

**Clinical Laboratory**  
Telephone: (915) 832-2990

**Sierra Providence East  
Medical Center**

**Medical Directors:**  
Arturo Vargas, M.D

3280 Joe Battle Blvd.  
El Paso, TX  
79938

Patient Name: **DIAZ, CLAUDIA**  
MRN: 10000003817  
Acct #: 504138173

**I M M U N O L O G Y / S E R O L O G Y**

**Immunology/Serology Studies**

**Date** 02/03/2014  
**Time** 12:35:29 MST  
**Day of Stay** 0

Procedure		Units	Ref Range
Mumps Ab IgG.	4.24 Hf	index	[0.00-0.90]
Rubeola IgG.	2.23 Hf	index	[0.00-0.90]
Varcell Zstr IgG.	1.88 f	index	[Immune >1.09]

02/03/2014 12:35:29 MST Mumps Ab IgG.:  
Presence of antibodies to Negative: 0.00-0.90  
Mumps is presumptive evidence Equivocal: 0.91-1.10  
of immunity except when Positive: >1.10  
active infection is suspected.

Performed at: BN - LabCorp Burlington  
1447 York Court, Burlington, NC 272153361  
Lab Director: William F Hancock MD, Phone: 8007624344  
02/03/2014 12:35:29 MST Rubeola IgG.:

Negative 0.00 - 0.90  
Equivocal 0.91 - 1.10  
Positive >1.10

Presence of antibodies to Rubeola is presumptive evidence  
of immunity except when active infection is suspected.  
Performed at: DA - LabCorp Dallas  
7777 Forest Lane Suite C350, Dallas, TX 752302544  
Lab Director: Celeste Vardaman MD, Phone: 9725667500

Legend: \* = Abnormal, H = High, L = Low, C = Critical, f = footnote, r = reference c = corrected, i = interpretation

Ordering: N/A  
Admitting:  
Consulting: N/A  
Referring:  
Interim-Any  
43948490  
Printed: 02/06/2014 08:32:33 CST

1 of 2

Patient Name: **DIAZ, CLAUDIA**  
MRN: 10000003817  
Acct #: 504138173  
DOB: 12/02/1973 Age: 40 years Sex: Female  
Location: SES-EH Employee Health/  
Admitted: 02/03/2014  
Discharge:

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**Immunology/Serology Studies**

02/03/2014 12:35:29 MST Varcell Zstr IgG.:

Nonimmune <0.91

Equivocal 0.91 - 1.09

Immune >1.09

**\*\*Effective March 10, 2014 the reference interval\*\***  
for Varicella-Zoster V Ab, IgG will be changing

to: Negative <135

Equivocal 135 - 165

Positive >165

Performed at: DA - LabCorp Dallas

7777 Forest Lane Suite C350, Dallas, TX 752302544

Lab Director: Celeste Vardaman MD, Phone: 9725667500

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2 of 2

Patient Name: **DIAZ, CLAUDIA**

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Acct #: 504138173

DOB: 12/02/1973 Age: 40 years Sex: Female

Location: SES-EH Employee Health/

Admitted: 02/03/2014

Discharge:

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**Immunology/Serology Studies**

**Date** 02/03/2014  
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<b>Procedure</b>	<b>Units</b>	<b>Ref Range</b>
Rubella IgG i	72 Hr int_units/mL	[<=10]

02/03/2014 12:35:29 MST Rubella IgG:  
<5.0 IU/ML Negative/No Immunity

5.0 to 9.9 IU/ML Equivocal. Repeat with a new specimen, antibodies in this range may be insufficient to protect against clinical illness upon exposure to Rubella Virus.

>10.0 IU/ML Positive/Immune to Rubella IgG Virus

02/03/2014 12:35:29 MST Rubella IgG:  
Performed @ Providence Memorial Hospital Laboratory 2001 N Oregon St. El Paso, TX 79902

**Hepatitis Studies**

**Date** 02/03/2014  
**Time** 12:35:29 MST  
**Day of Stay** 0

<b>Procedure</b>	<b>Units</b>	<b>Ref Range</b>
Hep Bs Ab	Positive *r	[Negative]

02/03/2014 12:35:29 MST Hep Bs Ab:  
Performed @ Providence Memorial Hospital Laboratory 2001 N Oregon St. El Paso, TX 79902

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Ordering: N/A  
Admitting:  
Consulting: N/A  
Referring:  
Interim-Any  
43906079  
Printed: 02/05/2014 10:38:28 CST

1 of 1

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Admitted: 02/03/2014  
Discharge:

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Acct #: 504138173

## **I M M U N O L O G Y / S E R O L O G Y**

### **Immunology/Serology Studies**

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Day of Stay 0

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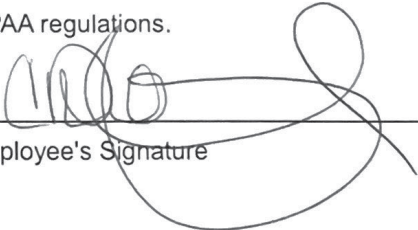


# Physical / Statement of Health

Facility/Medical Office Name:	Sierra Medical Center		
Address:	1625 Medical Center Street		
City/State/Zip:	El Paso TX 79902		
Office Phone:	(915) 747-4000		
Patient Name:	Maudie Diaz	Last 4 Digits of SSN:	7728

## Medical Release Authorization:

I hereby certify that, to the best of my knowledge, all the information provided to Orion Allied Healthcare is correct. I authorize the release of any information regarding my medical documentation and/or examination, relevant to employment to Orion Allied Healthcare, and also to any client facilities and The Joint Commission in accordance with HIPAA regulations.

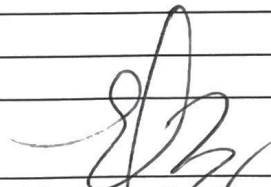
  
Employee's Signature

9/29/23  
Date

## Physician/Nurse Practitioner Statement:

I have determined the above named individual, to the best of my knowledge and assessment is in good physical and medical condition, free of any communicable diseases, and is able to function without physical limitations as a healthcare professional.

Comments:

  
Physician/Nurse Practitioner Signature

9/29/2023  
Physical Exam Date

Edna Chavez-Gel MD  
Print Name of Physician/Nurse Practitioner