

EXHIBIT A



OCCUPATIONAL HEALTH SERVICE

Morton Hospital & Medical Center, Inc.
2005 Bay Street
Taunton, MA 02780
(508) 824-0243 Fax: (508) 828-1810

OHS Work Capacity Report

ADDEH, LUCKY
~~94 HILL ST APT 2412 High ST~~
CUMBERLAND, RI 02864 APT 3

NWC 401-475-7302
QUEBECOR, RPC OHS IM
STACKER
RR- 899765

Patient Name:		DOB:	Date of Injury: <u>5-23-07</u>
Diagnosis: <u>Scar evaluation (L) hand long finger</u>		Date of Service: <u>4-29-08</u>	
<input checked="" type="checkbox"/> Return to full duty work on <u>4-29-08</u>			
<input type="checkbox"/> Unable to Return to Work until _____			
<input type="checkbox"/> Return to restricted duty work as below on _____			
No lifting/pushing/pulling more than _____ lbs.		No repetitive gripping/grasping with R / L hand	
No lifting/pushing/pulling more than _____ lbs with Right or Left (circle one) arm or hand (circle one).		No use of right / left:	
Repetitive bending/stooping/squatting/kneeling: (see below)		Alternate sitting, standing, walking	
<input type="checkbox"/> None		No over shoulder height use of right / left arm	
<input type="checkbox"/> Infrequently (less than 33% of day)		No driving work vehicles	
<input type="checkbox"/> Limited (less than 67% of day)		Must keep wound clean and dry	
Sedentary work		No use of dangerous or moving machinery	
Limited walking as tolerated		Other Restrictions:	
Avoid stairs			
Referrals	PT / OT	Specialist	Diagnostic Test
Other			
Comments: <u>Scar measured 3.6 cm flap w/ 0.8mm avulsion</u>			

Discharge Instructions: Employee: Please adhere to the above work restrictions and discharge instructions below:

Medications prescribed this visit:	Treatments prescribed this visit:
_____	Ice: _____
_____	Heat: _____
_____	Exercise: _____
_____	Assistive Equipment: _____

General instructions: _____

The above named patient verbalized, demonstrated, or indicated that he/she understood the instructions provided.

Return to OHS in: as needed
(Restrictions are valid until next OHS visit)

N McHugh PA
OHS Clinician - Printed Name and Signature

Your next appointment at OHS is as needed
(Date & Time)

(Your restrictions are valid until the next OHS visit unless otherwise indicated.)
I hereby acknowledge receipt and understanding of these discharge instructions that were explained to me in a manner that I understood; and I was given the opportunity to ask questions and obtain clarification. In addition, I hereby authorize Morton Hospital OHS to disclose the information contained on this form concerning my condition to my employer and/or its representatives and also hereby release Morton Hospital OHS from any liability arising from such disclosure.

Employee Signature: [Signature] Date: 4-29-08 Time: 11:10 AM
OHS Staff Signature: [Signature]

PLEASE PRINT - DO NOT WRITE THROUGH SEVERAL COPIES

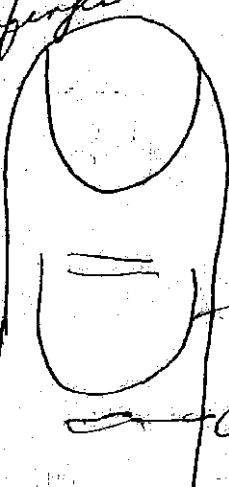
NAME AND ADDRESS ADDEN, LUCKY 94 MILL ST APT 2 412 High St Apt 3 CUMBERLAND, RI 02864 401-475-7302 401 919 4848		MR # 889765	ACCT. # 04966775	SEEN BY (PHYSICIAN) McHugh, Nancy PA-C
PERSON TO NOTIFY IN CASE OF EMERGENCY SWANSON, PAULA 94 MILL ST APT 2 CUMBERLAND, RI 02864 401-475-7302		ADMISSION DATE/TIME 04/29/08	LOCATION MWH	MODE CP
GUARANTOR EMPLOYER X. QUEBECOR RPC, X 50 JOHN HANCOCK ROAD TAUNTON, MA 02780 508-823-8331		BIRTHDATE/AGE	SEX/MS M	RELIGION CHR
COMMENTS		PRIMARY PHYSICIAN McHugh, Nancy PA-C Doctor, None	ATTENDING PHYSICIAN	
REASON FOR VISIT SCAR EVALUATION		EMPLOYER TAUNTON, MA	STAFFER	
		INSURANCE MC-TRAVELERS	EMPLOYER	
		X. QUEBECOR WORLD RPC		
			F.C. MC	
			CLERK	

HISTORY & PHYSICAL
 HCP? NO-BUT HCP GIVEN Date 12/23/07 Rev'd HCP Info? Y
 HCP Name:
 Allergies: NKDA
 Latex Allergy? N Past Hx MRSA/VRE: No
 Advanced Directive: NONE Home Health Pt:

*Here for scar eval. loc to @ long finger
 on 12/23/08*

DOCTORS ORDERS & TREATMENT SUTURES #

long finger (2) hand



3.6 cm flap thickened scar hyperpigmented

0.8 mm avulsed

steps to distal crease
 3, 2 1/2, 2, 4 in

DISCHARGE IMPRESSION
 Scar eval

CONDITION ON LEAVING
 DATE/TIME 4-29-08 11:10 AM

GOOD FAIR POOR NC
 HM ADMIT OTHER OPD DATE/TIME

NURSE	ATTENDING PHYSICIAN <i>McHugh</i>	I CERTIFY THAT I UNDERSTAND THE INSTRUCTIONS GIVEN TO ME BY THE ATTENDING PHYSICIAN.
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MORTON HOSPITAL & MEDICAL CENTER
OCCUPATIONAL HEALTH SERVICES
2005 BAY STREET
TAUNTON, MA 02780

NAME: ADDEH, LUCKY
UNIT NUMBER: 899765
DOB: AGE: 39
LOCATION: NWC
STATUS: REG CLI
REPORT #: CV - 1224-0006
COPY FOR:

DATE: 12/24/07

Focus job # 7685105

DATE: 12/24/07

EMPLOYER: Employee of Quebecor RPC. He is here for an initial visit.

DATE OF INJURY: 12/23/07, laceration of the third digit, left hand.

ALLERGIES: He has no known allergies.

MEDICATIONS: He is on no medications.

The patient states his finger was cut by a machine at work, a paper press. He did receive sutures and a tetanus shot in the emergency room. Pain level is a 6 on a 1-10 scale.

OBJECTIVE FINDINGS: A 39-year-old male. Vital signs: Blood pressure 120/81, pulse 74, respirations 12, temperature 97. There is a sutured laceration to the third digit of the left hand. There is also emaciated and macerated tissue surrounding the sutures and with soft tissue tenderness and a V-shaped wound. Sensation and motor are intact. Extensor tendon function is intact. The wound is located on the third digit DIP joint on the dorsal surface. The wound is clean and dry with seven intact sutures.

ASSESSMENT: Third left finger laceration.

PLAN: The wound was covered with petroleum dressing and a dry sterile dressing with a finger splint for protection. Work restrictions were written. He will follow up in Occupational Health Services in approximately ten days. He was encouraged to report signs and symptoms of infection and to keep the wound clean and dry.

Report reviewed/electronically signed by:

Terri . Sullivan, R.N. N.P

SULT /FOCUS

dd: 12/24/07 1134
dt: 12/24/07 1410
ds: 12/28/07 1111
cc:

MORTON HOSPITAL & MEDICAL CENTER
OCCUPATIONAL HEALTH SERVICES
2005 BAY STREET
TAUNTON, MA 02780

NAME: ADDEH, LUCKY
UNIT NUMBER: 899765
DOB: AGE: 39
LOCATION: NWC
STATUS: REG CLI
REPORT #: CV - 0112-0007
COPY FOR:

DATE: 01/11/08

Focus Job #: 7725633

DATE OF EVALUATION: 01/11/08

DATE OF INJURY: 12/23/07

COMPANY: Quebecor.

SUBJECTIVE: This is a followup at OHS for a laceration of the left long finger. The patient states he has no pain. He states he is able to move his finger better than after he had the sutures removed. He denies any neurologic symptoms. He states his finger still is a little stiff, and scar seems quite thick, but it is improving.

OBSERVATION: General: A 39-year-old male. Left hand long finger; there is a well-healed scar. There is a thickened, pronounced, elevated scar distally, and there is a hypopigmented 1 cm area of tissue proximal to the distal interphalangeal joint. Tip to distal crease is 0, 2, 1 and 0 cm with full extension, again except for the flexor deformity of the pinky finger. On the right hand, his tip to distal crease is 1, 1, 1 and 1 cm with full extension. Neurologic evaluation is normal.

ASSESSMENT: Healed laceration of the left long finger, prominent scar.

PLAN: The patient is advised of scar treatment, to use Aquaphor vitamin E lotion two to three times a day over the next two weeks. I have shown him how to massage the scar. I have also encouraged him to continue with the home exercise stretching. He is cleared to work his full regular job, and he will return in three to six months for scar evaluation if necessary.

Report reviewed/electronically signed by:

Nancy McHugh, PA-C

MCHN /FOCUS
dd: 01/11/08 1048
dt: 01/12/08 0434
ds: 01/14/08 0921
cc: