

EXHIBIT 3

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

LAKEISHA ELLIS, *

Plaintiff, *

*

vs. * CASE NO.:

* 1:08-CV-01174-JDB

GEORGETOWN UNIVERSITY *

HOSPITAL, *

Defendant. *

* * * * *

The deposition of STEVEN LERNER, M.D.,
took place on Wednesday, May 6, 2009, beginning
at 10:15 a.m., at Crowell & Moring, 1001
Pennsylvania Avenue, NW, Washington, D.C., 20036,
before Stacey L. Daywalt, Court Reporter.

* * * * *

Reported by:

ORIGINAL

Stacey L. Daywalt, Court Reporter

1 and chemistries, and came up with an opinion.

2 Q. And what was -- and what medical opinion
3 did you reach in this case after evaluating Miss
4 Ellis?

5 A. I may look in my notes, please?

6 Q. Sure.

7 A. First, from the history and physical and
8 I felt that her diagnosis of mild asthma, mild
9 persistent asthma was a reasonable diagnosis. She
10 had originally apparently been given that diagnosis
11 by Dr. Hasselquist from GW who I know personally
12 who's an excellent pulmonologist and I would expect
13 that it's a real diagnosis. I also felt that she
14 was well controlled on her current regimen. I felt
15 that she gave good history for developing some
16 asthmatic problems that first day in the emergency
17 room which were relieved by her albuterol inhaler.
18 I also assessed that she has an extreme anxiety
19 level and fear related to the emergency room at
20 Georgetown Hospital, and I think that that
21 psychosocial aspect would make her asthma much more

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DR

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STEVEN D. LERNER, M.D., F.A.C.P., F.C.C.P.
 DIPLOMATE, INTERNAL MEDICINE
 DIPLOMATE, PULMONARY MEDICINE

April 21, 2009

Denise M. Clark, Esq.
 The Law Office of Denise M. Clark
 1250 Connecticut Ave NW,
 Suite 200
 Washington, DC 20036

Re: *Expert report/ Lakeisha Ellis v. Georgetown University Hospital*

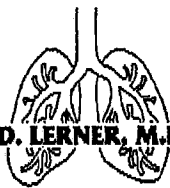
Dear Ms. Clark:

This expert report is based on history taken and physical examination performed by me on Ms. Lakeisha Ellis April 8, 2009, as well as a review of her chest x-ray, pulmonary function testing, and appropriate lab studies from that date. I also reviewed Dr. Daniel Ein's expert report, relevant portions of Dr. Ellen Finkelman's deposition, and Kaiser Permanent medical records that you advised were produced in discovery.

Ms. Lakeisha Ellis is a 32-year-old lady who relates a history of being informed by other physicians that she had bronchial asthma approximately 10 years ago. She remembers being seen by a pulmonologist, Dr. Susan Hasselquist, at GW Hospital and undergoing pulmonary function testing. She was then started on inhalers for her asthma. In 2004 she was judged to have a mild exacerbation of her asthma by her primary care doctor, Dr. Patricia Ohora, and her Advair inhaler dosage was increased for a short period. On February 15, 2005 she was seen by Dr. Ellen Finkelman, her new primary care doctor, and was noted to have a mild exacerbation of her asthma after a flu-like illness. Her medications were again adjusted and she responded to treatment.

Ms. Ellis started working at Georgetown Hospital as a Patient Financial Associate May 2, 2006. She first worked in the Gorman building and apparently had no problems with her asthma or significant lost days from work. On July 25, 2006 she was moved to the ER in a similar position. After a few hours she noted an increase in her cough and chest tightness. She took a break and used her albuterol rescue inhaler with definite relief. Subsequently, after lunch she became acutely uncomfortable with abdominal discomfort, nausea, and lightheadedness. She felt so bad that she went to the ER for evaluation. She was judged to have acute gastroenteritis and advised to follow-up with her primary care doctor. Dr. Finkelman saw her on July 26, 2006 and felt that her clinical presentation was compatible with acute gastroenteritis and mild pancreatitis. She advised Ms. Ellis to stay away from work for 5 days. Ms. Ellis became concerned that there were factors in the ER that could trigger her asthma and requested accommodation from employee health. Instead she was fired. She has subsequently worked at Sibley Hospital Admissions Office as a Patient Financial Associate, where she was not required to work in the emergency room, and recently at the NIH as a Health Technician. Ms. Ellis relates few missed days from illness and no problems with her asthma while being employed in these different workplaces.

P000154



STEVEN D. LERNER, M.D., F.C.

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STEVEN D. LERNER, M.D., F.A.C.P., F.C.C.P.DIPLOMATE, INTERNAL MEDICINE
DIPLOMATE, PULMONARY MEDICINE

Ms. Ellis describes her asthma condition as characterized by intermittent wheezing, cough, chest tightness, and shortness of breath. Triggers of her asthma through the years have been upper respiratory tract infections, various dusts, molds, and pollen. Ms. Ellis has never gone to the emergency room or been hospitalized for an asthma attack. Ms. Ellis relates being on prednisone in the distant past to control her asthma but does not recall the duration of therapy. She has generally been controlled well on her Advair maintenance inhaler with only the occasional use of albuterol for rescue. She has not had pulmonary function testing for many years.

At present Ms. Ellis feels well on Advair 250/50 at one inhalation twice a day and the occasional use of albuterol inhaler. She denies chest pain, chronic cough, orthopnea, or paroxysmal nocturnal dyspnea. She is able to sleep through the night without problems. She does note exercise intolerance when climbing 2 flights of stairs, but she attributes it to de-conditioning and significant weight gain rather than due to her asthma. She denies any tobacco history.

Ms. Ellis's family experience is significant for her stepfather dying at age 47 of an acute asthmatic attack incurred while at work. Her mother age 50 has severe sarcoidosis, on home oxygen, and has been evaluated for lung transplant.

PAST MEDICAL HISTORY: Ms. Ellis underwent left knee arthroscopy in 2003 which was complicated by deep venous thrombophlebitis, necessitating Coumadin for 9 months.

PHYSICAL EXAMINATION: Reveals an obese 32-year-old lady in no acute distress. VS: BP 142/80. P97. T98.8. Ht 69 in. Wt 266 lbs. HEENT: WNL. Neck: Without lymphadenopathy or thyromegaly. Chest: Clear to P&A. Cardiac exam: Normal S1, S2. Abdomen: Benign. Extremities: Without clubbing, cyanosis, or CLF.

LABS: Chest x-rays, PA and lateral, reveal a normal-sized cardiac silhouette. The lung fields are clear.

Pulmonary function testing is compatible with a mild restrictive defect, most likely secondary to her body habitus. The patient's flows are normal. The DLCO is normal. Pulse ox is 98% on room air.

CBC and comprehensive metabolic profile are normal except for borderline anemia. Her IgE is normal.



STEVEN D. LERNER, M.D., P.C.

P000155

STEVEN D. LERNER, M.D., F.A.C.P., F.C.C.P.
 DIPLOMATE, INTERNAL MEDICINE
 DIPLOMATE, PULMONARY MEDICINE

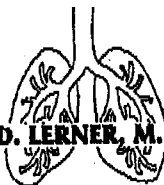
ASSESSMENT: Ms. Lakeisha Ellis reveals a history compatible with a diagnosis of mild persistent bronchial asthma. She is well maintained on Advair and the occasional use of albuterol rescue medication. She has noted specific triggers such as upper respiratory tract infections that worsen her asthma symptoms. She has a strong family experience of losing her stepfather from an acute asthmatic attack while he was at work. Ms. Ellis relates a long history of working at her occupation in different areas of the workplace without problems. There is no question that Ms. Ellis became acutely sick on her first day working in the Georgetown ER with an exacerbation of her asthma requiring her to use her rescue medication, before she developed her gastrointestinal illness. She attributes this asthmatic episode to crowded patient exposure in the ER and actually feared returning to the workplace, especially in light of her stepfather's experience. In my opinion this resulting intense anxiety would make her asthma condition much more difficult to control.

I base my assessment on my clinical experience as a board certified pulmonologist. I have worked in the DC area for over 27 years, treating thousands of asthmatics. I am a Clinical Professor of Medicine at George Washington University and an Assistant Clinical Professor of Medicine at Georgetown University.

Respectfully submitted,



Steven D. Lerner, M.D., FACP, FCCP



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Dr. Lerner,

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Prefs

It was a pleasure speaking with you this afternoon. My fax number is 202.293.0115.

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Courtney L. Leyes, Esq.

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Contacts

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Gregory Caplan

Paula. rosen. ppm

Abbasw

Andrew Lerner

Andrew Litwos

Harry G. Simon

Bernard Greenberg

Michael Lerner

Terri Cutler

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CURRICULUM VITAE

STEVEN D. LERNER, M.D., FACP, FCCP
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Bethesda, Maryland 20817
(301) 469-7772

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Washington, D.C. 20036
(202) 296-5122, Fax (202) 296-6304

5530 Wisconsin Avenue, Suite 800
Chevy Chase, Maryland 20815

PERSONAL:

D.O.B. - 12/31/50
Place of Birth - Minneapolis, Minnesota
Married; three children

EDUCATION:

Fellowship - Pulmonary Diseases 7/79-6/81
George Washington University Medical Center
Washington Veterans Administration Hospital
Washington, D.C.

Residency - Internal Medicine 7/77-6/79
Internship - Internal Medicine 7/76-6/77
Metropolitan Hospital Center
New York, New York

Medical School - 9/72-6/76
University of Minnesota
Minneapolis, Minnesota
M.D.

Undergraduate Education - 9/68-6/72
University of Minnesota
B.A., *Summa Cum Laude, Phi Beta Kappa*

**HOSPITAL
AFFILIATIONS:**

George Washington University Hospital
Sibley Memorial Hospital
Suburban Hospital

BOARDS:

Diplomat - American Board of Pulmonary Diseases, 11/9/82

Diplomat - American Board of Internal Medicine, 9/12/79

**ACADEMIC
APPOINTMENTS:**

Fellow of the American College of Physicians (FACP), 1/97

Fellow of the College of Chest Physicians (FCCP), 1/84

Clinical Professor of Medicine (7/06 – present)
Associate Clinical Professor of Medicine (7/00 – 6/06)
Assistant Clinical Professor of Medicine (7/81-6/00)
Clinical Instructor/Department of Medicine (7/79-6/81)
George Washington University Medical School
Washington, D.C.

Assistant Clinical Professor of Medicine (7/97 – present)
Georgetown University Medical School
Washington, D.C.

PUBLICATIONS:

“Good Samaritan Overload” Washington Post Outlook Section
September 25, 2005

Guidelines for the Use of Nebulizers in the Home and at
Domiciliary Sites, Report of a Consensus Conference, Chest, 109:
814-820, March 1996.

Diagnostic Advances in Interstitial Lung Disease, Primary Care,
12(2): 369-381, June 1985.

Intrabullous Carcinoma,
European Journal of Respiratory Diseases, 65: 229-232, 1984.

PRESENTATIONS:

Eosinophilic Granuloma of the Lung
Washington Veterans Administration Hospital
Grand Rounds, 4/81

Workup of a Thyroid Nodule
Metropolitan Hospital Center
Grand Rounds, 5/79

COMMITTEES:

Pharmacy and Therapeutics Committee
Sibley Memorial Hospital
(6/03 to present)

Admissions Committee (7/04 to present)

George Washington University Medical School
Applicant Interviewer

Credentials Committee (7/86-6/92)
Advisory Committee (6/90-6/91)
Department of Medicine, Washington Hospital Center

Medical Ethics and Judicial Committee (7/88-6/91)
District of Columbia Medical Society

Credentials Committee (7/86-6/87)
Department of Medicine
National Rehabilitation Hospital

Student Affairs Committee (7/84-6/85)
Critical Care Committee (7/83-6/84)
George Washington University Medical School

AWARDS:

Teacher of the Year (1982-83)
Department of Medicine
Washington Hospital Center

**PROFESSIONAL
APPOINTMENTS:**

Executive Medical Board (7/86-6/92)
Washington Hospital Center

Executive Board (7/86-6/92)
District of Columbia Thoracic Society

Secretary (6/90-6/92)
Assistant Treasurer/Secretary (5/88-5/90)
Department of Medicine
Washington Hospital Center

Jacobi Medical Society
President (7/90-6/91)
President Elect (7/89-6/90)
Treasurer (7/88-6/89)
Secretary (7/87-6/88)
Member at Large (7/85-6/87)

SOCIETIES:

American Thoracic Society
American College of Chest Physicians
American College of Physicians
Jacobi Medical Society

MEDICAL LICENSES:

District of Columbia
Maryland
New York (inactive)
Virginia (inactive)
Minnesota (inactive)

MISCELLANEOUS:

Representative (4/3/2000-4/5/2000)
American College of Chest Physicians
Seventh Annual ACCP Capital Hill Caucus

Faculty Member (6/22/95-6/29/95)
National Association for Medical Direction of Respiratory Care
Consensus Conference
Representative of the American Society of Internal Medicine
Leesburg, Virginia

Expert Witness before the United States Environmental Protection
Agency
In the Matter of The Review of National Ambient Air Quality
Standards and Impact on Public Health (2/28/95)
Raleigh, North Carolina

Course Lecturer
New Medications in Pulmonary Disease
Medicine 2000, CME Meeting (12/5/00)
St. Johns, Virgin Islands

Course Lecturer
Advances in Asthma
Medicine for the New Millennium, CME Meeting (12/6/99)
St. Thomas, Virgin Islands

Lecturer
Treatment of Respiratory Infection in Chronic Obstructive Lung
Disease
Hadley Memorial Hospital Grand Rounds (2/1/95)

Lecturer
New Developments in Asthma
CME Program with Rush Medical School
Washington, D.C. (12/7/94; 12/8/95)

Course Lecturer

Asthma and Sinusitis, Current Diagnosis and Treatment
Washington Hospital Center CME Program (11/19/94)

Included on List of "Washington's Top Doctors"
Washingtonian Magazine
(2/08, 7/05, 7/02, 4/99, 11/95, 11/93, 11/91)

Doctor of the Helen Hayes Awards
Washington, D.C. (1991)

Medical Attending
Holocaust Convention
Washington, D.C. (1981)

Radio Spokesman
Great American Smokeout'
WKYS 11/86
WUDC 11/84, 11/83
WRC 11/82

Spokesman (1981-1987)
American Cancer Society

Pulmonary Consultant (1981-present)
Peace Corps

Member of the Hurricane Relief Force
(dispatched to New Orleans after Katrina)
George Washington University
(9/05)

EXHIBIT 5



Trends in Asthma Morbidity and Mortality

**American Lung Association
Epidemiology and Statistics Unit
Research and Program Services Division
January 2009**

Between 1997 and 2000, the revised questionnaire made it impossible to compare asthma estimates with those prior to 1997. The revised questionnaire evaluated both lifetime and attack prevalence of asthma. Respondents or their proxies were asked if they had ever been diagnosed with asthma by a health professional in their lifetime and if so, had they had an asthmatic attack or episode in the past 12 months. The question on asthma attack prevalence assists public health professionals in planning interventions by measuring the population at risk for serious outcomes from asthma.

To improve data quality in 2001, National Health Interview Survey respondents or their proxies who answered yes to ever being diagnosed with asthma by a health professional in their lifetime were also asked if they still had asthma. This comes closest to the question asked in the National Health Interview Survey prior to 1997 – “Has anyone in your family had asthma during the past 12 months?”

These estimates most likely reflect an underestimate of true asthma prevalence, since studies have shown that there are individuals suffering from undiagnosed asthma.^{6,7}

Lifetime Prevalence

Based on the 2007 NHIS sample, it was estimated that 34.0 million Americans, or 114.5 per 1,000 persons, had been diagnosed with asthma by a health professional within their lifetime. Since 1999, children 5-17 years of age have had the highest prevalence rates. In 2007, 8.0 million children ages 5-17 had been diagnosed with asthma in their lifetime. These data are displayed in **Table 6**.⁸

Females traditionally have consistently higher rates of asthma than males. In 2007, females were about 8.9% more likely than males to ever have been diagnosed with asthma.⁹

Blacks are also more likely to be diagnosed with asthma over their lifetime. In 2007, the prevalence rate in blacks was 19.4% higher than the rate in whites.¹⁰ The lifetime asthma prevalence rates for the two races have been statistically significant every year since 1997.

Current Prevalence

Data between 1982 and 1996 should not be compared to 2001-2007 estimates.

Age-specific current asthma prevalence trends are shown in **Table 7**. Approximately 22.9 million Americans (including 6.7 million children) had asthma in 2007; a rate of 77.1 per 1,000 population. The highest prevalence rate was seen in those 5-17 years of age (99.9 per 1,000 population). Overall, the rate in those under 18 (90.9 per 1,000) was significantly greater than those over 18 (72.5 per 1,000).¹¹

Sex-specific current asthma prevalence trends are delineated in **Table 8**. In 2007, 9.5 million males and 13.4 million females had asthma. The overall prevalence rate in females (88.4 per 1,000 persons) was 36% greater than the rate in males (65.2 per 1,000 persons). Among adults

EXHIBIT 6

Employee Health Service
3800 Reservoir Rd., NW
Washington, DC 20007-2113
Phone: 202-444-3680
Fax: 202-444-6009

PRE-PLACEMENT HEALTH CLEARANCE

Name: Ellis Lakeisha N Home Phone 301-617-8564
Last First MI
Address: 507 B Montgomery St
City/State/Zip: Laurel, Md 20707
Date of Birth: 12/20/76 Social Security #: 577-02-1006 Job Title: PFA
Department: R. Access Department Head: _____
Position: Full Time Part Time Other

HEALTH HISTORY

Allergies: compazine

Have you had any of the following communicable diseases? Chickenpox Measles German Measles
 Mumps Hepatitis B Hepatitis C

Tuberculosis History: Date of last PPD skin test 04 Result neg Have you ever had a positive skin test for tuberculosis? Yes No If yes, when? _____ Have you ever had BCG? Yes No Unknown
Have you ever taken INH yes No Unknown If yes, when and for how long? _____
Date of last chest X-ray if history of positive PPD _____ (you must provide documentation of a negative chest X-ray done within 12 months. If not available, you will be required to have one prior to beginning work).

Have you received the Hepatitis B Vaccine? Yes No If yes, approximate completion date? 04

Please list any medication you take: Advair, albuterol

Please list any health problems for which you have been, or are currently being treated for: asthma - severe, heavy profuse, chest would feel full, & hoarse, & episode 6-7 times

Please list any operations you have had: Knee surgery - 8/15/03 -> DVT & PE @ surgery

Have you ever been treated for a work-related injury/illness including a blood or body fluid exposure? Yes No
If yes, when did the injury occur? _____

Please describe injury: _____

Do you smoke? Yes No If yes, packs per day _____ How many years have you smoked? _____

Do you exercise? Yes No If yes, describe type and frequency: cardio / at least once a week

ELLIS000090

Name of primary care provider (DO, MD, NP, PA) Dr. Ellen Finkleman
Address (if known): _____
Date of last visit _____ Purpose of visit _____
Females only: Date of last mammogram N/A Date of last Pap 3/04

I certify that all information in this personal medical history is true. I understand that any omission or false and/or misleading statements are grounds for immediate dismissal from employment. I further understand that this physical examination does not duplicate or replace the physical done by my primary care provider.

Signature [Signature] Date 5/17/06

Do not write below this line

Physical Examination

Height 5'9" Weight 243 lb BP 116/82 Pulse 84 bpm Ishihara (if applicable) N/A
Visual Acuity OD 20/20 OS 20/30

SKIN: Warm dry intact
HEENT: normocephalic, PALL, conjunctiva, sclera clear, @ 2/c; hearing, grossly normal - @ 2/c; throat - erythematous, no exudate
NECK: Supple, @ 2/c, thyroid non-palp
LUNGS: CTAP
CARDIAC: S, S, RRR @ 60 bpm
ABDOMINAL: obese; NT, @ dominant mass, @ BS
MUSCULOSKELETAL: Flexion, 5/5 strength, @ 5/5
NEUROLOGICAL: DTR's 2+/-; CN II-VI grossly intact
OTHER: _____

ASSESSMENT: 29 y/o AA & FT, Pt financial stress. @ 4/5 stable asthma, obesity @ left knee surgery - stable, @ squamous. To get that record from children's Hosp.

PLAN: serology (circle appropriate tests): VZV Rubella Rubeola Mumps HbsAB
Other _____

- PPD Chest X-ray
- Chest X-ray deferred (asymptomatic)
- Latex Questionnaire
- Medical Respiratory Fit Test (if applicable)

[Signature]
Signature of Examiner
5/17/06
Date

**GEORGETOWN UNIVERSITY HOSPITAL
EMPLOYEE HEALTH SERVICE**

TRACKING FORM FOR IMMUNIZATIONS AND TUBERCULOSIS SCREENING

Name x Lakeisha Ellis Date of Birth 12/28/76 Start Date x 5/15/06
 Job Title x PFA Social Security Number x 577-02-1066

IMMUNIZATION STATUS

History of Disease	Immunization Date(s)	Serology
Measles	12/5/01	
Rubella	mmr 10/9/01	
Mumps		
Chickenpox		Titer 5/23/06
Tetanus/diphtheria	declined	
Hepatitis B		

Documented positive PPD Yes No Date of last CXR _____ Result _____
 History of INH Yes No If yes for how long _____ History of BCG Yes No
 Date of documented PPD (within 12 months) 11/15/05 Result (Result shown)

Preplacement PPD #1 Date planted 5/17/06 Date read 5/19/06 Result in mm Induration
CFA A. Morrow

Preplacement #2 (if no documentation of negative PPD within 12 months & PPD #1 is negative): pulearmic, ND

Date planted _____ Date read _____ Result in mm _____

____ PPD positive - CXR ordered

____ No Latent TB Infection - continue annual PPD's

ANNUAL TUBERCULOSIS SURVEILLANCE

DATE	Annual Surveillance (PPD/CXR/ Questionnaire)	Date PPD Read and Results	Weight	BP

**GEORGETOWN UNIVERSITY HOSPITAL
PRE-PLACEMENT LATEX SENSITIVITY QUESTIONNAIRE**

Name Lakeisha Ellis Date 5/17/06

1. Do you have any allergies (medication or food)

Yes No

If yes, please explain: Compazine

2. Have you suffered from any of the following (circle correct response):

Allergic Rhinitis (runny nose)

Yes No

Allergic conjunctivitis (red, watery eyes)

Yes No

Asthma

Yes No

Difficulty Breathing

Yes No

Eczema

Yes No

Seasonal Allergies

Yes No

Hives

Yes No

Sinus problems

Yes No

In space provided, please explain any questions to which you answered yes:

I am currently being treated for asthma

3. List any medications you take including inhalers: advair, albuterol

4. Have you ever had any skin rashes or breathing problems after handling, or being exposed to the following:

• Gloves (latex or vinyl)

Yes No

• Band-Aids

Yes No

• Balloons, Condoms, or other rubber products

Yes No

• Bananas, Kiwis, Papaya, Chestnuts, Avocado, Passion Fruit

Yes No

• Potato, Tomato, Peaches or other tropical fruits

Yes No

• Dental, Surgical or Gynecology exams

Yes No

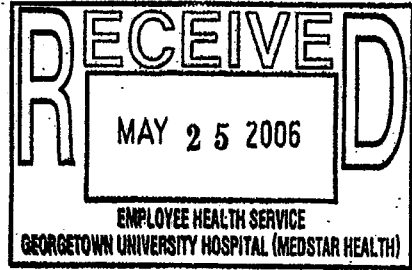
[Signature]
Employee Signature

[Signature]
Signature of EHS practitioner

UCCHEALIN

ENC 004 2037

03/24 00 13.00 00.032 03/03



I have read or have had explained to me the information on this form about measles, mumps, and rubella and measles, mumps, and rubella vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of measles, mumps, and rubella vaccine and request that the vaccine checked below be given to me or to the person named below for whom I am authorized to make this request.

Vaccine to be given: Measles Mumps
 Rubella Measles-Rubella Measles-Mumps-Rubella

MMR 1/06

EMPLOYEE HEALTH SERVICE TO RECEIVE VACCINE (SEE INSTRUCTIONS)

ELLIS Lakeisha N 12/28/76 24
 507 B Montgomery St
 Laurel P.G md 20707
 12/5/09

GEORGETOWN UNIVERSITY HOSPITAL
 EMPLOYEE HEALTH SERVICE
 12/2/09
 Minkowski
 RT
 [Signature]

FOR DATA PROCESSING USE ONLY (OPTIONAL)

VACCINE HISTORY: PLEASE CHECK ON ONE IF HISTORY PREVIOUSLY OBTAINED

DTG: _____ MEASLES: _____ MUMPS: _____
 POLIO: _____ RUBELLA: _____ MEASLES/MUMPS/RUBELLA: _____

I have read or have had explained to me the information on this form about measles, mumps, and rubella and measles, mumps, and rubella vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of measles, mumps, and rubella vaccine and request that the vaccine checked below be given to me or to the person named below for whom I am authorized to make this request.

Vaccine to be given: Measles Mumps
 Rubella Measles-Rubella Measles-Mumps-Rubella

MMR 1/06

EMPLOYEE HEALTH SERVICE TO RECEIVE VACCINE (SEE INSTRUCTIONS)

ELLIS Lakeisha N 12/28/76 23
 10214 Rock Oak Terrace
 Beltsville USA, Md 20623
 10/9/09

GEORGETOWN UNIVERSITY HOSPITAL
 EMPLOYEE HEALTH SERVICE
 10-9-09
 Minkowski
 513346
 Left
 [Signature]

FOR DATA PROCESSING USE ONLY (OPTIONAL)

VACCINE HISTORY: PLEASE CHECK ON ONE IF HISTORY PREVIOUSLY OBTAINED

DTG: _____ MEASLES: _____ MUMPS: _____
 POLIO: _____ RUBELLA: _____ MEASLES/MUMPS/RUBELLA: _____

UCCHEALTH

004 0037

03/24 00 13:00 NO.032 02/03



OCCUPATIONAL HEALTH
111 MICHIGAN AVENUE, NW
WASHINGTON, D.C. 20010
(202) 884-2035
FAX (202) 884-2039

TUBERCULIN SKIN TEST

DATE: 7/12/04

NAME: Lakeisha Ellis

D.O.B: 12/28/1976

DEPARTMENT: Call Center

POSITION: CSL

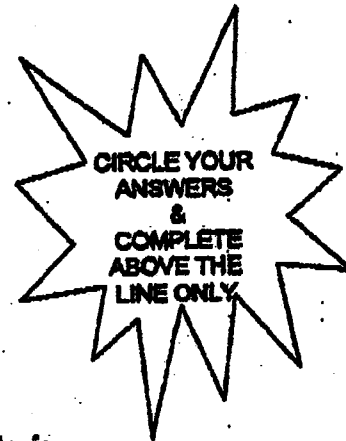
Have you had any known exposure to Tuberculosis?

Yes / No Date: _____
Have you been given BCG Vaccine? (Anti-Tuberculosis Vaccine)

Yes / No Date: _____

Have you previously had a Tuberculin Skin Test? (PPD)

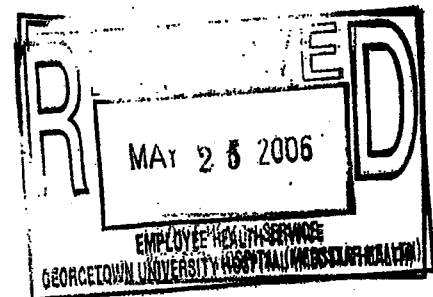
Yes / No Date: 2001 Results: Negative / Positive



A Positive Result DOES NOT indicate that you have Tuberculosis

PPD PLANTED DATE: <u>7/12/04</u> TIME: _____ 5TU APISOL TUBERSOL LOT # <u>030004</u> EXP DATE: <u>4/04</u> RFA/FA SIGNATURE: <u>Ladonji Holman, RNP</u>	PPD RESULT DATE: <u>7-12-04</u> TIME: _____ INDURATION: (MM) <u>8</u> ERYTHEMA SIGNATURE: <u>Ladonji Holman, RNP</u>
PPD PLANTED DATE: <u>7/19/04</u> TIME: _____ 5TU APISOL TUBERSOL LOT # <u>03011648</u> EXP DATE: <u>4/04</u> RFA/FA SIGNATURE: <u>Ladonji Holman, RNP</u>	PPD RESULT DATE: <u>7/21/04</u> TIME: _____ INDURATION: (MM) <u>0</u> ERYTHEMA SIGNATURE: <u>Ladonji Holman, RNP</u>
CHEST X-RAY	DATE / RESULT

ELLIS000095



00000000

000 004 0007

03/23 06.10 00.000 06/02

Company: CHILDRENS HOSPITAL
 Employee: ELLIS, LAKEISHA N.

Employee's Tests

Test	Description	Schedule Date	Seq Nbr	Select
MEZ	Measles Vaccine 2	12/05/01	9999	Drill Around
MWR	measles, mumps rubella	10/09/01	9999	Cancel
PE	Physical Exam	02/11/00	9999	Help
PEA	Annual Physical Exam	07/21/04	9998	Find
PEA	Annual Physical Exam	08/15/01	9999	Next
PPD	Tuberculin skin Test	01/15/05	9998	
PPD	Tuberculin skin Test	07/12/04	9997	
PPD	Tuberculin skin Test	10/09/01	9999	
PPD2	Tuberculin skin Test2	07/19/04	9999	
TB	Tuberculosis	02/11/00	9999	
TE	TB Exposure	02/11/00	9999	

Notified: _____ by: _____
 Establishment, Incident: _____
 Refusal Reason: _____

RECEIVED

MAY 23 2006

EMPLOYEE HEALTH SERVICE
 GEORGETOWN UNIVERSITY HOSPITAL (MEDSTAR HEALTH)

Start | Welcome to ... | Inbox - Micr... | Employee Da... | Host: HRPAY... | Main

ELLIS000096

EXHIBIT 7

01/13/2009 11:13 3156714445

INFOTRAK

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KAISER PERMANENTE

IN HOUSE CONSULTATION
CONTINUATION SHEET

Ellis, Latisha

4812 02001

Princl George

Patient Name:

Medical Record Number:

Patient Phone No.: Work () Home ()

Date of Visit: 6/21/05 Date of Dictation:

Referring M.D.:

IMPRINT PATIENT ID CARD ABOVE

P.T. Eval

Age - 28

Occupation - Secretary

Dx - chondro

DOO - last wk of may

Mthx - Pt had arthroscopic surgery ~ 2 yrs ago
and had P.T. @ that time. Pt had DVT
after surgery

meds - Relafen, Advair, Albuterol

Pmthx - Asthma

pain - 6/10 - (L) knee upon extension of
the (R) knee

S - Pt reports that the pain was returned in
her (R) knee

O - Gait - Pt amb to a single crutch - analgesic
gait noted

George Princl PT 15817
Signature of Consultant

01/13/2009 11:13

3156714445

INFOTRAK

PAGE 09/16



KAISER PERMANENTE.

IN HOUSE CONSULTATION
CONTINUATION SHEET

Ellis, Latisha
481202001
Prince Georges

Patient Name:	
Medical Record Number:	
Patient Phone No.: Work () Home ()	
Date of Visit: 6/21/05	Date of Dictation:
Referring M.D.:	

IMPRINT PATIENT ID CARD ABOVE

Girth	(2)	(2)
	20 1/2	20 1/2
	18 1/2	18
	16 1/4	16

Special Test - McMurray
 Apply

MNT - LE 3 1/5 Quad
3 1/5 Ham
3 1/5 Iliopsoas

ROM - A/LM LE
grossly WNL

Rx - Newberst ~~strip~~ x 10 min @ L3
Ice to knee x 10 min

A - Pt do pain in knee to walk
goals - ↑ strength to 4 1/5 @ LE
↓ pain/edema in knee to min

P - Add other than ice & pain modalities where appropriate.

[Signature]
Signature of Consultant

01/13/2009 11:13 3156714445

INFOTRAK

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00244803

KAISER PERMANENTE.

Your Diagnosis & Instructions

481202001
ELLIS, LAKEISHA B

PG

12/28/1976

■ **Diagnosis: / Diagnostico:** Asymptomatic
respiratory tract infection
(microscopic)

■ **Instructions: / Instrucciones:**

Stop these medications: /
Deje de tomar estos medicamentos:

120204

New medications and/or changes to current medications: / Nuevos medicamentos y/o cambios:

Medication and Instructions
Medicamentos e Instrucciones

Reason
Motivo

Continue taking all other medications as previously directed /
Continue tomando todos los otros medicamentos como se le ha indicado anteriormente

Additional instructions: / Instrucciones adicionales:
Cont all

Return to Laboratory within _____ days / weeks / months
Regrese al Laboratorio en _____ dias / semanas / meses

Return to Radiology within _____ days / weeks / months
Regrese a Radiologia en _____ dias / semanas / meses

Call or Follow-up: / Llamenos para su seguimiento:
 in _____ days / weeks / months / years
Dentro de _____ dias / semanas / meses / anos
 if you don't improve in _____ days
Si no mejora en _____ dias
 if you feel worse
Si se sintiera peor
 if you develop _____
Si desarrolla _____

For your Specialist Referrals: / Para su consulta con un Especialista:
 Refer to instruction sheet
Lea la hoja de instrucciones
 Referral will arrive by mail within 10 days
Su consulta sera aprobada y le llegara por correo en 10 dias

Call _____ to schedule an appointment
Llame _____ para hacer una cita
 We will call you about a referral within 10 days
Nosotros llamaremos a usted acerca de el referido en 10 dias

See attached patient education materials and instruction sheets
Vea los materiales de educacion para el paciente y la hoja de instrucciones

Provider Signature / Firma del Doctor

Date / Fecha

01/13/2009 11:13

3156714445

INFOTRAK

PAGE 11/16



00244803

KAISER PERMANENTE.

Your Diagnosis & Instructions

481202001
ELLIS, LAKEISHA M

F PG

12/20/11

120104

■ Diagnosis: / Diagnostico 1 Asthma

2 URTI. / allergic illness

3 Allergy / sinusitis

■ Instructions: / Instrucciones:

Stop these medications: /

Deje de tomar estos medicamentos:

New medications and/or changes to current medications: / Nuevos medicamentos y/o cambios:

Medication and Instructions
Medicamentos e Instrucciones

Reason
Motivo

Nasal steroid

Levamisole

↑ Advair dose 500/50 1 puff 2x/d

Continue taking all other medications as previously directed / all else not every
Continue tomando todos los otros medicamentos como se le ha indicado anteriormente

Additional instructions: / Instrucciones adicionales: 2-pack x 5d 4 hrs
Handout

Return to Laboratory within _____ days / weeks / months
Regrese al Laboratorio en _____ días / semanas / meses

Return to Radiology within _____ days / weeks / months
Regrese a Radiología en _____ días / semanas / meses

Call or Follow-up: / Llamenos para su seguimiento: 2.4 hrs
 In _____ days / weeks / months / years
Dentro de _____ días / semanas / meses / años

if you feel worse call enmed if you develop _____
Si se sintiera peor Si desarrolla _____

For your Specialist Referrals: / Para su consulta con un Especialista:

Refer to instruction sheet / Lea la hoja de instrucciones Referral will arrive by mail within 10 days / Su consulta sera aprobada y le llegara por correo en 10 dias

Call _____ to schedule an appointment / Llame _____ para hacer una cita We will call you about a referral within 10 days / Nosotros llamaremos a usted acerca de el referido en 10 dias

See attached patient education materials and instruction sheets / Vea los materiales de educacion para el paciente y la hoja de instrucciones

Provider Signature / Firma del Doctor

Date / Fecha

01/13/2009 11:13 3156714445

INFOTRAK

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Ellis, Lakeisha N (MR # E170481202001)

Encounter Date: 02/15/2005



Lakeisha N Ellis	Encounter # 63040586	Description: 28 year old female
2/15/2005 11:16 AM Office Visit	Center: None	Provider: ELLEN D FINKELMAN MD
Legacy		Department: Internal Med
MRN: E170481202001		

After Visit Summary

Reason for Visit	DX	Chief complaint: COUGH AND CONGESTION, HX ASTHMA
------------------	----	---

Vital Signs Full Detail (Audit Trail)

Completed by: Charting	Name	Date and Time
------------------------	------	---------------

Transcription

Type	ID	Author
PAGE Follow-up visit	PN14670723	FINKELMAN, ELLEN D (M.D.)

Authenticated by FINKELMAN, ELLEN D (M.D.), MEDICAL DOCTOR on 2/15/2005 at 11:05 AM

Document Text
 EVENT DATE: 02/15/2005
 MEMBER'S HOME CENTER: PRINCE GEORGE'S
 AUTHOR: FINKELMAN, ELLEN D MD
 SPECIALTY: INTERNAL MEDICINE
 NOTE TYPE: FOLLOW-UP VISIT
 DIAGNOSIS: Chief complaint: COUGH AND CONGESTION, HX ASTHMA

cough cold congestion fever and chills x 2 days
 hx of bad asthma
 using all her meds including advair diskus
 still with bad cough, non productive
 looks well
 tm clear
 nose wet, clear nasal discharge
 throat slight red
 neck without nodes
 chest is clear
 heart regular
 imp: flu aka with overlay of asthma
 will add advair, robituss with codeine, spacand note for work

Display transcription (PN14670723) by FINKELMAN, ELLEN D (M.D.) only

There are no scans attached to this encounter.

Encounter Status Closed by In Pace Trans Mas If on 2/15/06 at 11:16 AM

01/13/2009 11:13 3156714445

INFOTRAK

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Ellis, Lakeisha N (MR # E170481202001)

Encounter Date: 12/02/2004



Lakeisha N Ellis	Encounter # 35127936	Description	17 year old female
12/2/2004 5:24 PM Office Visit	Center: None	Provider	PATRICIA A OHORA
Legacy		Department	Family Prac
MRN: E170481202001			

[After Visit Summary](#)

Reason for Visit DX

asthma--better

Vital Signs Full Detail (Audit Trail)

Completed by: **Name** **Date and Time**

Transcription

Type: PACE Follow-up visit ID: PN14015179 Author: OHORA, PATRICIA A (M.D.)
 Authenticated by OHORA, PATRICIA A (M.D.) MEDICAL DOCTOR on 12/2/2004 at 10:47 PM

Document Text

EVENT DATE: 12/02/2004
 MEMBER'S HOME CENTER: PRINCE GEORGE'S
 AUTHOR: OHORA, PATRICIA A MD
 SPECIALTY: FAMILY PRACTICE
 NOTE TYPE: FOLLOW-UP VISIT
 DIAGNOSIS: asthma--better

Chief complaint: fu on asthma

VITAL SIGNS:

Age: 27 yrs. Wt: 244 lbs. (110.9 kg) Temp: 98.9 F BP: 110/60 HR: 104 RR: 20 , 350 , 390 , 350 Pulse Oxt: 99
 Informant: patient
 Known drug allergies: compazine
 - Last EAB?: 10/04
 Juanita Henry CA

S: Definitely better today. Thinks peak flows holding same range. No probs with meds, did start 2pack. Better sleep.

O: Lungs clearer, still decr BS.

A+P:

Asthma, viral illness, rhinitis--cont current regimen x 1-2 wks. Before weaning or otherwise decreasing regimen, f/u ov w PCP to review current level of control, plans

for new/same maintenance. Asks if she should see her pulmonologist Dr Singh, told we

would leave this to judgement of PCP and her at her return.

POH,
 MD

Display transcription (PN14015179) by OHORA, PATRICIA A (M.D.) only

There are no scans attached to this encounter.

01/13/2009 11:13 3156714445

INFOTRAK

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Ellis, Lakeisha N (MR # E170481202001)

Encounter Date: 12/02/2004

Encounter Closed by In Pace Trans Mas If on 12/3/04 at 9:24 PM
Status

01/13/2009 11:13 3156714445
 Ellis, Lakeisha N (MR # E170481202001)

INFOTRAK

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Encounter Date: 12/01/2004



Lakeisha N Ellis	Encounter # 14215834	Description: 17 year old female
12/1/2004 6:19 PM Office Visit	Center: None	Provider: PATRICIA A OHORA
Legacy		ID:
MRN: E170481202001		Department: Family Pract

After Visit Summary
 After Visit Summary

Reason for Visit DX
 asthma active following viral sx suggesting gastro

Vital Signs Full Detail (Audit Trail)
 Vital Signs Full Detail (Audit Trail)

Completed by: Name Date and Time
 Charting

Transcription TYPE ID Author
 PACE Follow-up visit PN14007115 OHORA, PATRICIA A (M.D.)
 Authenticated by OHORA, PATRICIA A (M.D.) MEDICAL DOCTOR on 12/1/2004 at 6:19 PM

Document Text
 EVENT DATE: 12/01/2004
 MEMBER'S HOME CENTER: PRINCE GEORGE'S
 AUTHOR: OHORA, PATRICIA A MD
 SPECIALTY: FAMILY PRACTICE
 NOTE TYPE: FOLLOW-UP VISIT
 DIAGNOSIS: asthma active following viral sx suggesting gastro

Chief complaint: FLU LIKE SXS
 VITAL SIGNS:
 Sex: F LMP: 11/01/04 Age: 27 yrs. Wt: 244 lbs. (110.9 kg) Temp: 98.9 F BP: 110/80 HR:
 99 RR: 20
 Informant: patient
 Known drug allergies: COMPARINE
 - Last PAP?: 10/04
 Juanita Henry CA

S: Started 3 d ago with diarrhea, h/a, nausea, no vomiting--next 24-48 hrs thought feverish, took temp once approx 101, tho thinks has "broken" since (tho admittedly has taken Tylenol consistently since then). Asthma was activated sl with decr peak flow from best 450 to 390, not too bad, tho admits couldn't sleep last pm, admits not sure if may relate to signif secretions, bringing up some phlegm. Gnts with signif headache, pressure over forehead, also contrib'g to poor sleep. Usu asthma meds Advair 250/50 1 puff bid, and albuterol prn now using tid. In past has found did not tolerate incr dose of Advair (to 500/50) plus extra Flovent, but uncertain how would do with Advair incr alone. Never on Prednisone in past. Has had 1 or 2 nebs in past, thought very, and quickly, helpful. Admits that diarrhea and nausea are now improving. O: Nontoxic No apparent distress with speaking. HEENT neg except Nares

++red/wet/swelled muc membr, sl tight; Pharynx clear tho QS done. Neck no signif nodes. Lungs decr BS tho no rales, wheezes, rhonchi. Neb (albuterol/atrovent) without much subjective help, also little change in o2 sat of 97% and peak flows of 330-450.
 A+P:
 Apparent viral syndrome, appears to have had gastroenteritis component but could be

01/13/2009 11:13 3156714445
 Ellis, Lakeisha N (MR # E170481202001)

INFOTRAK

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Encounter Date: 12/01/2004

bimodal variety incl URI sx--
 Sl exac asthma
 Prob signif active rhinitis contrib
 Switch now from current Advair to Advair 500/50 1 puff q 12 hrs, also Nasarel bid,
 and claritin 1/0. Sinus handout. To use albuterol as precaution q 4 hrs for now,
 Zpack given tho may hold 24 hrs, sec many Rx's. RCV 24 hrs to check progress tho to
 call anytime prn worsening.

POH,
 MD

Display transcription (FN14007115) by OHORA, PATRICIA A (M.D.) only

There are no scans attached to this encounter.

[REDACTED]	
[REDACTED]	
[REDACTED]	
[REDACTED]	

Encounter Closed by In Pace Trans Mas If on 12/1/04 at 8:19 PM
 Status

EXHIBIT 8



Georgetown
University
Hospital 
MedStar Health

Human Resources Policy

Policy: Probationary Employment Period Number: 203

Effective Date: May 1, 2003

Page 1 of 3

Revised Date: April 1, 2005

Approved: *M. Joy Drass*

M. Joy Drass, M.D., President

Policy Statement

Employees who are newly hired, reemployed, promoted, demoted, or laterally transferred will serve a probationary period. The probationary period allows an employee time to become proficient in the basic responsibilities of a new position and permits the supervisor to assess the individual's performance. The employee and supervisor are encouraged to communicate frequently during the probationary period.

Results of the probationary period include successful completion, extension of the period, or termination of employment.

Procedures

I. Length of Probationary Period

Both non-exempt positions and exempt positions will have a three-month probationary period. A probationary period may be extended as described below. A probationary period will not exceed four months unless employee is participating in a training program that has been reviewed and approved by the Director of Employee & Labor Relations. In these cases, the employee's three-month probation begins at the conclusion of the training program. This policy does not apply to Executives and other employees working under individual contracts or collective bargaining agreements.

II. Termination of Employment during Probationary Period

Normally, an employee will be allowed to complete the probationary period before any decision is made to continue or end employment. However, if the department determines that performance indicates that the employee cannot accomplish the job or if the department determines that the individual's behavior is unacceptable, Georgetown University Hospital may terminate employment at any time during the probationary period. The selecting department must obtain the approval of the Human Resources department prior to the termination of the employee.

III. Counseling

If an employee's performance or conduct during the probationary period is not satisfactory, the supervisor should promptly counsel the individual. Documentation of the counseling should be kept, including:

ELLIS000055



Policy: Probationary Employment Period **Number: 203**
Effective Date: May 1, 2003
Page 2 of 3
Revised Date: April 1, 2005

- date(s) of counseling,
- nature of problems,
- expected corrective action with specifically stated timelines for improvement, and
- dates for reevaluation.

In most circumstances involving poor performance and/or behavior of a probationary employee, Georgetown University Hospital's usual disciplinary policies and practices will not apply. Management has the ability to terminate a probationary employee for performance or conduct issues any time during the probationary period without utilizing the Hospital's progressive or other disciplinary procedures. Each situation must be evaluated on a case-by-case basis in consultation with the Human Resources department.

IV. Outcomes of Probationary Period

Before the end of the probationary period, the supervisor should evaluate the employee's performance and reach one of the conclusions listed below. The employee must be notified of the decision by the last day of the probationary period. If the individual is on an approved absence, the probationary period is automatically extended until the close of business on the first day the employee returns to work. The employee must be notified of a decision by the last day of the probationary period, otherwise they will be considered to have successfully completed the probationary period.

- **Successful completion**—The individual has performed satisfactorily the duties assigned during the probationary period, and the probationary period is complete.
- **Extend probation**—The individual should be placed on an extended probationary period for up to one additional month. A probation evaluation form must be completed by the immediate supervisor, including the length of and reason for the extension. Extensions must be requested by the appropriate department director and forwarded in writing to Human Resources department.

Reasons for extension of probationary periods include, but are not limited to:

1. The employee has not performed up to expectations, but there is reason to believe the employee may be able



Policy: Probationary Employment Period	Number: 203
Effective Date: May 1, 2003	Page 3 of 3
Revised Date: April 1, 2005	

to do so if allowed additional time. The supervisor should keep documentation of employee counseling.

2. The supervisor has not had sufficient opportunity to fully assess the employee's performance or the employee has not had adequate opportunity to demonstrate abilities. The reason for the delay should be stated in writing.
3. The employee has not obtained a required license or certification, or has not met other requirements of the job, but there is reason to believe that these requirements will be met within a reasonable period of time.

At the conclusion of the extended probationary period the supervisor should evaluate the employee's performance a final time.

- **Termination**—The employee's performance/behavior does not meet requirements/standards for continued employment. Under these circumstances, the probationary employee may be terminated without advance notice. The department must obtain the approval of the Human Resources department prior to termination of an employee.

Responsibility

All Georgetown University Hospital departments follow the procedures outlined above.

Resource

Contact the Human Resources Department if you have questions or if you would like more information about this policy.