



THE MEDICAL CORNER

MEDICAL STATUS CERTIFICATE

Office Visit Date: 8/23/07

Patient's Name: EMUS GARDNER

Date of Injury: _____

Employer/School: _____

Date(s) of absence from work/school: 8/23-8/24

May return to full work/school on 8/25 May return to light duty work on _____

DUTY STATUS: Regular work duty Light duty with the following restrictions

No lifting, pushing or pulling more than _____ pounds
Avoid excess use of _____ (part of body)

RESTRICTED FROM: _____ climbing _____ kneeling _____ squatting
_____ standing _____ walking _____ overhead work
_____ repetitive hand/wrist/arm movement _____ vibrating tools
_____ hazardous machine operation _____ hot environments
_____ exposure to solvents/ skin irritants

DO: keep wound clean & dry take frequent stretch breaks elevate _____ (part of body) _____ times a day
 sedentary work only ground level work only

NEXT APPOINTMENT: ○ _____

Treating Physician (Signature) _____

(Print Physician Name) _____

Company Rep. Contacted yes no _____
Form # 8200 Rev. 7/2001

AIRPORT Ewa Access Road, Honolulu International Airport, Honolulu 96819 • 836-3900 • Fax: 833-9910

KAILUA 660 Kailua Road, Kailua, Hawaii 96734. Phone: (808) 266-3900 • Fax: 266-3904

KAPOLEI 890 Kamokila Blvd., Kapolei, HI 96707 Phone: (808) 674-1600 • Fax: 674-1640

WAIKIKI 1860 Ala Moana Blvd. #101, Honolulu, HI 96815 Phone: (808) 943-1111

COMMENTS:

EXHIBIT 1