal Protective Equipment

U. S. HealthWorks
Suggested Medical Evaluation/Surveillance Protocols

RESPIRATOR EVALUATION. MINIMAL (B-09)
Review of the mandatory OSHA Respirator Medical Evaluation Questionnaire performed at a U.S. HealthWorks center by a physician, physician assistant, or nurse, with issuance of a Medical Recommendations for use of Respiratory Protection Equipment letter.

*The review of the OSHA Respirator Medical Evaluation Questionnaire by itself is the minimal federal requirement for employers. Any affirmative answers in Section 2 of the questionnaire require the employee to undergo a subsequent physical examination including any components deemed necessary by the physician to properly evaluate the employee. U.S. HEALTHWORKS medical professionals will also perform an examination on individuals who, based on regulations, are required to complete Section 3 of the questionnaire. Pulmonary function testing, chest radiographs, and other necessary medical testing may be performed with prior approval from the employer.*

RESPIRATOR EVALUATION. BASIC (B-10)
Review of the mandatory OSHA Respirator Medical Evaluation Questionnaire and of the medical, social and occupational history, and general physical examination performed at a U.S. HealthWorks center by a physician, physician assistant, or nurse, with issuance of a Medical Recommendations for use of Respiratory Protection Equipment letter.

RESPIRATOR EVALUATION. COMPLETE (M-67)
Review of the mandatory OSHA Respirator Medical Evaluation Questionnaire and of the medical, social and occupational history, general physical examination; and a pulmonary function test performed at a U.S. HealthWorks center by a physician, physician assistant, or nurse, with issuance of a Medical Recommendations for use of Respiratory Protection Equipment letter.

RESPIRATOR EVALUATION. COMPREHENSIVE (M-09)
Review of the mandatory OSHA Respirator Medical Evaluation Questionnaire and of the medical, social and occupational history, general physical examination; pulmonary function test; and chest x-ray (interpreted by a specialist) performed at a U.S. HealthWorks center by a physician, physician assistant, or nurse, with issuance of a Medical Recommendations for use of Respiratory Protection Equipment letter.
OSHA Regulations (Standards - 29 CFR)
1910.134 - Respiratory Protection.

Table of Contents

Standard Number: 1910.134
Standard Title: Respiratory Protection.
SubPart Number: I
SubPart Title: Personal Protective Equipment

§1910.134 Respiratory Protection.
This section applies to General Industry (part 1910), Shipyards (part 1915), Marine Terminals (part 1917), Longshoring (part 1918), and Construction (part 1926).

(a) Permissible practice.
(1) In the control of those occupational diseases caused by breathing air contaminated with harmful dusts, fogs, fumes, mists, gases, smokes, sprays, or vapors, the primary shall be to prevent atmospheric contamination. This shall be accomplished as far as feasible by accepted engineering control measures (for example, enclosure or confinement of the operation, general and local ventilation, and substitution of less toxic materials). When effective engineering controls are not feasible, or while they are being instituted, appropriate respirators shall be used pursuant to this section.

(2) Respirators shall be provided by the employer when such equipment is necessary to protect the health of the employee. The employer shall provide the respirators which are applicable and suitable for the purpose intended. The employer shall be responsible for the establishment and maintenance of a respiratory protection program which shall include the requirements outlined in paragraph (c) of this section.

...1910.134(b)

(b) Definitions. The following definitions are important terms used in the respiratory protection standard in this section.

Air-purifying respirator means a respirator with an air-purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through the air-purifying element.

Assigned protection factor (APF) [Reserved]

Atmosphere-supplying respirator means a respirator that supplies the respirator user with breathing air from a source independent of the ambient atmosphere, and includes supplied-air respirators (SARs) and self-contained breathing apparatus (SCBA) units.

Canister or cartridge means a container with a filter, sorbent, or catalyst, or combination of these items, which removes specific contaminants from the air passed through the container.

Demand respirator means an atmosphere-supplying respirator that admits breathing air to the facepiece only when a negative pressure is created inside the facepiece by inhalation.

Emergency situation means any occurrence such as, but not limited to, equipment failure, rupture of containers, or failure of control equipment that may or does result in an uncontrolled significant release of an airborne contaminant.

Employee exposure means exposure to a concentration of an airborne contaminant that would occur if the employee were not using respiratory protection.

End-of-service-life indicator (ESLI) means a system that warns the respirator user of the approach of the end of adequate respiratory protection, for example, that the sorbent is approaching saturation or is no longer effective.

Escape-only respirator means a respirator intended to be used only for emergency exit.

Filter or air purifying element means a component used in respirators to remove solid or liquid aerosols from the inspired air.

Filtering facepiece (dust mask) means a negative pressure particulate respirator with a filter as an integral part of the facepiece or with the entire facepiece composed of the filtering medium.

Fit factor means a quantitative estimate of the fit of a particular respirator to a specific individual, and typically estimates the ratio of the concentration of a substance in ambient air to its concentration inside the respirator when worn.

Fit test means the use of a protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual. (See also Qualitative fit test QLFT and Quantitative fit test QNFT.)

Helmet means a rigid respiratory inlet covering that also provides head protection against impact and penetration.

*High efficiency particulate air (HEPA) filter means a filter that is at least 99.97% efficient in removing monodisperse particles of 0.3 micrometers in diameter. The equivalent NIOSH 42 CFR 84 particulate filters are the N100, R100, and P100 filters.

Hood means a respiratory inlet covering that completely covers the head and neck and may also cover portions of the shoulders and torso.

Immediately dangerous to life or health (IDLH) means an atmosphere that poses an immediate threat to life, would cause irreversible adverse health effects, or would impair an individual's ability to escape from a dangerous atmosphere.

Interior structural firefighting means the physical activity of fire suppression, rescue or both, inside of buildings or enclosed structures which are involved in a fire situation beyond the incipient stage. (See 29 CFR 1910.155)

Loose-fitting facepiece means a respiratory inlet covering that is designed to form a partial seal with the face.
Maximum use concentration (MUC) [Reserved].

Negative pressure respirator (light fitting) means a respirator in which the air pressure inside the facepiece is negative during inhalation with respect to the ambient air pressure outside the respirator.

Oxygen deficient atmosphere means an atmosphere with an oxygen content below 19.5% by volume.

Physician or other licensed health care professional (PLHCP) means an individual whose legally permitted scope of practice (i.e., license, registration, or certification) allows him or her to independently provide, or be delegated the responsibility to provide, some or all of the health care services required by paragraph (e) of this section.

Positive pressure respirator means a respirator in which the pressure inside the respiratory inlet covering exceeds the ambient air pressure outside the respirator.

Powered air-purifying respirator (PAPR) means an air-purifying respirator that uses a blower to force the ambient air through air-purifying elements to the inlet covering.

Pressure demand respirator means a positive pressure atmosphere-supplying respirator that admits breathing air to the facepiece when the positive pressure is reduced inside the facepiece by inhalation.

Qualitative fit test (QLFT) means a pass/fail fit test to assess the adequacy of respirator fit that relies on the individual's response to the test agent.

Quantitative fit test (QNFT) means an assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.

Respiratory inlet covering means that portion of a respirator that forms the protective barrier between the user's respiratory tract and an air-purifying device or breathing air source, or both. It may be a facepiece, helmet, hood, suit, or a mouthpiece respirator with nose clamp.

Self-contained breathing apparatus (SCBA) means an atmosphere-supplying respirator for which the breathing air source is designed to be carried by the user.

Service life means the period of time that a respirator, filter or sorbent, or other respiratory equipment provides adequate protection to the wearer.

Supplied-air respirator (SAR) or airline respirator means an atmosphere-supplying respirator for which the source of breathing air is not designed to be carried by the user.

This section means this respiratory protection standard.

Tight-fitting facepiece means a respiratory inlet covering that forms a complete seal with the face.

User seal check means an action conducted by the respirator user to determine if the respirator is properly seated to the face.

(c) Respiratory protection program. This paragraph requires the employer to develop and implement a written respiratory protection program with required worksite-specific procedures and elements for required respirator use. The program must be administered by a suitably trained program administrator. In addition, certain program elements may be required for voluntary use to prevent potential hazards associated with the use of the respirator. The Small Entity Compliance Guide contains criteria for the selection of a program administrator and a sample program that meets the requirements of this paragraph. Copies of the Small Entity Compliance Guide will be available on or about April 8, 1998 from the Occupational Safety and Health Administration's Office of Publications, Room N 3101, 200 Constitution Avenue, NW, Washington, DC, 20210 (202-219-4667).

(i) An employer may provide respirators at the request of employees or permit employees to use their own respirators, if the employer determines that such respirator use will not in itself create a hazard. If the employer determines that any voluntary respirator use is permissible, the employer shall provide the respirator users with the information contained in Appendix D to this section ("Information for Employees Using Respirators When Not Required Under the Standard"); and

(ii) In addition, the employer must establish and implement those elements of a written respiratory protection program necessary to ensure that any employee using a respirator voluntarily is medically able to use that respirator, and that the respirator is cleaned, stored, and maintained so that its use does not present a health hazard to the user. Exception: Employers are not required to include in a written respiratory protection program those employees whose only use of respirators involves the voluntary use of filtering facepieces (dust masks).

(iii) Fit testing procedures for tight-fitting respirators;

(iv) Procedures for proper use of respirators in routine and reasonably foreseeable emergency situations;

(v) Procedures and schedules for cleaning, disinfecting, storing, inspecting, repairing, discarding, and otherwise maintaining respirators;

(vi) Procedures to ensure adequate air quality, quantity, and flow of breathing air for atmosphere-supplying respirators;

(vii) Training of employees in the respiratory hazards to which they are potentially exposed during routine and emergency situations;

(viii) Training of employees in the proper use of respirators, including putting on and removing them, any limitations on their use, and their maintenance; and

(ix) Procedures for regularly evaluating the effectiveness of the program.

(2) Where respirator use is not required:

(i) Procedures for selecting respirators for use in the workplace;

(ii) Medical evaluations of employees required to use respirators;

(iii) Fit testing procedures for tight-fitting respirators;

(iv) Procedures for proper use of respirators in routine and reasonably foreseeable emergency situations;

(v) Procedures and schedules for cleaning, disinfecting, storing, inspecting, repairing, discarding, and otherwise maintaining respirators;

(vi) Procedures to ensure adequate air quality, quantity, and flow of breathing air for atmosphere-supplying respirators;

(vii) Training of employees in the respiratory hazards to which they are potentially exposed during routine and emergency situations;

(viii) Training of employees in the proper use of respirators, including putting on and removing them, any limitations on their use, and their maintenance; and

(ix) Procedures for regularly evaluating the effectiveness of the program.

(3) The employer shall designate a program administrator who is qualified by appropriate training or experience that is commensurate with the complexity of the program to administer or oversee the respiratory protection program and
conduct the required evaluations of program effectiveness.

(4) The employer shall provide respirators, training, and medical evaluations at no cost to the employee.

(d) Selection of respirators. This paragraph requires the employer to evaluate respiratory hazard(s) in the workplace, identify relevant workplace and user factors, and base respirator selection on these factors. The paragraph also specifies appropriately protective respirators for use in IDLH atmospheres, and limits the selection and use of air-purifying respirators.

(1) General requirements.

(i) The employer shall select and provide an appropriate respirator based on the respiratory hazard(s) to which the worker is exposed and workplace and user factors that affect respirator performance and reliability.

(ii) The employer shall select a NIOSH-certified respirator. The respirator shall be used in compliance with the conditions of its certification.

(iii) The employer shall identify and evaluate the respiratory hazard(s) in the workplace; this evaluation shall include a reasonable estimate of employee exposures to respiratory hazard(s) and an identification of the contaminant's chemical state and physical form. Where the employer cannot identify or reasonably estimate the employee exposure, the employer shall consider the atmosphere to be IDLH.

(iv) The employer shall select respirators from a sufficient number of respirator models and sizes so that the respirator is acceptable to, and correctly fits, the user.

(2) Respirators for IDLH atmospheres.

(i) The employer shall provide the following respirators for employee use in IDLH atmospheres:

(A) A full facepiece pressure demand SCBA certified by NIOSH for a minimum service life of thirty minutes, or

(B) A combination full facepiece pressure demand supplied-air respirator (SAR) with auxiliary self-contained air supply.

(ii) Respirators provided only for escape from IDLH atmospheres shall be NIOSH-certified for escape from the atmosphere in which they will be used.

(iii) All oxygen-deficient atmospheres shall be considered IDLH. Exception: If the employer demonstrates that, under all foreseeable conditions, the oxygen concentration can be maintained within the ranges specified in Table II of this section (i.e., for the altitudes set out in the table), then any atmosphere-supplying respirator may be used.

(3) Respirators for atmospheres that are not IDLH.

(i) The employer shall provide a respirator that is adequate to protect the health of the employee and ensure compliance with all other OSHA statutory and regulatory requirements, under routine and reasonably foreseeable emergency situations.

(A) Assigned Protection Factors (APFs) [Reserved]

(B) Maximum Use Concentration (MUC) [Reserved]

(ii) The respirator selected shall be appropriate for the chemical state and physical form of the contaminant.

(iii) For protection against gases and vapors, the employer shall provide:

(A) An atmosphere-supplying respirator, or

(B) An air-purifying respirator, provided that:

(1) The respirator is equipped with an end-of-service-life indicator (ESLI) certified by NIOSH for the contaminant; or

(2) If there is no ESLI appropriate for conditions in the employer's workplace, the employer implements a change schedule for canisters and cartridges that is based on objective information or data that will ensure that canisters and cartridges are changed before the end of their service life. The employer shall describe in the respirator program the information and data relied upon and the basis for the canister and cartridge change schedule and the basis for reliance on the data.

(iv) For protection against particulates, the employer shall provide:

(A) An atmosphere-supplying respirator; or

(B) An air-purifying respirator equipped with a filter certified by NIOSH under 30 CFR part 11 as a high efficiency particulate air (HEPA) filter, or an air-purifying respirator equipped with a filter certified for particulates by NIOSH under 42 CFR part 84; or

(C) For contaminants consisting primarily of particles with mass median aerodynamic diameters (MMAD) of at least 2 micrometers, an air-purifying respirator equipped with any filter certified for particulates by NIOSH.

TABLE I. -- Assigned Protection Factors [Reserved]

TABLE II

<table>
<thead>
<tr>
<th>Altitude (ft)</th>
<th>Assigned Protection Factors (APFs) [Reserved]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3000</td>
<td>10 x 10-3</td>
</tr>
<tr>
<td>3001 - 4000</td>
<td>10 x 10-3</td>
</tr>
<tr>
<td>4001 - 5000</td>
<td>17 x 10-3</td>
</tr>
<tr>
<td>5001 - 6000</td>
<td>17 x 10-3</td>
</tr>
<tr>
<td>6001 - 7000</td>
<td>18 x 10-3</td>
</tr>
<tr>
<td>7001 - 13,000</td>
<td>19 x 10-3</td>
</tr>
</tbody>
</table>

(e) Medical evaluation. Using a respirator may place a psychological burden on employees that varies with the type of respirator worn, the job and workplace conditions in which the respirator is used, and the medical status of the employee. Accordingly, this paragraph specifies the minimum requirements for medical evaluation that employers must implement to determine the employee's ability to use a respirator.

(1) General. The employer shall provide a medical evaluation to determine the employee's ability to use a respirator, before the employee is fit tested or required to use the respirator in the workplace. The employer may discontinue an employee's medical evaluations when the employee is no longer required to use a respirator.

(2) Medical evaluation procedures.

(i) The employer shall identify a physician or other licensed health care professional (PLHCP) to perform medical evaluations using a medical
questionnaire or an initial medical examination that obtains the same information as the medical questionnaire.

(ii) The medical evaluation shall obtain the information requested by the questionnaire in Sections 1 and 2, Part A of Appendix C of this section.

(3) Follow-up medical examination.

(i) The employer shall ensure that a follow-up medical examination is provided for an employee who gives a positive response to any question among questions 1 through 8 in Section 2, Part A of Appendix C or whose initial medical examination demonstrates the need for a follow-up medical examination.

(ii) The follow-up medical examination shall include any medical tests, consultations, or diagnostic procedures that the PLHCP deems necessary to make a final determination.

(4) Administration of the medical questionnaire and examinations.

(i) The medical questionnaire and examinations shall be administered confidentially during the employee's normal working hours or at a time and place convenient to the employee. The medical questionnaire shall be administered in a manner that ensures that the employee understands its content.

(ii) The employer shall provide the employee with an opportunity to discuss the questionnaire and examination results with the PLHCP.

(5) Supplemental information for the PLHCP.

(i) The following information must be provided to the PLHCP before the PLHCP makes a recommendation concerning an employee's ability to use a respirator:

(A) The type and weight of the respirator to be used by the employee;

(B) The duration and frequency of respirator use (including use for rescue and escape);

(C) The expected physical work effort;

(D) Additional protective clothing and equipment to be worn; and

(E) Temperature and humidity extremes that may be encountered.

(ii) Any supplemental information provided previously to the PLHCP regarding an employee need not be provided for a subsequent medical evaluation if the information and the PLHCP remain the same.

(iii) The employer shall provide the PLHCP with a copy of the written respiratory protection program and a copy of this section.

*Note to Paragraph (e)(5)(ii): When the employer replaces a PLHCP, the employer must ensure that the new PLHCP obtains this information, either by providing the documents directly to the PLHCP or having the documents transferred from the former PLHCP to the new PLHCP. However, OSHA does not expect employers to have employees medically reevaluated solely because a new PLHCP has been selected.

(6) Medical determination. In determining the employee's ability to use a respirator, the employer shall:

(i) Obtain a written recommendation regarding the employee's ability to use the respirator from the PLHCP. The recommendation shall provide only the following information:

(A) Any limitations on respirator use related to the medical condition of the employee, or relating to the workplace conditions in which the respirator will be used, including whether or not the employee is medically able to use the respirator;

(B) The need, if any, for follow-up medical evaluations; and

(C) A statement that the PLHCP has provided the employee with a copy of the PLHCP's written recommendation.

(ii) If the respirator is a negative pressure respirator and the PLHCP finds a medical condition that may place the employee's health at increased risk if the respirator is used, the employer shall provide a PAPR if the PLHCP's medical evaluation finds that the employee can use such a respirator; if a subsequent medical evaluation finds that the employee is medically able to use a negative pressure respirator, then the employer is no longer required to provide a PAPR.

(7) Additional medical evaluations. At a minimum, the employer shall provide additional medical evaluations that comply with the requirements of this section if:

(I) An employee reports medical signs or symptoms that are related to ability to use a respirator;

(ii) A PLHCP, supervisor, or the respirator program administrator informs the employer that an employee needs to be reevaluated;

(iii) Information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for employee reevaluation; or

(iv) A change occurs in workplace conditions (e.g., physical work effort, protective clothing, temperature) that may result in a substantial increase in the physiological burden placed on an employee.

(f) Fit testing. This paragraph requires that, before an employee may be required to use any respirator with a negative or positive pressure tight-fitting facepiece, the employee must be fit tested with the same make, model, style, and size of respirator that will be used. This paragraph specifies the kinds of fit tests allowed, the procedures for conducting them, and how the results of the fit tests must be used.

(1) The employer shall ensure that employees using a tight-fitting facepiece respirator pass an appropriate qualitative fit test (QLFT) or quantitative fit test (QNFT) as stated in this paragraph.

(2) The employer shall ensure that an employee using a tight-fitting facepiece respirator is fit tested prior to initial use of the respirator, whenever a different respirator facepiece (size, style, model or make) is used, and at least annually thereafter.

(3) The employer shall conduct an additional fit test whenever the employee reports, or the employer, PLHCP, supervisor, or program administrator makes visual observations of, changes in the employee's physical condition that could affect respirator fit. Such conditions include, but are not limited to, facial scarring, denial changes, cosmetic surgery, or an obvious change in body weight.

(4) If after passing a QLFT or QNFT, the employee subsequently notifies the employer, program administrator, supervisor, or PLHCP that the fit of the
respirator is unacceptable, the employee shall be given a reasonable opportunity to select a different respirator facepiece and to be retested.

(5) The fit test shall be administered using an OSHA-accepted QLFT or QNFT protocol. The OSHA-accepted QLFT and QNFT protocols and procedures are contained in Appendix A of this section.

(6) QLFT may only be used to fit test negative pressure air-purifying respirators that must achieve a fit factor of 100 or less.

(7) If the fit factor, as determined through an OSHA-accepted QNFT protocol, is equal to or greater than 100 for tight-fitting half facepieces, or equal to or greater than 500 for tight-fitting full facepieces, the QNFT has been passed with that respirator.

(8) Fit testing of tight-fitting atmosphere-supplying respirators and tight-fitting powered air-purifying respirators shall be accomplished by performing quantitative or qualitative fit testing in the negative pressure mode, regardless of the mode of operation (negative or positive pressure) that is used for respiratory protection.

(i) Qualitative fit testing of these respirators shall be accomplished by temporarily converting the respirator user's actual facepiece into a negative pressure respirator with appropriate filters, or by using an identical negative pressure air-purifying respirator facepiece with the same sealing surfaces as a surrogate for the atmosphere-supplying or powered air-purifying respirator facepiece.

(ii) Quantitative fit testing of these respirators shall be accomplished by modifying the facepiece to allow sampling inside the facepiece in the breathing zone of the user, midway between the nose and mouth. This requirement shall be accomplished by installing a permanent sampling probe onto a surrogate facepiece, or by using a sampling adapter designed to temporarily provide a means of sampling air from inside the facepiece.

(iii) Any modifications to the respirator facepiece for fit testing shall be completely removed, and the facepiece restored to NIOSH-approved configuration, before that facepiece can be used in the workplace.

(g) Use of respirators. This paragraph requires employers to establish and implement procedures for the proper use of respirators. These requirements include prohibiting conditions that may result in facepiece seal leakage, preventing employees from removing respirators in hazardous environments, taking actions to ensure continued effective respirator operation throughout the work shift, and establishing procedures for the use of respirators in IDLH atmospheres or in interior structural firefighting situations.

(1) Facepiece seal protection.

(i) The employer shall not permit respirators with tight-fitting facepieces to be worn by employees who have:

(A) Facial hair that comes between the sealing surface of the facepiece and the face or that interferes with valve function; or

(B) Any condition that interferes with the face-to-facepiece seal or valve function.

(ii) If an employee wears corrective glasses or goggles or other personal protective equipment, the employer shall ensure that such equipment is worn in a manner that does not interfere with the seal of the facepiece to the face of the user.

(iii) For all tight-fitting respirators, the employer shall ensure that employees perform a user seal check each time they put on the respirator using the procedures in Appendix B-1 or procedures recommended by the respirator manufacturer that the employer demonstrates are as effective as those in Appendix B-1 of this section.

(2) Continuing respirator effectiveness.

(i) Appropriate surveillance shall be maintained of work area conditions and degree of employee exposure or stress. When there is a change in work area conditions or degree of employee exposure or stress that may affect respirator effectiveness, the employer shall reevaluate the continued effectiveness of the respirator.

(ii) The employer shall ensure that employees leave the respirator use area:

(A) To wash their faces and respirator facepieces as necessary to prevent eye or skin irritation associated with respirator use; or

(B) If they detect vapor or gas breakthrough, changes in breathing resistance, or leakage of the facepiece; or

(C) To replace the respirator or the filter, cartridge, or canister elements.

(iii) If the employee detects vapor or gas breakthrough, changes in breathing resistance, leakage of the facepiece, the employer must replace or repair the respirator before allowing the employee to return to the work area.

(3) Procedures for IDLH atmospheres. For all IDLH atmospheres, the employer shall ensure that:

(i) One employee or, when needed, more than one employee is located outside the IDLH atmosphere;

(ii) Visual, voice, or signal line communication is maintained between the employee(s) in the IDLH atmosphere and the employee(s) located outside the IDLH atmosphere;

(iii) The employee(s) located outside the IDLH atmosphere are trained and equipped to provide effective emergency rescue;

(iv) The employer or designee is notified before the employee(s) located outside the IDLH atmosphere enter the IDLH atmosphere to provide emergency rescue;

(v) The employer or designee authorized to do so by the employer, once notified, provides necessary assistance appropriate to the situation;

(vi) Employee(s) located outside the IDLH atmospheres are equipped with:

(A) Pressure demand or other positive pressure SCBAs, or a pressure demand or other positive pressure supplied-air respirator with auxiliary SCBA, and either

(B) Appropriate retrieval equipment for removing the employee(s) who enter(s) these hazardous atmospheres where retrieval equipment would contribute to the rescue of the employee(s) and would not increase the overall risk resulting from entry; or

(C) Equivalent means for rescue where retrieval equipment is not required under paragraph (g)(3)(vi)(B).

(4) Procedures for interior structural firefighting. In addition to the
requirements set forth under paragraph (g)(3), in interior structural fires, the employer shall ensure that:

(i) At least two employees enter the IDLH atmosphere and remain in visual or voice contact with one another at all times;

(ii) At least two employees are located outside the IDLH atmosphere; and

(iii) All employees engaged in interior structural firefighting use SCBAs.

Note 1 to paragraph (g): One of the two individuals located outside the IDLH atmosphere may be assigned to an additional role, such as incident commander in charge of the emergency or safety officer, so long as this individual is able to perform assistance or rescue activities without jeopardizing the safety or health of any firefighter working at the incident.

Note 2 to paragraph (g): Nothing in this section is meant to preclude firefighters from performing emergency rescue activities before an entire team has assembled.

(h) Maintenance and care of respirators.

This paragraph requires the employer to provide for the cleaning and disinfecting, storage, inspection, and repair of respirators used by employees.

(1) Cleaning and disinfecting. The employer shall provide each respirator user with a respirator that is clean, sanitary, and in good working order. The employer shall ensure that respirators are cleaned and disinfected using the procedures in Appendix B-2 of this section, or procedures recommended by the respirator manufacturer, provided that such procedures are of equivalent effectiveness. The respirators shall be cleaned and disinfected at the following intervals:

(i) Respirators issued for the exclusive use of an employee shall be cleaned and disinfected as often as necessary to be maintained in a sanitary condition;

(ii) Respirators issued to more than one employee shall be cleaned and disinfected before being worn by different individuals;

(iii) Respirators maintained for emergency use shall be cleaned and disinfected after each use; and

(iv) Respirators used in fit testing and training shall be cleaned and disinfected after each use.

(2) Storage. The employer shall ensure that respirators are stored as follows:

(i) All respirators shall be stored to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals, and they shall be packed or stored to prevent deformation of the facepiece and exhalation valve.

(ii) In addition to the requirements of paragraph (h)(2)(i) of this section, emergency respirators shall be:

(A) Kept accessible to the work area;

(B) Stored in compartments or in covers that are clearly marked as containing emergency respirators; and

(C) Stored in accordance with any applicable manufacturer instructions.

(3) Inspection.

(i) The employer shall ensure that respirators are inspected as follows:

(A) All respirators used in routine situations shall be inspected before each use and during cleaning;

(B) All respirators maintained for use in emergency situations shall be inspected at least monthly and in accordance with the manufacturer's recommendations, and shall be checked for proper function before and after each use; and

(C) Emergency escape-only respirators shall be inspected before being carried into the workplace for use.

(ii) The employer shall ensure that respirator inspections include the following:

(A) A check of respirator function, tightness of connections, and the condition of the various parts including, but not limited to, the facepiece, head straps, valves, connecting tube, and cartridges, canisters or filters; and

(B) A check of elastomeric parts for pliability and signs of deterioration.

(iii) In addition to the requirements of paragraphs (h)(3)(i) and (ii) of this section, self-contained breathing apparatus shall be inspected monthly. Air and oxygen cylinders shall be maintained in a fully charged state and shall be recharged when the pressure falls to 90% of the manufacturer's recommended pressure level. The employer shall determine that the regulator and warning devices function properly.

(iv) For respirators maintained for emergency use, the employer shall:

(A) Certify the respirator by documenting the date the inspection was performed, the name (or signature) of the person who made the inspection, the findings, required remedial action, and a serial number or other means of identifying the inspected respirator; and

(B) Provide this information on a tag or label that is attached to the storage compartment for the respirator, is kept with the respirator, or is included in inspection reports stored as paper or electronic files. This information shall be maintained until replaced following a subsequent certification.

(4) Repairs. The employer shall ensure that respirators that fail an inspection or are otherwise found to be defective are removed from service, and are discarded or repaired or adjusted in accordance with the following procedures:

(I) Repairs or adjustments to respirators are to be made only by persons appropriately trained to perform such operations and shall use only the respirator manufacturer's NIOSH-approved parts designed for the respirator;

(ii) Repairs shall be made according to the manufacturer's recommendations and specifications for the type and extent of repairs to be performed; and

(iii) Reducing and admission valves, regulators, and alarms shall be adjusted or repaired only by the manufacturer or a technician trained by the manufacturer.

(1) Breathing air quality and use. This paragraph requires the employer to provide employees using atmosphere-supplying respirators (supplied-air and SCBA) with breathing gases of high purity.

(I) The employer shall ensure that compressed air, compressed oxygen, liquid air, and liquid oxygen used for respiration accords with the following specifications:

(I) Compressed and liquid oxygen shall meet the United States Pharmacopoeia
requirements for medical or breathing oxygen; and

(ii) Compressed breathing air shall meet at least the requirements for Grade D breathing air described in ANSI/Compressed Gas Association Commodity Specification for Air, G-7.1-1988, to include:

(A) Oxygen content (v/v) of 19.5-23.5%;

(B) Hydrocarbon (condensed) content of 5 milligrams per cubic meter of air or less;

(C) Carbon monoxide (CO) content of 10 ppm or less;

(D) Carbon dioxide content of 1,000 ppm or less; and

(E) Lack of noticeable odor.

(2) The employer shall ensure that compressed oxygen is not used in atmosphere-supplying respirators that have previously used compressed air.

(3) The employer shall ensure that oxygen concentrations greater than 23.5% are used only in equipment designed for oxygen service or distribution.

(4) The employer shall ensure that cylinders used to supply breathing air to respirators meet the following requirements:

(i) Cylinders are tested and maintained as prescribed in the Shipping Container Specification Regulations of the Department of Transportation (49 CFR part 173 and part 178);

(ii) Cylinders of purchased breathing air have a certificate of analysis from the supplier that the breathing air meets the requirements for Grade D breathing air; and

(iii) The moisture content in the cylinder does not exceed a dew point of -50 deg.F (-45.6 deg.C) at 1 atmosphere pressure.

(5) The employer shall ensure that compressors used to supply breathing air to respirators are constructed and situated so as to:

(I) Prevent entry of contaminated air into the air-supply system;

(ii) Minimize moisture content so that the dew point at 1 atmosphere pressure is 10 degrees F (5.56 deg.C) below the ambient temperature;

(iii) Have suitable in-line air-purifying sorbent beds and filters to further ensure breathing air quality. Sorbent beds and filters shall be maintained and replaced or refurbished periodically following the manufacturer's instructions.

(iv) Have a tag containing the most recent change date and the signature of the person authorized by the employer to perform the change. The tag shall be maintained at the compressor.

(6) For compressors that are not oil-lubricated, the employer shall ensure that carbon monoxide levels in the breathing air do not exceed 10 ppm.

(7) For oil-lubricated compressors, the employer shall use a high-temperature or carbon monoxide alarm, or both, to monitor carbon monoxide levels. If only high-temperature alarms are used, the air supply shall be monitored at intervals sufficient to prevent carbon monoxide in the breathing air from exceeding 10 ppm.

(8) The employer shall ensure that breathing air couplings are incompatible with outlets for nonrespirable worker air or other gas systems. No asphyxiating substance shall be introduced into breathing air lines.

(9) The employer shall use breathing gas containers marked in accordance with the NIOSH respirator certification standard, 42 CFR part 84.

(j) Identification of filters, cartridges, and canisters. The employer shall ensure that all filters, cartridges and canisters used in the workplace are labeled and color coded with the NIOSH approval label and that the label is not removed and remains legible.

(k) Training and information. This paragraph requires the employer to provide effective training to employees who are required to use respirators. The training must be comprehensive, understandable, and recur annually, and more often if necessary. This paragraph also requires the employer to provide the basic information on respirators in Appendix D of this section to employees who wear respirators when not required by this section or by the employer to do so.

(1) The employer shall ensure that each employee can demonstrate knowledge of the following:

(I) Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator;

(ii) What the limitations and capabilities of the respirator are;

(iii) How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions;

(iv) How to inspect, put on and remove, use, and check the seals of the respirator;

(v) What the procedures are for maintenance and storage of the respirator;

(vi) How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators; and

(vii) The general requirements of this section.

(2) The training shall be conducted in a manner that is understandable to the employee.

(3) The employer shall provide the training prior to requiring the employee to use a respirator in the workplace.

(4) An employer who is able to demonstrate that a new employee has received training within the last 12 months that addresses the elements specified in paragraph (k)(1)(I) through (vii) is not required to repeat such training provided that, as required by paragraph (k)(1), the employee can demonstrate knowledge of those element(s). Previous training not repeated initially by the employer must be provided no later than 12 months from the date of the previous training.

(5) Retraining shall be administered annually, and when the following situations occur:

(I) Changes in the workplace or the type of respirator render previous training obsolete;

(ii) Inadequacies in the employee's knowledge or use of the respirator indicate that the employee has not retained the requisite understanding or skill; or
(iii) Any other situation arises in which retraining appears necessary to ensure safe respirator use.

(6) The basic advisory information on respirators, as presented in Appendix D of this section, shall be provided by the employer in any written or oral format, to employees who wear respirators when such use is not required by this section or by the employer.

(I) Program evaluation. This section requires the employer to conduct evaluations of the workplace to ensure that the written respiratory protection program is being properly implemented, and to consult employees to ensure that they are using the respirators properly.

(1) The employer shall conduct evaluations of the workplace as necessary to ensure that the provisions of the current written program are being effectively implemented and that it continues to be effective.

(2) The employer shall regularly consult employees required to use respirators to assess the employees' views on program effectiveness and to identify any problems. Any problems that are identified during this assessment shall be corrected. Factors to be assessed include, but are not limited to:

(i) Respirator fit (including the ability to use the respirator without interfering with effective workplace performance);

(ii) Appropriate respirator selection for the hazards to which the employee is exposed;

(iii) Proper respirator use under the workplace conditions the employee encounters; and

(iv) Proper respirator maintenance.

(m) Recordkeeping. This section requires the employer to establish and retain written information regarding medical evaluations, fit testing, and the respirator program. This information will facilitate employee involvement in the respirator program, assist the employer in auditing the adequacy of the program, and provide a record for compliance determinations by OSHA.

(1) Medical evaluation. Records of medical evaluations required by this section must be retained and made available in accordance with 29 CFR 1910.1020.

(2) Fit testing.

(i) The employer shall establish a record of the qualitative and quantitative fit tests administered to an employee including:

(A) The name or identification of the employee tested;

(B) Type of fit test performed;

(C) Specific make, model, style, and size of respirator tested;

(D) Date of test; and

(E) The pass/fail results for QLFTs or the fit factor and strip chart recording or other recording of the test results for QNFTs.

(ii) Fit test records shall be retained for respirator users until the next fit test is administered.

(3) A written copy of the current respirator program shall be retained by the employer.

(4) Written materials required to be retained under this paragraph shall be made available upon request to affected employees and to the Assistant Secretary or designee for examination and copying.

(n) Dates.

(1) Effective date. This section is effective April 8, 1998. The obligations imposed by this section commence on the effective date unless otherwise noted in this paragraph. Compliance with obligations that do not commence on the effective date shall occur no later than the applicable start-up date.

(2) Compliance dates. All obligations of this section commence on the effective date except as follows:

(i) The determination that respirator use is required (paragraph (a)) shall be completed no later than September 8, 1998.

(ii) Compliance with provisions of this section for all other provisions shall be completed no later than October 5, 1998.


(4) Existing Respiratory Protection Programs. If, in the 12 month period preceding April 8, 1998, the employer has conducted annual respirator training, fit testing, respirator program evaluation, or medical evaluations, the employer may use the results of those activities to comply with the corresponding provisions of this section, providing that these activities were conducted in a manner that meets the requirements of this section.

(o) Appendices.

(1) Compliance with Appendix A, Appendix B-1, Appendix B-2, and Appendix C of this section is mandatory.

(2) Appendix D of this section is non-mandatory and is not intended to create any additional obligations not otherwise imposed or to detract from any existing obligations.

*[63 FR 1152, Jan. 8, 1998; 63 FR 20098, April 23, 1998]*
OCCUPATIONAL NOISE EXPOSURE
29 CFR 1910.95 General Industry
29 CFR 1926.52 Construction Industry

Based on

Occupational Safety and Health Administration
Occupational Safety and Health Standards

U.S. HealthWorks
Medical Executive Committee

Revised: November 2002
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POLICY STATEMENT

All U.S. HealthWorks clinicians should become familiar with the information in this document and utilize the procedures outlined when delivering medical services to clients requiring assessment under the OSHA Occupational Noise Exposure Standards.

This policy does not address state-mandated occupational health requirements, which may be more restrictive than those mandated by OSHA. Contact your Regional Medical Director or state agency for further regulatory guidance in your region.

The information in this document is meant to be primarily informative in nature. Audiometric evaluations of individuals that do not include assessment and analysis of previous audiograms may not conform to the surveillance requirements of the Standards. For this reason, following patients over time, and management of an employer’s workplace for the purpose of conforming to the Hearing Conservation Standards, may be best left to those companies that specialize in these functions.

However, if an individual physician is well-versed in the appropriate Standard, and feels comfortable with both employee assessment and workplace surveillance, then ongoing management of a hearing conservation program is appropriate.

Introduction

Occupational hearing loss may be partial or total; unilateral or bilateral; and conductive, sensorineural, mixed (conductive and sensorineural). In the workplace, hearing loss can be caused by blunt or penetrating head injuries, explosions, thermal injuries or by continuous exposure to noise in excess of 85dB or through exposure to ototoxic substances.

The National Institute for Occupational Safety and Health recommends the following standard for promulgation by regulatory agencies such as OSHA, and The Mine Safety and Health Administration to protect workers from hearing losses resulting from occupational noise exposure.

The NIOSH recommended exposure limit for occupational noise exposure is 85 decibels, on the A scale, (85dBA) as an 8 hr time weighted average (TWA) or, equivalently, a dose of fifty percent. Exposures at and above this level are considered hazardous. NIOSH estimates that 15 percent of workers exposed to noise levels of 85dBA or higher will develop material hearing impairment. The employer is responsible for administering a hearing conservation program for those employees who are exposed to noise in excess of 85dBA on an 8 hr time weighted average.
Hearing Loss Prevention Program:
Whenever hazardous noise exists in the workplace, measures should be taken to reduce noise levels as much as possible to protect workers and to monitor the effectiveness of this intervention process. Employers have an obligation to protect their workers from this occupational hazard. The program shall consist of the following elements:
• Assessment of noise exposures including sampling within the work environment
• Institution of administrative or engineering controls to decrease noise exposure
• Notification of employee of exposure above the action level
• Audiometric evaluation and monitoring of workers' hearing
• Use of hearing protectors for exposures equal to or greater than 85 dBA, regardless of exposure duration
• Education and motivation of workers
• Record keeping
• Program evaluation for effectiveness

Noise Exposure Assessment: The employer shall conduct a noise exposure assessment when any worker's 8 hr TWA exposure is expected to equal or exceed 85 dBA. Exposure measurements shall conform to the American National Standard Measurement of Occupational Noise Exposure, ANSI. Noise exposure is to be measured without regard to any attenuation provided by the use of personal protective equipment such as hearing protectors.

Hearing Protectors: Workers shall be required to wear hearing protectors when engaged in work that exposes them to noise that equals or exceeds 85 dBA as an 8 hr TWA. The employer shall provide hearing protection at no cost to the workers. Hearing protectors shall attenuate noise sufficiently to keep the worker's "Real World" exposure (i.e., the noise exposure the workers hear when hearing protectors are worn) below 85dBA as an 8 hr TWA. Workers whose 8 hr TWA exposures exceed 100dBA should wear double hearing protection (i.e., they should wear earplugs and earmuffs simultaneously). The employer shall train workers at least annually to select, fit, and use a variety of appropriate hearing protectors.

Noise Induced Hearing Loss (NIHL)
The human ear is capable of perceiving sounds in the range of 20 HZ to 20,000 Hz (20 kHz). The most critical range of frequencies is the speech frequencies, which are below 3000 Hz. The ability to comprehend conversational speech thus requires adequate auditory acuity below the frequency of 3000 Hz.

Excessive noise levels affects frequencies that are generally above 3000 Hz. The frequencies most affected are those at 4000 Hz and 6000 Hz. Therefore, noise induced hearing loss is identified by an audiogram profile revealing loss at 4000 Hz and 6000 Hz with a sparing of the lower and higher frequencies. Since noise causes loss and pathological change within the Organ of Corti, NIHL can be identified by decrement of both air and bone conduction. Due to the fact that NIHL affects primarily the higher frequencies, even severe NIHL can have little effect on speech comprehension. For this same reason, many persons with NIHL are not even aware of its existence.

NIHL can be classified into two categories: temporary and permanent. Noise induced temporary threshold shift (NITTS) are changes in hearing associated with transient high noise exposures. NITTS may persist for hours, minutes, and sometimes days. An individual who experiences excessive transient noise exposure will notice the hearing decrease immediately following
exposure, and will subsequently notice the return of full hearing over a brief period of time. The damage done to the Organ of Corti in this situation is temporary. If these transient episodes are allowed to repeat, permanent damage to the Organ of Corti may occur. This will result in a noise induced permanent threshold shift (NIPTS). This is an irreversible condition.

Aging can also effect the loss of hearing. These effects, called presbycusis, do not usually begin until 45-50 years of age. Presbycusis, like NOIHL, also tends to affect the higher rather than the lower frequencies. It is for this reason that OSHA permits the accounting for age when calculating threshold shifts. (NOTE: some states do not allow for age attenuation, e.g. Washington.)

Medical Surveillance/Biological Monitoring:

A. Otologic History
Before Audiometry is undertaken, the employee’s hearing history should be reviewed. This history provides information on previous noise exposures, ear diseases, hobbies, etc. which could effect the individuals' hearing ability. The time since the last occupational noise exposure should be recorded. Testing to establish a baseline audiogram shall be preceded by at least 14 hours without exposure to workplace noise. Hearing protectors may be used as a substitute for the requirement “without exposure to workplace noise”. (Note: Not all states agree with this, e.g. Oregon.) The employer shall notify employees of the need to avoid high levels of non-occupational noise exposure during the 14-hour period immediately preceding the audiometric examination.

B. Otologic Examination
A brief examination of the ears should be performed by the technician to ensure that the auditory canals are clear and the tympanic membranes are intact. Any abnormalities should be recorded on the individual’s audiometric record; if problems are noted, and there is evidence of infection or discharge from the ear, Audiometry should be deferred and referral made to the physician.

C. Audiometric Testing
The employer shall provide audiometric testing for all workers whose exposures equal or exceed 85 dBA as an 8 hr TWA.

1. Audiometric tests shall be performed by a licensed or certified audiologist, otolaryngologist, or other physician, or by a technician who is certified by the Council of Accreditation in Occupational Hearing Conservation, or who has satisfactorily demonstrated competence in administering audiometric examinations, obtaining valid audiograms, and properly using, maintaining and checking calibration and proper functioning of the audiometers being used. A technician who operates microprocessor audiometers does not need to be certified. A technician who performs audiometric tests must be responsible to an audiologist, otolaryngologist or a qualified physician.

2. Audiometric testing shall consist of air conduction, pure tone, hearing threshold measurement at no less than 500, 1000, 2000, 3000, 4000, and 6000 hertz (Hz). Right and left ears shall be individually tested. The 8000 Hz threshold should also be tested as an option and as a useful source of information about the etiology of a hearing loss.
3. Audiometric tests shall be conducted with audiometers that meet the specifications of and are maintained and used in accordance with the American National Standard specification for audiometers, ANSI S3.6-1996.B. Audiometers shall receive a daily functional check. An acoustic calibration check must be performed whenever the functional check indicates a threshold difference exceeding 10 dBA in either earphone at any frequency. Audiometer calibration shall be checked at least annually and an exhaustive calibration shall be performed at least every two years. The date of the last annual calibration shall be recorded on each worker’s audiogram.

4. Audiometric tests shall be conducted in a room where ambient noise levels conform to all requirements of the American National Standard maximum Permissible Ambient Noise Levels for Audiometric Test Rooms.

5. A baseline Audiogram shall be obtained before employment or within 30 days of employment for all workers who must be enrolled in the HLPP. Baseline audiograms establish the individual’s current level of hearing and provide a baseline for comparison.

6. Workers shall not be exposed to noise levels at or about 85 dBA for a minimum of 14 hr before receiving a baseline audiometric test. Hearing protectors can be used in lieu of the required quiet period. (Note: Not permitted in all states. For example, Oregon does not allow the use of HPDS to qualify as “quiet period”.)

7. All workers enrolled in the HLPP shall have their hearing threshold levels measured annually and some employers request testing on exit / termination. These audiometric tests should be conducted during the worker’s normal work shifts. Annual audiograms should be compared with baseline audiograms to determine if there has been a threshold shift. Decreases in hearing acuity averaging 10 dBA or more at 2000, 3000, and 4000 HZ in either ear are referred to as a Standard Threshold Shift (“STS”).

8. When a worker’s annual monitoring audiogram detects a threshold shift, the worker shall receive a confirmation audiogram within 30 days.

9. When a significant threshold shift has been validated, the employer shall take appropriate action to protect the worker from additional hearing loss due to occupational noise exposure. Examples of appropriate actions include explanation of the effects of hearing loss, reinstruction and refitting of hearing protectors, additional training of the worker in hearing loss prevention, and reassignment of the worker to a quieter work area.

Validity Requirements
All audiograms must meet specific criteria in order for the results to be considered reliable and valid. All testing facilities must comply and provide documentation as requested to clients.

1. The test environment must comply with the current requirements for allowable ambient noise as follows:

<table>
<thead>
<tr>
<th>HZ</th>
<th>500</th>
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<th>2000</th>
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</thead>
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<tr>
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<td>40</td>
<td>47</td>
<td>57</td>
<td>62</td>
</tr>
</tbody>
</table>

   A soundproof booth / room is usually necessary to meet these requirements.

2. Audiometric testing should be pure tone air conduction, testing the following frequencies: 500, 1,000, 2000, 3000, 4000, 6000, and may also include 8000 HZ.
3. The audiometer must be recalculated on a regular basis to ensure the accuracy of audiometric results. Three different types of calibration must be performed:
   a) **Biological calibration** ("functional check"): Use of Electra-Acoustic calibrator or one or more individuals with good hearing should have an audiometric test daily to ensure audiometric accuracy between "acoustic" and "exhaustive" calibrations.
   b) **Acoustic calibrations**: This is an annual calibration involving the use of electronic test equipment to ensure the accuracy of test frequencies and intensities.
   c) **Exhaustive Calibration**: Every two years the audiometer must be examined by its manufacturer to confirm that it still meets the performance criteria specified in the ANSI Audiometer Recommendations (ANSI S3.6-1969).

4. Audiometric tests shall be performed by a licensed or certified audiologist, otolaryngologist, or other physician, or by a technician who is certified by the Council of Accreditation in Occupational Hearing Conservation, or who has satisfactorily demonstrated competence in administering audiometric examinations, obtaining valid audiograms, and properly using, maintaining and checking calibration and proper functioning of the audiometers being used. A technician who operates microprocessor audiometers does not need to be certified. A technician who performs audiometric tests must be responsible to an audiologist, otolaryngologist or a qualified physician.

5. Each Audiogram should note the person's name, job classification, extent of noise exposure, and number of hours away from noise. In addition, the make, model and serial number of the audiometer, date of the last calibration, along with the tester's name and certification, should be documented.

**Medical Supervision**
A licensed or certified audiologist, an otolaryngologist, or a qualified physician must supervise the audiometric testing program. This professional will assume the responsibilities of:
1. Overseeing the audiometric program
2. Overseeing the technicians who are performing the tests
3. Reviewing and signing all audiograms
4. Determining whether further evaluation and referral is necessary
5. Being available for consultation regarding job placement and job reassignment

**Duties of the Audiometric Technician**
1. Calibrating the audiometer at least daily by an Electro-Acoustic Calibrator or by testing the same individual with stable hearing.
2. Taking a health history and noise exposure history.
3. Performing a visual and otoscopic examination of the ears.
4. Explaining the purpose of the test.
5. Administering a pure tone audiometric test.
6. Providing immediate feedback and counseling.

**Audiogram Interpretation**
1. The Audiogram must be interpreted by the audiologist, otolaryngologist, or a qualified physician to determine if further evaluation is necessary.

2. Audiometry shall at a minimum, consist of pure tone air conduction threshold testing of each ear at 500, 1000, 2000, 3000, 4000, and 6000 HZ. Although this entire frequency range is not used in the assessment of OSHA's standard threshold shift (STS), all of these
frequencies are important in deciding the probable etiology of a hearing loss. To enhance the decision about probable etiology, testing at 8000 Hz should also be considered.

3. Audiograms are displayed and stored as tables or charts of hearing thresholds measured in each ear at specified test frequencies. In OSHA mandated hearing conservation programs, thresholds must be measured for pure tone signals at the test frequencies of 500, 1000, 2000, 3000, 4000, and 6000 Hz (29 CFR 1910.96). At each frequency the threshold recorded for an ear is the lowest signal output level of the audiometer at which the individual responds in a specified percentage of trials (such as 50%) or in two of three trials. Hearing thresholds are measured in dBA, HTL (decibels, hearing threshold level), with 0 dB, HTL representing average hearing ability for young people with no ontological pathology. Larger threshold values indicate poorer than average hearing; smaller threshold values (negative thresholds such as -5 or -10 dB) indicate better than average hearing.

4. Each annual audiogram must be compared to the baseline audiogram (this is not necessarily the audiogram performed the previous year) to determine if a threshold shift (STS) has occurred. This is defined as an average change of 10 dBA or more across 2000, 3000, and 4000 Hz in either ear. (Sum of dBA at those three frequencies divided by 3 compared to the same calculation of the baseline.) The employer shall provide the baseline audiogram to the reviewer if this not already in the reviewer's possession. (Calculation of the STS may include correction for age. Age correction values can be found in appendix F of the OSHA standard.) Note: Not all states allow for age correction. The U.S. HealthWorks Annual Audiometric Results Form can be used to document a STS shift.

5. The employer may choose to adjust an employee's audiogram for the employee's age. Some states require age correction. Most microprocessor audiometers automatically correct for age. If non-microprocessor audiometer is used then manual correction is necessary utilizing the procedure described below and as outlined in Appendix F from the Federal OSHA Standard: Determination and Application of Age Corrections to Audiograms.

a) Obtain from Appendix F the age correction values at each audiometric test frequency of interest (the hearing losses at 2000, 3000, and 4000Hz are relevant to the determination of whether a standard threshold shift as defined by OSHA may exist) for the employee by:
   1) Finding the age at which the most recent audiogram was taken and recording the corresponding age correction values; and
   2) Finding the age at which the baseline audiogram was taken and recording the corresponding age correction values.

b) Subtract the values found in (a)(2) from those found in (a)(1). (The remainders from these subtractions represent the values (in decibels) which may be attributed to aging and are the values by which most recent audiogram may be adjusted at the respective audiometric test frequencies).

c) Subtract the values found in (b) from the hearing threshold values of the most recent audiogram.

d) When the adjustment of an audiogram for hearing loss due to aging is performed for the purpose of determining whether a standard threshold shift has occurred, the above-described calculations may be restricted to the 2000, 3000, and 4000 Hz frequencies. If the average of the hearing threshold values at 2000, 3000 and 4000 Hz found in step ©, above, is equal or greater than 10, then the employee has exhibited a standard threshold shift.

Further details and a worksheet are found on pages 13-17 of this policy and procedure.
6. If a STS has occurred, the employer can obtain a retest within 30 days and consider the results of the retest as the annual audiogram. Unless the physician determines the STS is unrelated to vocational noise exposure, the employer must perform the following:
   a) Employees not wearing hearing protection must be properly fitted trained, and required to wear such protection.
   b) Employees currently wearing protection must be refitted, retrained, and required to wear such protection.
   c) Employee shall be referred for clinical evaluation for additional testing or if the employer believes that the medical pathology of the ear is related to the use of hearing protection.

7. If the STS or other ear pathology is believed to be unrelated to vocational noise exposure, the employee must be notified of the need for further evaluation.

8. If subsequent audiometric testing of an employee whose exposure to noise is less than an 8 hour TWA of 90 dBA indicates that the STS is not persistent (i.e. # 3 above), then the employer shall:
   a) Inform the employee of the new interpretation
   b) May discontinue the use of hearing protection

9. An annual Audiogram may be substituted for the baseline Audiogram when:
   a) The STS is permanent. That is, whenever there is a permanent STS, this Audiogram that represent the STS, becomes the new baseline.
   b) The Audiogram obtained is improved compared to the baseline Audiogram.

**Record keeping**

Noise exposure measurement records must be kept for 2 years. Audiometric test results records must be kept for the duration of employment plus 30 years. It is also advisable to document any worker counseling.

Audiometric test records must include:
1. Employee’s Name
2. An Otologic history
3. Job classification of the employee
4. Employee’s most recent noise exposure measurement and number of hours away from noise
5. Date of the testing
6. Examiner’s name and certification
7. Date of the last acoustic and or exhaustive calibration of the audiometer
8. Make, model, and serial number of the audiometer
9. Measurement documentation that the background sound pressure levels in the audiometric test room meet ANSI specifications
10. Signature and professional designator of the person interpreting the audiograms.
11. Referral criteria used to determine the need for further evaluation.

The OSHA standard requires of the physician only the determination of whether or not further evaluation is required. The testing facility however is expected to calculate the threshold shift and provide the results to the employee and the employer.
The company (employer) must make an entry on the OSHA 200 log within six days of a
determination by the professional audiometric program supervisor that a work-related threshold
shift of 25 dBA or more has occurred. This threshold shift recordability varies by state.

**Recordability**

As of Jan. 1, 2003, employers must record 10dB shifts from the employee's initial hearing test
when they also result in an overall hearing loss of 25dB. The old criteria recorded 25dB shifts.
Unless limited by state regulations, employers can make adjustments for hearing loss caused
by aging, seek the advice of a physician or LHCP to determine if the loss is work-related, and
perform additional hearing tests to verify the persistence of the hearing loss.

**Referral Criteria (To Audiologist, Otolaryngologist, or a Qualified Physician)**

1. When an infection in the ear is suspected
2. When hearing loss is unilateral
3. When the worker complains of pain in the ear
4. When an STS is evident
5. The American Academy of Otolaryngology - Head and Neck Surgery recommends referral of
   a patient to an Otolaryngologist when a change in audiometric hearing levels from the
   baseline in either ear is:
   a) more than 15 dB for the average of 500 HZ, 1,000 HZ, and 2,000 HZ, or
   b) more than 20dB at 3,000 HZ, or
   c) more than 30 dB at 4,000 HZ or 6,000 HZ.

**References**

Occupational Hearing Conservation.
OSHA Standard 29 CFR 1910.95 Occupational Noise Exposure (General Industry)
OSHA Standard 29 CFR 1926.52 (Construction Industry)
OCCUPATIONAL NOISE EXPOSURE
Clinical Reference

Forms
Date (Fecha): __________

Name (Nombre): __________  Age (Edad): __________  SS#: __________

Employer (Empleador): __________  Job Title (Posicion): __________

Hours since last exposed to loud noise? (¿Hace cuántas horas estuvo expuesto a ruidos fuertes por ultima vez?): __________

Type of hearing protective devices. (Tipo de protectores auditivos.): __________

**OTOLOGIC HISTORY / HISTORIA OTOLOGICA**

EXPLAIN BELOW ALL "YES" ANSWERS (EXPLIQUE ABAJO TODAS LAS RESPUESTAS EN LAS QUE CONTESTO "SI")

1. Family history of hearing loss? (¿Alguna familia ha tenido pérdida de la audición?)
2. Difficulty hearing? (¿Tiene dificultad para oír?)
   a. One ear better than the other? (¿Un oído mejor que el otro?)
   b. Onset of loss (La pérdida fue): Gradual (gradual) / Sudden (repentina)
3. Ever been to an ear specialist? (¿Ha visitado al especialista de oídos alguna vez?)
4. History of ear infections? (¿Ha tenido infecciones en los oídos?)
5. History of ear surgery recommended or performed? (¿Le recomendaron o hicieron cirugía en el oído alguna vez?)
6. History of ringing? (¿Ha padecido de zumbidos en los oídos?)
7. History of unusual dizziness? (¿Ha padecido de mareos inusitados?)
8. History of antibiotic, quinine, excessive aspirin? (¿Ha tomado en forma excesiva antibióticos cuyo nombre termina en micina, quinina o aspirina?)
9. History of head trauma or unconsciousness? (¿Ha sufrido lesiones en la cabeza o inconsciencia?)
10. Years of Military Service __________  Branch __________  Job __________
11. History of noisy hobbies? (¿Alguna vez ha disparado o tiene pasatiempos en los cuales se expone a ruido?)
12. History of noisy jobs? (¿Ha desempeñado trabajos expuesto a mucho ruido?)

EXPLAIN (EXPLIQUE)

GRAPH OR ATTACH REPORT BELOW

**HEARING THRESHOLDS**

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</table>

**COMMENTS:** (Check all that apply)
- Normal hearing.
- No significant changes since baseline hearing test.
- Low / Mid / High frequency hearing loss
  - Right ear / Left ear
- A clinically significant change in hearing has occurred.
- Other:

**RECOMMENDATIONS:**
- Use hearing protection in noisy areas above 85 dB
- No follow up needed this year.
- Examination by a hearing specialist is recommended.
- Other:

Physician Signature: __________

Technician Signature: __________
Employee Name: __________________________________________

DOB: ___________________ Social Security Number: ____________________

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STS = Standard Threshold Shift - Sum of hearing threshold at 2000, 3000 and 4000 Hz + 3. Must be calculated for each ear and compared to baseline. STS present when difference ≥ 10.
Method #1 For Age Correction Calculation

(Note: Step 1 is the same for both ears. Steps 2 and 3 require separate calculations for each ear.)

Step 1:

a) Obtain from Table F the age correction values at 2000 Hz, 3000 Hz, and 4000 Hz for the most recent audiogram, using the patient’s age at the time of most recent testing. [Enter these numbers into Step 1 of worksheet].

b) Obtain from Table F the age correction values at 2000 Hz, 3000 Hz, and 4000 Hz for the baseline audiogram, using the patient’s age at the time of baseline testing. [Enter these numbers into Step 1 of worksheet].

c) Now, subtract the baseline age correction value for 2000 Hz from the most recent age correction value for 2000 Hz. Repeat this calculation for the 3000 Hz and 4000 Hz values. These 3 remainders should then be averaged (i.e. added and divided by 3). This average represents the Age Correction Value (in decibels).

Step 2:
The Age Correction Value from Step 1 should now be subtracted from the uncorrected average of the most recent audiogram (which is already calculated for each ear and documented by the medical assistant performing the audiometry). This value represents the age corrected hearing threshold.

Step 3:
Finally, subtract the patient’s baseline hearing threshold from the age corrected hearing threshold derived from Step 2. If there has been a standard threshold shift ≥ 10 dB, then the employer should be notified. NOTE: a negative threshold shift value implies that the patient’s hearing actually improved from the baseline audiometric testing to the most recent testing.
### Table F  Age Correction Values in Decibels for Males (M) and Females (F)

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## Age Correction Calculation Worksheet

### Method #1

#### Step 1:

<table>
<thead>
<tr>
<th></th>
<th>2000 Hz</th>
<th>3000 Hz</th>
<th>4000 Hz</th>
<th>Age Correction Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>AGE CORRECTION VALUE OF RECENT AUDIOGRAM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td>AGE CORRECTION VALUE OF BASELINE AUDIOGRAM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td>DIFFERENCE</td>
<td></td>
<td></td>
<td>÷ 3</td>
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</tbody>
</table>

#### Step 2:

<table>
<thead>
<tr>
<th></th>
<th>Uncorrected Average of Recent Audiogram</th>
<th>Age Correction Value (from Step 1)</th>
<th>Age Corrected Hearing Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right Ear</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left Ear</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Step 3:

<table>
<thead>
<tr>
<th></th>
<th>Age Corrected Hearing Threshold (from Step 2)</th>
<th>Average of Baseline Audiogram at 2000, 3000, 4000</th>
<th>Threshold Shift * (if ≥ 10 DB, Notify Employer)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right Ear</td>
<td>*</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Left Ear</td>
<td>*</td>
<td>=</td>
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</tbody>
</table>

* Notify employer if threshold shift is ≥ 10 DB
Method #2 For Age Correction Calculation

Determination and Application of Age Corrections to Audiograms (Appendix F)

If the employer chooses to adjust an employee’s audiogram, the employer shall follow the procedure described below.

1. Obtain from Table F the age correction values at each audiometric test frequency of interest (the hearing losses at 2000, 3000, and 4000 Hz are relevant to the determination of whether a standard threshold shift, as defined by Section 5097(d)(8), may exist) for the employee by:
   A. Finding the age at which the most recent audiogram was taken and recording the corresponding age correction values; and
   B. Finding the age at which the baseline audiogram was taken and recording the corresponding age correction values.

2. Subtract the values found in (a)(2) from those found in (a)(1). (The remainders from these subtractions represent the values (in decibels) which may be attributed to aging and are the values by which the most recent audiogram may be adjusted at the respective audiometric test frequencies.)

3. Subtract the values found in (b) from the hearing threshold values of the most recent audiogram.

When the adjustment of an audiogram for hearing loss due to aging is performed for the purpose of determining whether a standard threshold shift has occurred, the above-described calculations may be restricted to the 2000, 3000 and 4000 Hz frequencies. If the average of the hearing threshold values at 2000, 3000, and 4000 Hz found in step (c), above, is equal or greater than 10, then the employee has exhibited a standard threshold shift, and the employer must comply with various provisions of OSHA Standard 29 CFR 1910.95.
PROPOSER'S REFERENCES

The Proposer is required to provide a minimum of three (3) references where work of a similar size and nature was performed within the past three (3) years. This will enable the City of San Diego to judge the responsibility, experience, skill, and business standing of the Proposer.

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Contact Name</th>
<th>Phone Number</th>
<th>Fax Number</th>
<th>Contract Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>County of San Diego</td>
<td>Jan Mazone</td>
<td>619 316-5315</td>
<td>619 531-6076</td>
<td>&gt; 20 years</td>
</tr>
<tr>
<td>444 West Beech Street, 3rd Floor San Diego, CA 92101 Dollar Value of Contract: $ 2,626,400 Requirements of Contract: Sole provider for all services-- Workers' Compensation injury care, physicals, drug testing, respiratory compliance, audiometric testing, and executive physicals</td>
<td></td>
<td></td>
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<tr>
<td>Frito Lay</td>
<td>Marty Keane</td>
<td>949 465-7021</td>
<td>949 271-3632</td>
<td>NA Client &gt; 8 years</td>
</tr>
<tr>
<td>26672 Towne Center Dr., Ste 360 Foothill Ranch, CA 92610 Dollar Value of Contract: $ 253,000 Requirements of Contract: Workers' Compensation injury care, physicals and drug testing</td>
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<tr>
<td>United Parcel Service</td>
<td>Fernando Barajas</td>
<td>909 948-7802</td>
<td>909 202-2601</td>
<td>NA Client &gt; 4 years</td>
</tr>
<tr>
<td>2930 Inland Empire Blvd. #110 Ontario, CA 91764 Dollar Value of Contract: $ 1,426,500 Requirements of Contract: Workers' Compensation injury care, physicals, drug testing</td>
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</table>
PROPOSER’S REFERENCES
The Proposer is required to provide a minimum of three (3) references where work of a similar size and nature was performed within the past three (3) years. This will enable the City of San Diego to judge the responsibility, experience, skill, and business standing of the Proposer.

REFERENCES

<table>
<thead>
<tr>
<th>Company Name: County of San Diego</th>
<th>Contact Name: Jan Mazone</th>
</tr>
</thead>
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<tr>
<td>Address: 444 West Beech Street, 3rd Floor</td>
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<tr>
<td>San Diego, CA 92101</td>
<td></td>
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<tr>
<td>Dollar Value of Contract: $2,626,400</td>
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<td>Fax Number: 619 531-6076</td>
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<tr>
<td>Contract Dates: &gt; 20 years</td>
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Requirements of Contract: Respiratory compliance and audiograms for police department employees, fire department employees, other groups as needed, all physicals, drug testing and workers’ compensation injury care

<table>
<thead>
<tr>
<th>Company Name: Port of San Diego</th>
<th>Contact Name: David Harris</th>
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<tr>
<td>Address: PO Box 120488</td>
<td></td>
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<tr>
<td>San Diego, CA 92112</td>
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<td>Dollar Value of Contract: $41,511</td>
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<td>Phone Number: 619 686-7248</td>
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<td>Fax Number: 619 400-4720</td>
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<td>Contract Dates: NA Client since 2006</td>
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Requirements of Contract: Respiratory compliance, physicals, workers compensation injury care

<table>
<thead>
<tr>
<th>Company Name: Pacord</th>
<th>Contact Name: Mary Jane Hockett</th>
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<tr>
<td>Address: 240 W. 30th Street</td>
<td></td>
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<tr>
<td>National City, CA 91950</td>
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<td>Dollar Value of Contract: $7,200</td>
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<td>Fax Number: 619 474-3232</td>
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<td>Contract Dates: NA Client since 2001</td>
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</table>

Requirements of Contract: Workers’ Compensation injury care, hearing conservation, respiratory compliance, physicals, drug testing
Exhibit O
PROPOSER’S STATEMENT OF SUBCONTRACTORS

The Proposer is required to state below all subcontractors to be used in the performance of the proposed contract, and what portion of work will be assigned to each Subcontractor. Failure to provide details of Subcontractors may be grounds for rejection of proposal. NOTE: Add additional pages if necessary.

Company Name: Orthopaedic Surgery Center of La Jolla  
Contact Name: Scott Leggett  
Address: 4120 La Jolla Village Drive  
La Jolla, CA 92037  
Phone Number: 858 657-0055  
Fax Number: 858 657-0066

Percentage of dollars of the sub compared to total contract value: varies %

What work will be assigned to this Subcontractor? Outpatient Surgery

Company Name: Coast Surgery Center  
Contact Name: Scott Leggett  
Address: 3444 Kearny Villa Road, Suite 101  
San Diego, CA 92123  
Phone Number: 858 268-3566  
Fax Number: 858 268-4682

Percentage of dollars of the sub compared to total contract value: varies %

What work will be assigned to this Subcontractor? Outpatient Surgery

Company Name: Otay Lakes Surgery Center  
Contact Name: Scott Leggett  
Address: 955 Lane Avenue Suite #100  
Chula Vista, CA 91914  
Phone Number: 619 754-2260  
Fax Number: 619 754-2261

Percentage of dollars of the sub compared to total contract value: varies %

What work will be assigned to this Subcontractor? Outpatient Surgery
**PROPOSER’S STATEMENT OF SUBCONTRACTORS**

The Proposer is required to state below all subcontractors to be used in the performance of the proposed contract, and what portion of work will be assigned to each Subcontractor. Failure to provide details of Subcontractors may be grounds for rejection of proposal. NOTE: Add additional pages if necessary.

**Company Name: Carlsbad Surgery Center**  
Contact Name: Scott Leggett  
Address: 6121 Paseo Del Norte Suite #100  
Carlsbad, CA 92011  
Phone Number: 760 448-2488  
Fax Number: 760 448-2478

Percentage of dollars of the sub compared to total contract value: varies %

What work will be assigned to this Subcontractor? Outpatient Surgery

**Company Name: Oasis Surgery Center**  
Contact Name: Linda Pikes  
Address: 5471 Kearny Villa Road  
San Diego, CA 92123  
Phone Number: 858 560-4567  
Fax Number: 858 560-4410

Percentage of dollars of the sub compared to total contract value: varies %

What work will be assigned to this Subcontractor? Outpatient Surgery

**Company Name: California Orthopaedic Institute Imaging Center**  
Contact Name: Joan McComb  
Address: 7485 Mission Valley Road, Suite 101  
San Diego, CA 92108  
Phone Number: 619 291-8930 ex 159  
Fax Number: 619 398-1659

Percentage of dollars of the sub compared to total contract value: varies %

What work will be assigned to this Subcontractor? MRI

**Company Name: Safe Hearing America**  
Contact Name: Willena Beyer  
Address: 7704 Eddy Lane  
Vacaville, CA 95688  
Phone Number: 707 446-0880  
Fax Number: 707 446-9632

Percentage of dollars of the sub compared to total contract value: varies %

What work will be assigned to this Subcontractor? Onsite Audiometric testing
June 30, 2009

Safe Hearing America agrees to provide audiometric and hearing conservation services under this agreement at the following prices:

- **Audiometric Testing**
  
  Services include:
  - On-site audiometric testing
  - Employee Notification Letters
  - Reports-Bound report delivered at completion of testing
    - Statistical summary
    - Alphabetical Employee Hearing Summary
    - STS 10 db report & OSHA Recordable Shift report
    - Medical Referral Report
    - Graphic Profiles for STS’s and Medical Referral
    - Hearing Data Listing
    - Training Roster
    - Background Sound Levels
    - Audiometer Calibration Data
    - Technician Data

  8 hour Test Day with a 96 person minimum
  4 Hour Test Day with a 48 person minimum

  $16.00 per person

  *Plus expenses-see below

- **Data Processing for test done at US Healthworks Clinic:**
  - Employee notification letter and reports sent to employer $4.00
  - Employee notification letter sent to employee’s home $5.00

- **Training in the booth by audio tape** Included in the above pricing:
  - # of employees to be tested in an hour with training 12, without training 16

- **Group Training Presentation** done by CAOHC certified technician.
  Per one hour session $250.00/session

Please consider this to be a letter of intent to be a sub-consultant for this project.

Sincerely,

Willena Beyer, CCC-A
Industrial Audiologist

7704 Eddy Lane, Vacaville, CA 95688  707-446-0880  FAX 707-446-9632  email safehear@castles.com
CITY OF SAN DIEGO
PURCHASING & CONTRACTING DEPT.
1200 Third Avenue, Suite 200
San Diego, CA 92101-4195

Proposal No. 9723-09-W-RFP

REQUEST FOR PROPOSAL

Closing Date: July 23, 2009 @ 4:00 pm P.S.T.

Subject: Furnish the City of San Diego with Industrial Medical Services

Timeline: As may be required for a period of two (2) years from date of fully executed Contract, with options to renew for three (3) additional one (1) year periods (total contract period cannot exceed five (5) years), in accordance with the attached specifications and requirements.

Company: U.S. HealthWorks Medical Group, P.C.

Federal Tax I.D. No. 95-4643269

Street Address: 5575 Ruffin Road, #100

City: San Diego

State: CA

Zip Code: 92123

Tel. No.: 858 565-1300

Fax No.: 858 565-6932

E-Mail: Leonard.okun@ushworks.com

Name: Leonard M. Okun, M.D.

Signature: [PRINT OR TYPE] [Signature]

The signer declares under penalty of perjury that she/he is authorized to sign this document and bind the company or organization to the terms of this agreement.

SUBMITTED PROPOSALS MUST HAVE AN ORIGINAL SIGNATURE.

FOR CONSIDERATION AS A RESPONSIVE PROPOSAL, THE FOLLOWING IS REQUIRED:

1) Proposal must be submitted on official City proposal forms.

2) All information on this Request for Proposal cover page must be completed.

3) This cover page must be signed with an original signature.

4) Proposal must be submitted on or before the exact closing date and time. Proposal received after the exact closing date and time will NOT be considered. If hand delivering, please allow enough time for travel and parking to submit by the closing date and time.

5) All proposers’ must complete and submit the Vendor Registration Form with their proposals.

FOR FURTHER INFORMATION CONCERNING THIS BID, PLEASE CONTACT:

BILL BRODERICK, CPPB/cnn, Procurement Specialist

Phone: (619) 236-6653 Fax: (619) 236-5904 E-mail: WBroderick@sandiego.gov
IV. PRICING PAGES

A. WORKERS' COMPENSATION MEDICAL TREATMENT PRICING

1. The Proposer shall use the following Fee Schedules as guidelines in providing a best pricing offer for the Fee Schedules listed below.

a. The Official Medical Fee Schedule for Physician Services pricing covered by Table A, as described in California Code of Regulations Section 9789.10.

Evaluation and Management, Medicine, Surgery, Radiology, Pathology*, Anesthesia**:

10% : Discount off OMFS

This discount applies to all providers listed in Exhibit J (List of Physicians providing Occupational Services). Ancillary providers listed in Exhibit K will not participate in the discount.

*Pathology will be billed by the laboratory at OMFS
**Anesthesia will be discounted by 10% off OMFS for those services provided by USHW Independent Contractor anesthesiologists. For those services provided in outpatient surgery centers, there is no discount.

b. Pharmacy pricing as described by California Code of Regulations Section 9789.40. If the Proposer dispenses medications, provide the following pricing information.

OMFS Pricing Formula less discount 0 %

California pharmacy pricing is set at MediCal plus a $7.50 dispensing fee for prescription medications. OTC medications are priced without the $7.50 dispensing fee. Medications not on the MediCal fee schedule are priced at acquisition cost plus 20%.

c. Pathology and Clinical Laboratory Fee Schedule as described in California Code of Regulations Section 9789.60. If the Proposer provides this service complete the following pricing formula
The 10% applies only to those services performed in house under this fee schedule. Services performed by an outside laboratory will be billed directly to the City by the lab.

d. Durable Medical Equipment, Prosthetics, Orthotics and Supplies as described in California Code of Regulations Section 9789.60. If the Proposer provides this service complete the following pricing formula.

DMEPOS fee schedule at 120% less discount.
Non-DMEPOS durable medical equipment priced at acquisition cost plus 50%, less the discount.

2. Provide pricing for outpatient surgical services.

3. If Proposer provides this service, providing pricing for inpatient outpatient hospital services.

U.S. HealthWorks does not provide this service.

4. Provide pricing for surgical hardware used for inpatient and outpatient surgery.

a. Manufacturer's Inpatient Surgical Hardware/Implant Cost Plus NA %

b. Manufacturer's Hospital Outpatient Surgical Hardware/Implant Cost Plus 10 %

5. Provide pricing for magnetic resonance imaging (MRI) and computerized axial tomography (CAT) scans and any other scan used as a diagnostic tool.

MRI OMFS Pricing less discount NA %

The following flat rates will be charged:
$495 per MRI procedure
$28 per Orbital Screening
$225 per Gadolinium injection

CAT OMFS Pricing less discount ___NA___%

Other scans OMFS Pricing less discount ___NA___%

6. Pricing for physician deposition fees and Appeal Board testimony shall be billed in accordance with OMFS.

B. RESPIRATORY AND HEARING CONSERVATION PROGRAM PRICING

1. Provide the cost per Audiometric Examination.

Audiometric examination $ 22 per employee

Describe services provided and Equipment utilized.

U.S. HealthWorks will provide audiometric examinations consisting of air conduction, pure-tone testing at the test frequencies of 500, 1000, 2000, 3000, 4000, 6000, and 8000 HZ for each ear individually. Test equipment will meet OSHA and ANSI standards.

2. Provide the following Respiratory Examination information

<table>
<thead>
<tr>
<th>Protocols</th>
<th>Prices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational History</td>
<td>$Included in physical per employee</td>
</tr>
<tr>
<td>Medical History</td>
<td>$Included in physical per employee</td>
</tr>
<tr>
<td>Physical Examination</td>
<td>$ 75 per employee</td>
</tr>
<tr>
<td>Pulmonary Function Test</td>
<td>$ 35 per employee</td>
</tr>
</tbody>
</table>

3. Optional Respiratory Examination cost information.

<table>
<thead>
<tr>
<th>Protocols</th>
<th>Prices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest x-ray</td>
<td>$ 55 per employee</td>
</tr>
<tr>
<td>EKG</td>
<td>$ 40 per employee</td>
</tr>
<tr>
<td>Stress Test</td>
<td>$ 150 per employee</td>
</tr>
</tbody>
</table>
4. Physician and non-physician hourly fee for consulting/training in the area of safety/prevention where the services have exceeded 50 hours.

Physician Hourly Pricing $200 per employee
Non-Physician Hourly Pricing $100 per employee

5. The use of an Audiometric Mobile Van.

Mobile Van Audiometric Examination $16* per employee
Audiometric training $250* per hour

*Safe Hearing America. See Subcontractor list in Exhibit 0.

6. Pricing for Safety/Prevention Services and Reports.

Physician Hourly Pricing $200 per employee
Non-Physician Hourly Pricing $100 per employee
PROPOSER'S STATEMENT OF FINANCIAL RESPONSIBILITY

The Proposer is required to furnish below a statement of financial responsibility, except when the Proposer has previously completed contracts with the City of San Diego covering work of similar scope.

I, __Leonard M. Okun, M.D.__, certify that my company, __U.S. HealthWorks Medical Group, P.C.__, has sufficient operating capital and/or financial reserves to properly fund the services identified in these contract specifications for a minimum of two (2) full months. I agree that upon notification of provisional award, I will promptly provide a copy of my company’s most recent balance sheet, or other necessary financial statements, as supporting documentation for this statement, if requested. I understand that this balance sheet, as well as any other required financial records, will remain confidential information to the extent allowed under the California Public Records Act.

I certify under penalty of perjury under the laws of the State of California that the information contained in this statement is true and correct.

Dated: __July 20 09__

Signature: __Leonard M. Okun__
City of San Diego Purchasing & Contracting Department

CONTRACTOR STANDARDS

Pledge of Compliance

Effective December 24, 2008, the Council of the City of San Diego adopted Ordinance No. O-19808 to extend the Contractor Standards Ordinance to all contracts greater than $50,000. The Intent of the Contractor Standards clause of San Diego Municipal Code §22.3224 is to ensure the City of San Diego conducts business with firms that have the necessary quality, fitness and capacity to perform the work set forth in the contract.

To assist the Purchasing Agent in making this determination and to fulfill the requirements of §22.3224(d), each bidder/proposer must complete and submit this Pledge of Compliance with the bid/proposal. If a non-competitive process is used to procure the contract, the proposed contractor must submit this completed Pledge of Compliance prior to execution of the contract. A submitted Pledge of Compliance is a public record and information contained within will be available for public review for at least ten (10) calendar days, except to the extent that such information is exempt from disclosure pursuant to applicable law.

All responses must be typewritten or printed in ink. If an explanation is requested or additional space is required, respondents must use the Pledge of Compliance Attachment "A" and sign each page. The signatory guarantees the truth and accuracy of all responses and statements. Failure to submit this completed Pledge of Compliance may make the bid/proposal non-responsive and disqualified from the bidding process. If a change occurs which would modify any response, Contractor must provide the Purchasing Agent an updated response within thirty (30) calendar days.

A. PROJECT TITLE:

City of San Diego

Industrial Medical Services

B. BIDDER/CONTRACTOR INFORMATION:

U.S. Health Works Medical Group, P.C.

Legal Name: 5575 Ruffin Road San Diego CA 92123

Street Address: Legal Name: Leonard Okun, M.D. Phone: 858 565-1300

City: State: Zip: Fax: 858 565-6932

Contact Person: Title:

C. OWNERSHIP AND NAME CHANGES:

1. In the past five (5) years, has your firm changed its name?
   □ Yes  X No
   If Yes, use Pledge of Compliance Attachment "A" to list all prior legal and DBA names, addresses and dates when used. Explain the specific reasons for each name change.

2. In the past five (5) years, has a firm owner, partner or officer operated a similar business?
   □ Yes  X No
   If Yes, use Pledge of Compliance Attachment "A" to list names and addresses of all businesses and the person who operated the business. Include information about a similar business only if an owner, partner or officer of your firm holds or has held a similar position in another firm.
D. BUSINESS ORGANIZATION/STRUCTURE: Indicate the organizational structure of your firm. Check one only on this page. Use Pledge of Compliance Attachment "A" if more space is required.

- **Corporation** Date incorporated: 7/16/1997 State of incorporation: California
  
  List corporation's current officers:
  
  President: Leonard M. Okun, M.D.
  Vice Pres: Open
  Secretary: Therese Hernandez
  Treasurer: Leonard M. Okun, M.D.

  Is your firm a publicly traded corporation? □ Yes □ No

  If Yes, name those who own five percent (5%) or more of the corporation's stocks:

  ______________________

  ______________________

  ______________________

- **Limited Liability Company** Date formed: ___/___/____ State of formation: 

  List names of members who own five percent (5%) or more of the company:

  ______________________

  ______________________

  ______________________

- **Partnership** Date formed: ___/___/____ State of formation: 

  List names of all firm partners:

  ______________________

  ______________________

  ______________________

- **Sole Proprietorship** Date started: ___/___/____

  List all firms you have been an owner, partner or officer with during the past five (5) years. Do not include ownership of stock in a publicly traded company:

  ______________________

  ______________________

  ______________________

- **Joint Venture** Date formed: ___/___/____

  List each firm in the joint venture and its percentage of ownership:

  ______________________

  ______________________

  ______________________

Note: Each member of a Joint Venture must complete a separate Contractor Standards Pledge of Compliance for a Joint Venture's submission to be considered responsive.
E. FINANCIAL RESOURCES AND RESPONSIBILITY:

1. Is your firm in preparation for, in the process of, or in negotiations toward being sold?
   □ Yes □ No
   If Yes, use Pledge of Compliance Attachment “A” to explain specific circumstances, including name of the buyer and principal contact information.

2. In the past five (5) years, has your firm been denied bonding?
   □ Yes □ No
   If Yes, use Pledge of Compliance Attachment “A” to explain specific circumstances; include bonding company name.

3. In the past five (5) years, has a bonding company made any payments to satisfy claims made against a bond issued on your firm’s behalf or a firm where you were the principal?
   □ Yes □ No
   If Yes, use Pledge of Compliance Attachment “A” to explain specific circumstances.

F. PERFORMANCE HISTORY:

1. In the past five (5) years, has your firm been found civilly liable, either in a court of law or pursuant to the terms of a settlement agreement, for defaulting or breaching a contract with a government agency?
   □ Yes □ No
   If Yes, use Pledge of Compliance Attachment “A” to explain specific circumstances.

2. In the past five (5) years, has a government agency terminated your firm’s contract prior to completion?
   □ Yes □ No
   If Yes, use Pledge of Compliance Attachment “A” to explain specific circumstances and provide principal contact information.

G. COMPLIANCE:

1. In the past five (5) years, has your firm or any firm owner, partner, officer, executives or management been criminally penalized or found civilly liable, either in a court of law or pursuant to the terms of a settlement agreement for violating any federal, state or local law in performance of a contract, including but not limited to laws regarding health and safety, labor and employment, wage and hours, and licensing laws which affect employees?
   □ Yes □ No
   If Yes, use Pledge of Compliance Attachment “A” to explain specific circumstances surrounding each instance; include name of entity involved, specific infraction(s) or violation(s), dates of instances, and outcome with current status.

2. In the past five (5) years, has your firm been debarred or determined to be non-responsible by a government agency?
   □ Yes □ No
   If Yes, use Pledge of Compliance Attachment “A” to explain specific circumstances of each instance; include name of entity involved, specific infraction, dates, and outcome.
H. BUSINESS INTEGRITY:

1. In the past five (5) years, has your firm been convicted of or found liable in a civil suit for making a false claim or material misrepresentation to a private or governmental entity?
   □ Yes   ☒ No

   If Yes, use Pledge of Compliance Attachment “A” to explain specific circumstances of each instance; include the entity involved, specific infraction(s) or violation(s), dates, outcome and current status.

2. In the past five (5) years, has your firm or any of its executives, management personnel, or owners been convicted of a crime, including misdemeanors, or been found liable in a civil suit involving the bidding, awarding, or performance of a government contract?
   □ Yes   ☒ No

   If Yes, use Pledge of Compliance Attachment “A” to explain specific circumstances of each instance; include the entity involved, specific infraction(s), dates, outcome and current status.

I. TYPE OF SUBMISSION: This document is submitted as:

   ☒ Initial submission of Contractor Standards Pledge of Compliance.
   □ Update of prior Contractor Standards Pledge of Compliance dated ______/____/____.

Complete all questions and sign below. Each Pledge of Compliance Attachment “A” page must be signed.

Under penalty of perjury under the laws of the State of California, I certify I have read and understand the questions contained in this Pledge of Compliance and that I am responsible for completeness and accuracy of responses and all information provided is true to the best of my knowledge and belief. I further certify my agreement to the following provisions of San Diego Municipal Code §22.3224:

(a) To comply with all applicable local, State and Federal laws, including health and safety, labor and employment, and licensing laws that affect the employees, worksite or performance of the contract.

(b) To notify the Purchasing Agent within fifteen (15) calendar days upon receiving notification that a government agency has begun an investigation of the Contractor that may result in a finding that the Contractor is or was not in compliance with laws stated in paragraph (a).

(c) To notify the Purchasing Agent within fifteen (15) calendar days when there has been a finding by a government agency or court of competent jurisdiction of a violation by the Contractor of laws stated in paragraph (a).

(d) To provide the Purchasing Agent updated responses to the Contractor Standards Pledge of Compliance within thirty (30) calendar days if a change occurs which would modify any response.

(e) To notify the Purchasing Agent within fifteen (15) days of becoming aware of an investigation or finding by a government agency or court of competent jurisdiction of a violation by a subcontractor of laws stated in paragraph (a).

(f) To cooperate fully with the Purchasing Agent and the City during any investigation and to respond to a request for information within ten (10) working days from the request date.

Failure to sign and submit this form with the bid/proposal shall make the bid/proposal non-responsive.

[Signature]

Print Name, Title

[Date]

Leonard M. Okun, MD

Leonard M. Okun, MD

July 20, 09

City of San Diego

Purchasing & Contracting Department

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City of San Diego Purchasing & Contracting Department

CONTRACTOR STANDARDS

Pledge of Compliance Attachment "A"

Provide additional information in space below. Use additional Pledge of Compliance Attachment "A" pages as needed; sign each page. Print in ink or type responses and indicate question being answered. Information provided will be available for public review, except if exempt from disclosure pursuant to applicable law.

Under penalty of perjury under the laws of the State of California, I certify I have read and understand the questions contained in this Contractor Standards Pledge of Compliance and that I am responsible for completeness and accuracy of responses on this Pledge of Compliance Attachment "A" page and all information provided is true to the best of my knowledge.

[Signature]

Print Name, Title

[Signature]

Date

City of San Diego

Purchasing & Contracting Department

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DRUG-FREE WORKPLACE

A. GENERAL

All City projects are now subject to City of San Diego Resolution No. R-277952 adopted on May 20, 1991. All bidders should be aware of the provisions of San Diego City Council Policy No. 100-17 which was established by the above numbered resolution. The policy applies equally to the Contractor and all Subcontractors. The elements of the policy are outlined below.

B. DEFINITIONS

1) “Drug-Free Workplace” means a site for the performance of work done in connection with a contract let by City of San Diego for the construction, maintenance, or repair of any facility, or public work, or for professional, or nonprofessional services rendered on behalf of the City by an entity at which employees of the entity are prohibited from engaging in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in accordance with the requirements of this section.

2) “Employee” means the employee of a Contractor directly engaged in the performance of work pursuant to a contract as described in Section C.

3) “Controlled Substance” means a controlled substance in Schedules I through V of Section 202 of the Controlled Substances Act (21 U.S.C. Sec. 812).

4) “Contractor” means the department, division, or other unit of a person or organization responsible to the Contractor for the performance of a portion of the work under the contract.

C. CITY CONTRACTOR REQUIREMENTS

1) Every person or organization awarded a contract or grant by the City of San Diego for the provision of services shall certify to the City that it will provide a Drug-Free Workplace by doing all of the following:

   a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the person’s organization’s workplace and specifying the actions that will be taken against employees for violations of the prohibition.
b) Establishing a Drug-Free Awareness Program to inform employees about all of the following:

(1) The dangers of drug abuse in the workplace.
(2) The person’s or organization’s policy of maintaining a Drug-Free Workplace.
(3) Any available drug counseling, rehabilitation, and employee assistance programs.
(4) The penalties that may be imposed upon employees for drug abuse violations.

c) Posting the statement required by subdivision (1) in a prominent place at Contractor’s main office. For projects large enough to necessitate a construction trailer at the job site, the required signage would also be posted at the job site.

2) Contractors shall include in each subcontract agreement language which indicates the Subcontractor’s agreement to abide by the provisions of subdivisions a) through c) inclusive of Section C1. Contractors and Subcontractors shall be individually responsible for their own Drug-Free Workplace programs.

NOTE: The requirements of a Drug-Free Awareness Program can be satisfied by periodic tailgate sessions covering the various aspects of drug-abuse education. Although an in-house employee assistance program is not required, Contractors should be able to provide a listing of drug rehabilitation and counseling programs available in the community at large.

Questions about the City’s Drug-Free Workplace Policy should be referred to the Purchasing Agent.
BID NUMBER:

PROJECT TITLE: City of San Diego
Industrial Medical Services

I hereby certify that I am familiar with the requirements of San Diego City Council Policy No. 100-17 regarding Drug-Free Workplace as outlined in the request for proposals, and that,

U.S. HealthWorks Medical Group, P.C.

(Name under which business is conducted)

has in place a Drug-Free Workplace Program that complies with said policy. I further certify that each subcontract agreement for this project contains language which indicates the Subcontractor's agreement to abide by the provisions of subdivisions a) through c) of the policy as outlined.

SIGNED: ____________________________

PRINTED NAME: Leonard M. Okun, M.D.
TITLE: President
COMPANY NAME: U.S. HealthWorks Medical Group, P.C.
ADDRESS: 5575 Ruffin Road, #100
San Diego, CA 92123
TELEPHONE: 858 565-1300 FAX: 858 565-6932
DATE: 7-20-2009
EXHIBIT B

CONFIDENTIALITY OF SERVICES AGREEMENT

This Confidentiality of Services Agreement is hereby made by

U.S. HealthWorks ("Consultant") relative to the performance of services for the
City of San Diego ("City") as required under contract by Request for Proposal No. 9723-
09-W.

All services performed by Consultant, and any subcontractors if applicable
including but not limited to all drafts, data, information, correspondence, proposals,
reports or any nature, estimates compiled or composed by the Consultant, pursuant to the
RFP, are for the sole use of the City, its agents and employees. Neither the documents
nor their contents shall be released to any third party without the prior written consent of
the City. This provision does not apply to information that (a) was publicly known, or
otherwise known to the Consultant, at the time that it was disclosed to the Consultant by
the City, (b) subsequently becomes publicly known through no act or omission of the
Consultant, or (c) otherwise becomes known to the Consultant other than through
disclosure by the City.

Read and accepted by:

U.S. HealthWorks Medical Group, P.C.
Consultant

Authorized Signature

Leonard M. Okun, M.D.
Printed Name

7-20-2009
Date
WORK FORCE REPORT

The objective of the Equal Employment Opportunity Outreach Program, San Diego Municipal Code Sections 22.3501 through 22.3517, is to ensure that contractors doing business with the City, or receiving funds from the City, do not engage in unlawful discriminatory employment practices prohibited by State and Federal law. Such employment practices include, but are not limited to unlawful discrimination in the following: employment, promotion or upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rate of pay or other forms of compensation, and selection for training, including apprenticeship. Contractors are required to provide a completed Work Force Report (WFR).

NO OTHER FORMS WILL BE ACCEPTED

Section 1.01 CONTRACTOR IDENTIFICATION

Type of Contractor:  ☐ Construction  ☐ Vendor/Supplier  ☐ Financial Institution  ☐ Lessee/Lessor  ☐ Consultant  ☐ Grant Recipient  ☐ Insurance Company  ☐ Other

Name of Company: U.S. HealthWorks

ADA/DBA:

Address (Corporate Headquarters, where applicable): 85124 Springfield Ct., Suite 200

City: Valencia  County: Los Angeles  State: CA  Zip: 91355

Telephone Number: (661) 6178-2100  Fax Number: (661) 6178-8472

Name of Company CEO: Dan Crowley

Address(es), phone and fax number(s) of company facilities located in San Diego County (if different from above):

Address: See attachment "A"

City:  County:  State:  Zip:

Telephone Number: ( )  Fax Number: ( )

Type of Business: Outpatient Healthcare  Type of License: Business

The Company has appointed: Brian Arndt, Vice President of Human Resources

As its Equal Employment Opportunity Officer (EEOO). The EEOO has been given authority to establish, disseminate and enforce equal employment and affirmative action policies of this company. The EEOO may be contacted at:

Address: 85124 Springfield Ct., Suite 200  Valencia, CA 91355

Telephone Number: (661) 6178-2100  Fax Number: (661) 6178-8472

☐ One San Diego County (or Most Local County) Work Force - Mandatory  ☐ Branch Work Force  ☐ Managing Office Work Force

Check the box above that applies to this WFR.

*Submit a separate Work Force Report for all participating branches. Combine WFRs if more than one branch per county.

I, the undersigned representative of U.S. HealthWorks, hereby certify that information provided

Los Angeles  CA

(Firm Name)

heath is true and correct. This document was executed on this 29 day of June, 2009

(Robin Evans, H.R. Generalist)

(Print Authorized Signature Name)

### INSTRUCTIONS

For each occupational category, indicate the number of males and females in every ethnic group. Total columns in row provided. Sum of all totals should be equal to your total workforce. Include all those employed by your company on either a full or part-time basis. The following groups are to be included in ethnic categories listed in columns below:

1. Black, African-American
2. Hispanic, Latino, Mexican-American, Puerto Rican
3. Asian, Pacific Islander
4. American Indian, Eskimo
5. Filipino
6. White, Caucasian
7. Other ethnicity; not falling into other groups

### ADMINISTRATION OCCUPATIONAL CATEGORY

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<th>(1) Males</th>
<th>(2) Females</th>
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*Construction laborers and other field employees are not to be included on this page.

**Totals Each Column:**

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**Grand Total All Employees:**

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Number of Above Employees Who Are Disables:

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**Non-Profit Organizations Only:**

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INSTRUCTIONS: FOR EACH OCCUPATIONAL CATEGORY, INDICATE NUMBER OF MALES AND FEMALES IN EVERY ETHNIC GROUP. TOTALS IN ROW PROVIDED. SUM OF ALL TOTALS SHOULD BE EQUAL TO YOUR TOTAL WORK FORCE. INCLUDE ALL THOSE EMPLOYED BY YOUR COMPANY ON EITHER A FULL OR PART-TIME BASIS. THE FOLLOWING GROUPS ARE TO BE INCLUDED IN ETHNIC CATEGORIES LISTED IN COLUMNS BELOW:

(1) Black, African-American
(2) Hispanic, Latino, Mexican-American, Puerto Rican
(3) Asian, Pacific Islander
(4) American Indian, Eskimo
(5) Filipino
(6) White, Caucasian
(7) Other ethnicity; not falling into other groups

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<th>TRADE OCCUPATIONAL CATEGORY</th>
<th>(1) Black</th>
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<th>(5) Filipino</th>
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<td>Cement Masons, Concrete Finishers</td>
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<td>Workers, Extractive Crafts, Miners</td>
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Totals Each Column: NA

Grand Total All Employees: 0

Indicate By Gender and Disability the Number of Above Employees Who are Disabled:

Disabled: NA NA NA NA NA NA NA NA NA NA NA
The City of San Diego  
Purchasing and Contracting Department  
Vendor Registration  

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<th>Firm Information</th>
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<td>Firm Name:</td>
<td>U.S. Health Works Medical Group, P.C.</td>
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<tr>
<td>Firm Address:</td>
<td>5575 Ruffin Road, #100</td>
</tr>
<tr>
<td>City:</td>
<td>San Diego</td>
</tr>
<tr>
<td>State:</td>
<td>CA</td>
</tr>
<tr>
<td>Zip:</td>
<td>92123</td>
</tr>
<tr>
<td>Phone:</td>
<td>858-565-1300</td>
</tr>
<tr>
<td>Fax:</td>
<td>858-565-3981</td>
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<tr>
<td>Taxpayer ID:</td>
<td>95-4643269</td>
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<td>Business License:</td>
<td>one for each location</td>
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<td>Website:</td>
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<table>
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<tbody>
<tr>
<td>Name:</td>
<td>Leonard M. Okun, M.D.</td>
</tr>
<tr>
<td>Title:</td>
<td>President</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:Leonard.Okun@ushworks.com">Leonard.Okun@ushworks.com</a></td>
</tr>
<tr>
<td>Phone:</td>
<td>858-565-1300</td>
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<tr>
<td>Cell:</td>
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<tr>
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Form continues on reverse side
Ownership Classification

Classification: *OBE

(*select from the list of Ownership Classification Codes provided below)

Check here if Certified by Agency: ☐

Certification #: 

Agency: 

Certification #: 

Agency: 

Ownership Classification Codes:

- MBE/African American
- MBE/Hispanic
- MBB/Asian
- MBB/Pacific Islander
- MBB/Native American
- WBE
- DBE
- DVBE
- OBE

Product/Services Description:

Medical centers providing Occupational Medicine Services

Product/Services Information:

NAICS Codes: 6011

*select from a list of available NAICS Codes either from the website http://www.census.gov/naics/www/naics.html and select 2007 NAICS codes 6 digit only or from a hard copy available at Purchasing and Contracting
EXHIBIT A

MEMORANDUM OF AGREEMENT

Parties

This Memorandum of Agreement ("MOA") is hereby made by and among U.S. Health Works LLC ("Proposer") and the City of San Diego ("City"), collectively referred to as the "Parties," to memorialize their acceptance of the terms of the contract resulting to the Proposer's successful proposal in response to the City's Request for Proposal ("RFP") No. 9723-09-W - RFP.

Recitals

WHEREAS, the Proposer has submitted a proposal in response to the RFP, and in doing so has agreed that, should the proposal be successful, it will be bound by the terms of the Contract Documents as defined in the RFP: including the RFP; the City of San Diego's General Provisions for Proposals dated January 18, 2005 ("General Provisions"); the proposal submitted (technical and price volume); the City's award letter(s); the proposer's Best and Final Offer (if any); any written clarifications between the City and the Proposer regarding the proposal submitted (if any); the City's written acceptance of any exceptions to clarifications incorporated in the proposal (if any); any exhibits, attachments, or addenda to any of the aforementioned documents; and any documents incorporated therein by reference;

WHEREAS, the City has determined that the Proposer's proposal is the winning proposal and intends to award the contract to the Proposer on that basis;

THEREFORE, the Parties agree to the following:

Agreement

The Parties mutually agree that, as a result of the City's acceptance of the Proposer's proposal in response to the RFP, the Parties shall be mutually bound by the Contract Documents, as defined above. To the extent terms and conditions of the Contract Documents conflict with one another, the order of priority will be as follows: (1) the RFP takes precedence over conflicting terms in the General Provisions; (2) the General Provisions take precedence over conflicting terms in the proposal; and (3) exceptions and clarifications noted in the proposal take precedence over conflicting terms in the RFP and General Provisions only if expressly agreed to by the Parties in writing prior to execution of this MOA.
EXHIBIT A (cont.)

The Parties further agree that the Contract Documents, as defined above and memorialized in this MOA, constitute the entire agreement between the Parties.

Accepted and Agreed,

City of San Diego

By:

Date:

I HEREBY APPROVE the form and legality of the foregoing agreement this day of __________, 20__.

JAN I. GOLDSMITH, City Attorney

By: __________________________

Deputy City Attorney