



**IN THE GRAND COURT OF THE CAYMAN ISLANDS**

**CAUSE NO. 159 OF 2021**

**BETWEEN JEROME MCKENZIE**

**PLAINTIFF**

**AND CAYMAN STRUCTURAL GROUP LTD 1<sup>st</sup> DEFENDANT**

**AND LESFORD MARTIN 2<sup>nd</sup> DEFENDANT**

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**WRIT OF SUMMONS**

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**TO: Cayman Structural Group, Ltd.**  
207 Sparky Drive, Suite 6  
P.O. Box 11706, George Town  
Grand Cayman  
KY1-1009  
Cayman Islands

**AND TO: Mr. Lesford Martin**  
207 Sparky Drive,  
Suite 6  
P.O. Box 11706,  
George Town, Grand  
Cayman KY1-1009  
Cayman Islands

**THIS WRIT OF SUMMONS** has been issued against you by the above-named Plaintiff in respect of the claim set out on the next page.

Within 14 days after the service of the Writ on you, counting the day of service, you must either satisfy the claim or return to the Court Office, P.O. Box 495, George Town, Grand Cayman, KY1-1106, Cayman Islands, the accompanying Acknowledgement stating therein whether you intend to contest these proceedings.

If you fail to satisfy the claim or to return the Acknowledgement within the time stated, or if you return the Acknowledgement without stating therein an intention to contest the proceedings, the Plaintiff may proceed with the action and judgement may be entered against you forthwith without further notice.

Issued this \_\_\_\_ day of \_\_\_\_\_ 2021.

**NOTE:** - This Writ may not be served later than 4 calendar months (or, if leave is required to effect service out of the jurisdiction, 6 months) beginning with the date of issue renewed by order of the Court.

**IMPORTANT**

Directions for Acknowledgment of Service are given with the accompanying form.

## STATEMENT OF CLAIM

1. The Plaintiff, Mr. Jerome McKenzie, D.O.B (28<sup>th</sup> day of June 1985), was at all material times a Mason and Carpenter, engaged at a construction project known as Luijten Residence Site on South Sound Road, Grand Cayman, Cayman Islands as an employee and/or servant of the 1<sup>st</sup> Defendant.
2. The 1<sup>st</sup> Defendant, Cayman Structural Group, Ltd., is a construction company duly incorporated under the Companies Act of the Cayman Islands with offices situated at 207 Sparky Drive, Suite 6, P.O. Box 11706, George Town, Grand Cayman KY1-1009 and was at the material time the employer and/or occupier of the construction project known as Luijten Residence Site, on South Sound Road, Grand Cayman, Cayman Islands.
3. The 2<sup>nd</sup> Defendant, Mr. Lesford Martin of 207 Sparky Drive, Suite 6, P.O. Box 11706, George Town, Grand Cayman KY1-1009 was at all material times a Foreman acting in his capacity as an employee and/or servant of the 1<sup>st</sup> Defendant, authorised by the 1<sup>st</sup> Defendant to supervise, operate and/or manage the 1<sup>st</sup> Defendant's construction project known as Luijten Residence Site on South Sound Road, Grand Cayman, Cayman Islands.
4. On or about the 2<sup>nd</sup> day of September 2019, Mr. McKenzie was duly engaged in his said course of employment to the 1<sup>st</sup> Defendant on the construction project called Luijten Residence Site when the 2<sup>nd</sup> Defendant acting in his capacity as an employee and/ or agent of the 1<sup>st</sup> Defendant authorised to supervise, direct and manage the 1<sup>st</sup> Defendant's employees on the said construction site, including Mr. McKenzie, so negligently assigned, instructed, demanded and/or permitted Mr. McKenzie and his co-worker, Mr. Edwin Clark, to lift, push and otherwise manoeuvre heavy steel beams from the ground to the 2<sup>nd</sup> floor of the said construction site.
5. Mr. McKenzie, knowing that the 2<sup>nd</sup> Defendant was so authorised by the 1<sup>st</sup> Defendant, and under the supervision of the 2<sup>nd</sup> Defendant followed the 2<sup>nd</sup> Defendant's said instructions and consequently one of the said steel beams fell

onto Mr. McKenzie's shoulder, thereby causing Mr. McKenzie to suffer injuries, loss and damage and to incur expenses.

6. The accident was wholly caused and/or alternatively contributed to by the negligence of the 1<sup>st</sup> and/or 2<sup>nd</sup> Defendants:

**PARTICULARS OF NEGLIGENCE OF 1<sup>ST</sup> DEFENDANT**

- a) Failing to maintain a safe worksite;
- b) Failing to ensure so far as reasonable practicable the health, safety and welfare of their employees, Mr. Mckenzie in particular;
- c) Failing to take all reasonable care in the carrying out of its operations, so as to not cause Mr. McKenzie to be injured and/or to not subject him to any reasonably foreseeable risk of injury;
- d) Failing to have regard for the working conditions and for the risks to the health and safety of persons, particularly Mr. McKenzie, doing work which consistently involved heavy lifting and moving of the said steel beams;
- e) Failing to assess, adequately or at all, the health and safety risks posed to Mr. McKenzie, while carrying out his duties, during his course of employment;
- f) Failing to provide personal protective gear and equipment that would reduce and/or mitigate the risk of injury to Mr. McKenzie, while carrying out his duties, during his course of employment, particularly when called upon to lift the said steel beams, including but not limited to consistently providing necessary equipment such as a forklift to safely move the said steel beams;
- g) Failing to ensure that Mr. McKenzie had received adequate training for the purposes of health and safety, including training in the methods which may be adopted when engaging in heavy lifting, pushing and pulling of steel beams, any risks which such activities may entail and precautions to be taken;

- h) Failing to provide adequate plant and equipment, including but not limited to consistently providing a forklift to safely remove the said steel beams;
- i) Failing to risk assess and consistently implement a system that would reduce the risk of the workers, particularly Mr. McKenzie, being injured, during the lifting and moving of the said steel beams;
- j) Failing to warn Mr. McKenzie of the dangers involved in the lifting and pushing of the said steel beams to the 2<sup>nd</sup> floor;
- k) Failing to replace or reorganize the method of moving the steel beams with one less hazardous;
- l) Failing to provide a competent staff of employees to supervise, operate and/or manage the project and those employed under it, particularly the 2<sup>nd</sup> Defendant;
- m) Failing to take any or any reasonable care to ensure that Mr. McKenzie was reasonably safe during the course of his employment on the construction site;
- n) Failing to take any or any adequate and consistent precautions to prevent the injury suffered by Mr. McKenzie;
- o) Exposing Mr. McKenzie to the risk of injury, including unnecessary risks, while performing his duties, during his course of employment at the construction site;
- p) Failing to ensure the reasonable and/or proper supervision of the workers on the construction site,

- q) Failing to perform hazard assessments ensuring that the place of employment was free from predictable hazards, that is, hazards that are likely to cause death and/or serious physical harm to workers and the public, particularly Mr. McKenzie;

**BREACH OF STATUTORY DUTY OF 1<sup>ST</sup> DEFENDANT**

- a) Failing to ensure that the site was free from recognizable hazards, including the steel beams as they were being handled, that were likely to cause death and/or serious injury to operatives, including Mr. McKenzie, or the general public contrary to **Regulation 8(a)** of the **Labour (Occupational Safety and Health) (Construction Industry) Regulations, 2008** or otherwise.
- b) Failing to ensure a safe and suitable working system was instituted and followed by all employees, particularly regarding the safe and proper moving of the steel beams, contrary to **Regulation 8(d)** of the **Labour (Occupational Safety and Health) (Construction Industry) Regulations, 2008** or otherwise.
- c) Failing to ensure that all materials and substances, particularly the steel beams, were transported and used safely contrary to **Regulation 8(e)** of the **Labour (Occupational Safety and Health) (Construction Industry) Regulations, 2008** or otherwise.
- d) Failing to provide all employees with a written safety policy contrary to **Regulation 8(g)** of the **Labour (Occupational Safety and Health) (Construction Industry) Regulations, 2008** or otherwise.
- e) Failing to prevent materials, including the steel beams, from being stacked in large quantities on elevated platforms contrary to **Regulation 26(8)** of the **Labour (Occupational Safety and Health) (Construction Industry) Regulations, 2008** or otherwise.
- f) Failing to ensure that tag lines were used in the moving of the steel beams, contrary to **Regulation 30(7)** of the **Labour (Occupational Safety and Health) (Construction Industry) Regulations, 2008** or otherwise.

- g) Failing to ensure so far as is reasonably practicable the health, safety and welfare at work of Mr. McKenzie contrary to **section 58** of the **Labour Law (2011 Revision)** or otherwise.**
  
- h) Failing to take any or any adequate and consistent precautions to ensure that its workers, particularly Mr. McKenzie, could consistently move the said steel beams with a reasonable level of safety;**

**PARTICULARS OF NEGLIGENCE AND/OR BREACH OF THE LABOUR  
(OCCUPATIONAL SAFETY AND HEALTH) (CONSTRUCTION INDUSTRY)  
REGULATIONS, 2008 AND/OR BREACH OF THE LABOUR LAW (2011 REVISION)  
OF THE 2<sup>ND</sup> DEFENDANT**

- a) Improperly directing, demanding, expecting and otherwise causing Mr. McKenzie to lift, push and otherwise manoeuvre the said steel beams by hand during his course of employment on the said construction site;
  
- b) Permitting Mr. McKenzie to lift, push and otherwise manoeuvre the said steel beams by hand and without any proper gears and/ or equipment during his course of employment on the said construction site;
  
- c) Failing to take any reasonable care to ensure that Mr. McKenzie was reasonably safe performing tasks directed to him by the 2<sup>nd</sup> Defendant, during the course of his employment on the construction site;
  
- d) Failing to take any adequate and consistent precautions to ensure that the workers, particularly Mr. McKenzie, could move the said steel beams with a reasonable level of safety;
  
- e) Failing to have any or any sufficient regard for the dangerous nature of the system of work and his directions to Mr. McKenzie to lift, push and otherwise manoeuvre the said steel beams;

- f) Failing to replace or reorganize the method of moving the steel beams with one less hazardous;
- g) Failing to warn Mr. McKenzie of the dangers involved in the lifting, pushing and manoeuvring of the said steel beams to the 2<sup>nd</sup> floor;
- h) Failing to risk assess and implement a system that would reduce the risk of the workers, particularly Mr. McKenzie, from being injured during the lifting, pushing and manoeuvring of the said steel beams;
- i) Failing to provide personal protective gear and equipment that would reduce and/or mitigate the risk of injury to Mr. McKenzie during his course of employment, particularly when called upon to lift the said steel beams, including but not limited to a forklift;
- j) Failing to have regard for the working conditions and for the risks to the health and safety of persons, including Mr. McKenzie, doing work which consistently involved the heavy lifting, pushing and manoeuvring of the said steel beams.
- k) Failing to assess, adequately or at all, the health and safety risks posed to Mr. McKenzie during the course of employment;
- l) Failing to ensure that Mr. McKenzie had received adequate training for the purposes of health and safety, including training in the methods which may be adopted when engaging in heavy lifting, pushing and pulling of steel beams, any risks which such activities may entail and precautions to be taken;
- m) Failing to provide a safe place of work;

- n) Exposing Mr. McKenzie to the risk of injury, including unnecessary risks, during his course of employment at the construction site;
  - o) Failing to properly supervise and direct the workers on the construction site, including Mr. McKenzie.
  - p) Failing to ensure that the place of employment was free from predictable hazards, that is, hazards that are likely to cause death or serious physical harm to workers and the public, particularly Mr. McKenzie;
  - q) Failing to ensure that the site was free from recognizable hazards that were likely to cause death or serious injury to operatives or the general public, particularly the steel beams and Mr. McKenzie, respectively.
  - r) Failing to ensure a safe and suitable working system was instituted and followed, particularly regarding the moving of the steel beams.
  - s) Failing to ensure that all materials and substances, particularly the steel beams, were transported, stored and used safely, and were disposed of in a safe manner.
7. Due to the 1<sup>st</sup> and/or 2<sup>nd</sup> Defendant's negligence, Mr. McKenzie has suffered injuries as a result of which he has had to undergo medical treatment, which is continuing and have been put to expense:

#### **PARTICULARS OF INJURY**

- a) Displaced fracture of right clavicle;
- b) Comminuted fracture of the right clavicle (broken into more than two (2) pieces)
- c) Abrasions;
- d) Keloid scarring over his right clavicle;
- e) Shoulder pain on the right side;
- f) Palpable mass at the lateral third of his clavicle;

- g) Range of motion limited in shoulder;
- h) Displaced nonunion;
- i) A lot of callous forming;
- j) Bony thickening at fracture site that might cause cosmetic issues.

Further particulars of the Plaintiff's condition are contained in the Medical Reports attached hereto. **TAKE NOTICE** that the Plaintiff reserves the right to update this head as further and better particulars become available.

**PARTICULARS OF SPECIAL DAMAGE**

|   | KYD\$       |
|---|-------------|
| Cayman Orthopaedic Group  | \$59.71     |
| Medical Report from Health Services Authority   | \$27.50     |
| Loss of wages (31 days from the 14 <sup>th</sup> January 2021 to the 14 <sup>th</sup> of January 2021 to the 14 <sup>th</sup> of February 2021 @ \$14.00 an hour. | \$3,472.00  |
| Loss of wages (126 days from the 15 <sup>th</sup> of February 2021 to the 26 <sup>th</sup> of July 2021 @ \$14.00 an hour.  | \$14,112.00 |
|   | \$17,971.21 |

**TAKE NOTICE** that the Plaintiff's medical treatment is ongoing and he reserves the right to update this head as further and better particulars become available.

8. Further, Mr. McKenzie claims interest upon such damages and amount found due pursuant to **Section 34** of the **Judicature Law 2017** or otherwise at such rate as this Honourable Court deems fit.

**AND** the Plaintiff claims:

- a) General damages;
- b) Special damages;
- c) Loss of earnings;
- d) Loss of future earnings;

- e) Handicap on the Labour market;
- f) Interest;
- g) Costs;
- h) Such further and/or other relief as this Honourable Court may deem fit.

*CP Attorneys*

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**CP ATTORNEYS  
ATTORNEYS-AT-LAW FOR THE PLAINTIFF**

This **Writ** is filed by **CP Attorneys**, Attorneys-at-Law for and on behalf of the **Plaintiff**, whose address for service is 325 Owen Robert's Drive, 2nd Floor, Andy's Rent-A-Car, P.O. Box 561, Grand Cayman KY1-1602, Cayman Islands, Telephone 345-623-8088.

**DIRECTIONS FOR ACKNOWLEDGMENT OF SERVICES**  
**OF WRIT OF SUMMONS**

- The accompanying form of acknowledgment of Service should be completed by an Attorney acting on behalf of the Defendant or by the Defendant if acting in person.

After completion it must be delivered or sent by post to the Law Courts, P.O. Box 495G, George Town, Grand Cayman.

- A Defendant who states in his Acknowledgment of Service that he intends to contest the proceedings must also serve a defence on the Attorney for the Plaintiff (or on the Plaintiff if acting in person).

If a Statement of Claim is indorsed on the Writ (i.e. the words "Statements of Claim" appear on the top of page 2) the Defence must be served within 28 days after the time for acknowledging service of the Writ, unless in the meantime a summons for judgement is served on the Defendant.

If the Statement of Claim is not indorsed on the Writ, the Defence need not be served until 28 days after a Statement of Claim has been served on the Defendant.

If the Defendant fails to serve his defence within the appropriate time, the Plaintiff may enter judgement against him without further notice.

3. A Stay of Execution against the Defendant's goods may be applied for where the Defendant is unable to pay the money for which any judgment is entered. If a Defendant to an action for a debt or liquidated demand (i.e. a fixed sum) who does not intend to contest the proceedings states, in answer to Question 3 in the Acknowledgment of Service, that he intends to apply for a stay, execution will be stayed for 14 days after his Acknowledgment, but he must, within that time, issue a Summons for a stay of execution, supported by an affidavit of his means. The affidavit should state any offer which the Defendant desires to make for payment of the money by instalments or otherwise.

**See over for notes for guidance**  
**Please complete overleaf**

## Notes for Guidance

- Each Defendant (if there is more than one) is required to complete an Acknowledgment of Service and return it to the Courts Office.
- For the purpose of calculating the period of 28 days for acknowledging service, a writ served on the Defendant personally is treated as having been served on the day it was delivered to him.
- Where the Defendant is sued in a name different from his own, the form must be completed by him with the addition in paragraph 1 of the words "sued as (the name stated on the Writ of Summons)"
- Where the Defendant is a FIRM and an attorney is not instructed, the form must be completed by a PARTNER by name, with the addition in paragraph 1 of the description "Partner in the firm of (.....) after his name.
- Where the Defendant is sued as an individual TRADING IN A NAME OTHER THAN HIS OWN, the form must be completed by him with the addition in paragraph 1 of the description "trading as (.....)" his name.
- Where the Defendant is a LIMITED COMPANY the form must be completed by an Attorney or by someone authorized to act on behalf of the Company, but the Company can take no further step in the proceedings without an Attorney acting on its behalf.
- Where the Defendant is a MINOR or a MENTAL PATIENT, the form must be completed by an Attorney acting for a guardian ad litem.
- A Defendant acting in person may obtain help in completing the form at the Courts Office.



Attorney: where the Defendant is represented by an attorney, state the attorney's place of business in the Cayman Islands. A Defendant may not act by a foreign attorney.

Defendant in person: where the Defendant is acting in person, he must give his post office box number and the physical address of his residence or, if he does not reside in the Cayman Islands, he must give an address in Grand Cayman where communication for him should be sent. In the case of a limited company, "residence" means its registered or principal office.

Indorsement by Plaintiff's Attorney (or by Plaintiffs if suing in person) of his name, address and reference, if any, in the box below.

Indorsement by Defendant's Attorney (or by Defendant if suing in person) of his name, address and reference, if any, in the box below.



**HEALTH SERVICES AUTHORITY**  
CAYMAN ISLANDS  
Caring People. Quality Service.

## Physician Services

95 Hospital Road P O Box 915  
Grand Cayman KYI-1103, Cayman Islands  
Tel: (345) 949-8600 Fax: (345) 945-0890

6 January 2021

To Whom It May Concern,

**RE: Jerome McKenzie DOB: 28/Jun/1985**

Mr Jerome McKenzie has been my patient at Health Services Authority - George Town Hospital 16 September 2019 - 08 November 2019.

He sustained a workplace injury related right clavicle fracture on 2/September 2019. a heavy metal object fell on his R shoulder causing the above-mentioned injury. Conservative management was chosen, and the patient was reviewed on 14/October/2019 and 8/November/2019. Fracture had been healing in acceptable position and alignment.

Our last follow-up was 8 November 2019 and it showed:

Pt is alert and oriented, swelling is gone, right shoulder rom elv 140, abd 140, minimal pain / discomfort. Sensation and circulation normal. , Fracture is stable, skin ok, elbow ok.

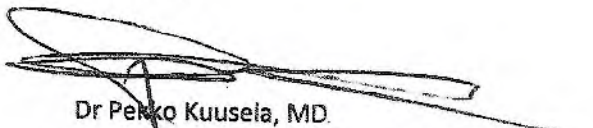
X-ray shows moderately displaced R clavicle fracture, Good Callus seen.

Continue mobilization, pain meds prn. Return back to heavy construction work in 2 weeks. No routine Follow Up's

Patient had additionally a follow-up X-ray done 11 December 2020. It showed the fracture has united in acceptable position and alignment.

Patient's clavicle fracture has healed. There is a bony thickening at the fracture site which might cause cosmetic issues. I expect that the patient will have no or only mild functional problems with his right clavicle fracture in the future. No further follow-ups have been scheduled.

Sincerely,



Dr Pekko Kuuseia, MD.  
Consultant Orthopaedic and Trauma Surgeon  
Clinical Head of Surgical Department  
Cayman Islands Health Services Authority  
Tel. +1-345-938-2341  
email: [pekko.kuuseia@hsa.ky](mailto:pekko.kuuseia@hsa.ky)

**My health. My team. My choice.**

# The Cayman Orthopaedic Group

Box 11698 Airport P.O., Grand Cayman, KY1 – 1009, Cayman Islands, Phone: (345) 945-8380 Fax: (345) 945-8405,

Email [sportmed@cog.ky](mailto:sportmed@cog.ky)

**Dr. Pervez Ali**  
MD, FRCS  
Orthopaedic Surgeon  
Adult Hip & Knee Joint  
Reconstruction

**Dr. Olufemi Ayeni**  
MD, FRCS  
Hip, Shoulder, Knee  
Arthroscopy, Trauma &  
Sports Medicine

**Dr. Timothy  
Carey**  
MD, FRCS  
Paediatric Spine,  
Trauma, Foot & Ankle  
Surgery

**Dr. Rick Ogilvie**  
MD, FRCS  
Sports Medicine & Knee  
Reconstructive  
Arthroscopic Surgery

**Dr. Bradley  
Petrisor**  
MD, FRCS  
Trauma, Foot & Ankle  
Arthroplasty

**Dr. Krishan Rajaratnam**  
MD, FRCS  
Shoulder Arthroscopy, Trauma,  
Joint Arthroplasty Surgery &  
Sports Medicine

**Dr. Frank Smith**  
MB, ChB FRCS  
Orthopaedic Surgeon  
Reconstructive Surgery

**Dr Franklin Tran**  
MD, FRCS  
Arthroscopic Knee &  
Reconstructive Surgery,  
Sports Medicine

**Dr Dale Williams**  
MD, FRCS  
Deformity Correction,  
Trauma, Minimally  
Invasive Hip & Knee  
Joint Arthroplasty,  
Sports Medicine

**Dr Ivan Wong**  
MD, FRCS  
Arthroscopic  
Reconstructive Surgery  
Shoulder, Hip, Knee &  
Ankle, Sports Medicine

**Fay A Frederick**  
RN, Dip HSM  
Practice Manager

**Ref: MCKE-J**

January 13, 2021

## Chart Note

**Re: Jerome McKenzie**

**DOB: June 28, 1985**

Jerome McKenzie was seen with regard to shoulder pain on the right side. He was injured at work when a steel beam fell from a scaffolding over a floor high above him and landed on his right clavicle, I believe, in 2019. He was treated in a sling for eight weeks. He has still quite a great deal of pain in his shoulder. He has difficulty lifting and even driving is difficult for him. He also has a tingling sensation in his right hand on the ulnar side. His job as a mason carpenter involves him lifting up to 20-pound blocks, which is extremely difficult for him and he ends the day with a significant amount of pain. No previous injuries of this sort.

On examination, he has got a palpable mass at the lateral third of his clavicle, which is tender. His range of motion in the shoulder is limited in abduction because of pain in this region. The shoulder joint itself when immobilized seems to be in reasonably good shape. He has been followed by one of the doctors at HSA, who has taken some x-rays and has said that it is getting better, it is all right and so on and it has now been about a year/year and half since the injury. When I examine him, he has got some scars over the top of the clavicle where the steel beam hit him and those are keloidal.

His x-rays show that he has got a displaced nonunion with attempts at healing, lots of callous forming, but there is a clear gap between the margins of it.

This needs to be taken down in an internal fixation with possible bone grafting to get this to unite. He will require about 12 weeks off of his work unless it can be modified, so that he is not doing any lifting and he will still need eight weeks off for that at least. We will get him booked for surgery with one of our upper limb surgeons.

**F. Smith, MB, ChB, FRCS**

FS/jf

**This consultation note/letter is not designed to be used for medical-legal purposes.**

# The Cayman Orthopaedic Group

Box 11698 Airport P.O., Grand Cayman, KY1 - 1009, Cayman Islands, Phone: (345) 945-8380 Fax: (345) 945-8405.

Email sportmed@cog.ky

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Reconstruction

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Ankle, Sports Medicine

**Fay Frederick**  
RN, Dip HSM  
Practice Manager

## JEROME MCKENZIE

DATE: January 13, 2021

## CONSULTING NOTES

DOCTOR: FRANK SMITH

PROBLEM AREA:

ALLERGIES:

CURRENT MEDICATIONS:

HISTORY:

SYMPTOMS:

PHYSICAL FINDINGS:

RADIOLOGICAL FINDINGS:

DIAGNOSIS:

TREATMENT PLAN:

FOLLOW UP:

DICTATED: YES/NO

SIGNATURE:

*Shoulder pain, was injured when a metal strut  
fell on the clavicle area - the clavicle - treated in  
a sling for 8/52 still sore; difficulty  
during lifts trying in forward (clavicle side)  
Been lifting a lot of boxes (20lb)  
2 scars over clavicle; palpable mass  
at site, nonunion on Xy; displaced.  
[Patched under by HSA Docs.] needs fixing  
1/2 off work now, book the down of nonunion  
& fixation of graft.  
210113-1525 Smith  
JMS*

# The Cayman Orthopaedic Group

Box 11698 Airport P.O., Grand Cayman, KY1 - 1009, Cayman Islands. Phone: (345) 945-8380 Fax: (345) 945-8405.

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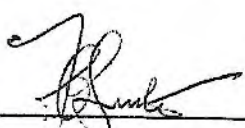
**Fay A Frederick**  
RN, Dip HSM  
Practice Manager

## SICK CERTIFICATE

This is to certify that Mr. ~~Ms.~~ Mrs. Jerome McKenzie  
is under the care of the Cayman Orthopaedic Group and will not be fit for

work/school from 14/1/21 to 14/2 2021

*This will need to be extended when corrective surgery is done.*

  
DR  
ORTHOPAEDIC SURGEON

# The Cayman Orthopaedic Group

Box 11698 Airport P.O., Grand Cayman, KY1 – 1009, Cayman Islands, Phone: (345) 945-8380 Fax: (345) 945-8405,

Email [sportmed@cog.ky](mailto:sportmed@cog.ky)

**Dr. Pervez Ali**  
MD, FRCSC  
Orthopaedic Surgeon  
Adult Hip & Knee Joint  
Reconstruction

**Dr. Olufemi Ayeni**  
MD, FRCSC  
Hip, Shoulder, Knee  
Arthroscopy, Trauma &  
Sports Medicine

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**Carey**  
MD, FRCSC  
Paediatric Spine,  
Trauma, Foot & Ankle  
Surgery

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Invasive Hip & Knee  
Joint Arthroplasty,  
Sports Medicine

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Arthroscopic  
Reconstructive Surgery  
Shoulder, Hip, Knee &  
Ankle, Sports Medicine

**Fay A Frederick**  
RN, Dip HSM  
Practice Manager

**Ref: MCKE-K**

**Chart Note**

February 12, 2021

**Re: Jerome McKenzie**  
**DOB: June 28, 1985**

Jerome McKenzie was seen with regard to his right clavicle nonunion. He is still on the waiting list for surgery. He is still having pain and swelling at the nonunion site. He is having difficulty with his employer, who has not been as supportive as one might be with regard to this being a work-related injury. He is not capable of working at the moment.

We are having great difficulty getting the specialist surgeons in for this as it requires taking down of the nonunion, grafting with bone and fixation, after which he will require a period of about three months for this to get solid. So, he is looking at a long period of time off of work.

**F. Smith, MB, ChB, FRCSC**

FS/jf

**This consultation note/letter is not designed to be used for medical-legal purposes.**

# The Cayman Orthopaedic Group

Box 11698 Airport P.O., Grand Cayman, KY1 – 1009, Cayman Islands, Phone: (345) 945-8380 Fax: (345) 945-8405,

Email [sportmed@cog.ky](mailto:sportmed@cog.ky)

**Dr. Pervez Ali**  
MD, FRCSC  
Orthopaedic Surgeon  
Adult Hip & Knee Joint  
Reconstruction

**Dr. Olufemi Ayeni**  
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Hip, Shoulder, Knee  
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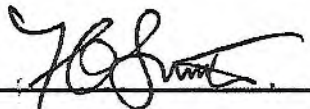
## SICK CERTIFICATE

This is to certify that Mr. ~~MS/Mrs.~~ Jerome McKenzie

is under the care of the Cayman Orthopaedic Group and will not be fit for

work/school from 12/2/21 to further notice 2021

*He has a non-union of the right clavicle fracture from a work-related injury. He is on the serged test for repair.*



DR  
ORTHOPAEDIC SURGEON

# The Cayman Orthopaedic Group

Box 11698 Airport P.O., Grand Cayman, KY1 – 1009, Cayman Islands, Phone: (345) 945-8380 Fax: (345) 945-8405,

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**Fay A Frederick**  
RN, Dip HSM  
Practice Manager

**Ref: MCKE-K**

February 22, 2021

[Clayton@cplegal.ky](mailto:Clayton@cplegal.ky)

Dear Sir:

**Re: Jerome McKenzie**  
**DOB: June 28, 1985**

Following our conversation concerning your client, Jerome McKenzie, I confirm that I have an authorization for release of medical information. This gentleman suffered a somewhat comminuted fracture of the right clavicle when a steel strut fell on him at his worksite. He was treated in a sling for eight weeks and he came to see me because he was still in a lot of pain and couldn't use his arm. He has difficulty driving, he gets tingling in his right hand on the ulnar side. His job as a mason has been lifting a lot of blocks, which weigh 20 pounds or so and he is unable to do that and he is having some difficulty relating this to his employer.

When I examine him, there are two scars over the clavicle, which correspond with what one would anticipate from a direct metal blow to the clavicle. There is a palpable mass at the fracture site.

There is a nonunion on the x-ray, which is somewhat displaced and fragmented.

At this length of time as this is clearly not going to unite, the gap is far too wide, this needs to be treated by open reduction and internal fixation of the fracture with plating and bone grafting to the nonunion site. It is going to take a while to get the specialist in to be able to do this procedure and he will then require about three months off from work before he is able to even begin to consider returning to such a heavy job and that will need confirming with satisfactory x-rays and a physiotherapy report.

Yours sincerely,

**F. Smith, MB, ChB, FRCS**

FS/jf

This consultation note/letter is not designed to be used for medical-legal purposes.



n/a

Patient Name: MCKENZIE, JEROME R.

MRN: 00218103

FIN #: n/a

### Emergency Physician Notes

#### Review of Systems

Constitutional: No chills, No fatigue.  
Eye: No recent visual problem.  
Ear/Nose/Mouth/Throat: No decreased hearing.  
Respiratory: No shortness of breath.  
Cardiovascular: No chest pain.  
Gastrointestinal: No nausea.

#### Physical Exam

male mm pink and moist anicteric  
CVS- HS normal and regular  
REsp- vesicular BS, no crepitation and no rhonchi  
Abd- soft and non tender no mass  
MS- ambulant

#### Assessment/Plan

1. Diabetes  
Ordered:  
CBC w/ Diff  
Comprehensive Metabolic Panel  
Urinalysis

1. Diabetes

#### Orders:

sodium chloride 0.9% 1,000 mL, 1,000 mL, IV, Routine, 08/Oct/2019 18:39 EST, Rate 500 mL/hr, Infuse Over 2 hr, 106 kg

#### Reexamination/Reevaluation

blood sugar now 14  
allow home  
TTH metformin ER 1gm od  
GP clinic follow up  
diabetes education  
nutritionist

#### Current Medications

##### Home

No active home medications

#### Lab Results

##### LAB WORK IN LAST 24 HOURS

08/OCT/19 18:38 GFR Black 83.5  
mL/min/1.73 m<sup>2</sup>  
GFR Non Black 69.0 mL/min/1.73 m<sup>2</sup>  
Glucose Level\* C 435.0 mg/dL (Ref. Range 70.0 - 105.0)  
Sodium L 132 mmol/L (Ref. Range 136 - 145)  
Potassium 4.5 mmol/L (Ref. Range 3.5 - 5.1)  
Chloride L 95 mmol/L (Ref. Range 98 - 107)  
CO2C 25 mmol/L (Ref. Range 20 - 28)  
Anion Gap H 11.6 mmol/L (Ref. Range 3.0 - 11.0)  
Albumin 4.8 g/dL (Ref. Range 3.5 - 5.0)  
Alkaline Phosphatase 120 unit(s)/L (Ref. Range 40 - 150)  
ALT 53 U/L (Ref. Range 16 - 63)  
AST 31 unit(s)/L (Ref. Range 5 - 34)  
Bilirubin Total 0.6 mg/dL (Ref. Range 0.2 - 1.2)  
BUN 20.0 mg/dL (Ref. Range 8.9 - 20.6)  
Calcium H 10.5 mg/dL (Ref. Range 8.4 - 10.2)  
Creatinine H 1.3 mg/dL (Ref. Range 0.7 - 1.3)  
Total Protein 7.7 g/dL (Ref. Range 6.4 - 8.3)  
Platelet 207 10<sup>3</sup> /uL (Ref. Range 150 - 450)  
RDW L 11.1 % (Ref. Range 11.5 - 14.5)  
Neutrophils Absolute 2.9 10<sup>3</sup> /uL (Ref. Range 1.4 - 6.6)  
Eosinophil Auto 4.3 % (Ref. Range 1.0 - 7.0)  
Lymphocyte Auto 41.5 % (Ref. Range 17.0 - 45.0)  
Monocyte Auto 6.6 % (Ref. Range 5.0 - 12.0)  
Neutrophils Auto 45.5 % (Ref. Range 42.0 - 74.0)  
Lymphocyte Absolute 2.7 10<sup>3</sup> /uL (Ref. Range 1.0 - 3.5)  
Monocyte Absolute 0.4 10<sup>3</sup> /uL (Ref. Range 0.3 - 0.8)  
Eosinophil Absolute 0.3 10<sup>3</sup> /uL (Ref. Range 0.0 - 0.8)  
Basophil Absolute H 0.1 10<sup>3</sup> /uL (Ref. Range 0.0 - 0.1)  
Basophil Auto H 2.1 % (Ref. Range 0.0 - 1.0)

n/a

Patient Name: MCKENZIE, JEROME R.  
MRN: 00218103  
FIN #: n/a

**Emergency Physician Notes**

WBC 6.4 10<sup>3</sup> /uL (Ref. Range 4.0 - 10.5)  
Hemoglobin 15.9 g/dL (Ref. Range 13.5 - 17.2)  
Hct 48.8 % (Ref. Range 40.0 - 50.0)  
RBC 5.58 10<sup>6</sup> /uL (Ref. Range 4.50 - 5.70)  
MCHC 32.6 g/dL (Ref. Range 32.0 - 36.0)  
MCH 28.5 pg (Ref. Range 27.0 - 33.0)  
MCV 87.4 fL (Ref. Range 80.0 - 95.0)  
MPV 9.5 fL (Ref. Range 7.0 - 10.6)

Signed By:  
MCHAYLE ,SAMANTHA (9/2/2019 16:58 EST)

**Chief Complaint**

Patient complained that a piece of iron fell on him. Pain to his shoulder

**History of Present Illness**

Patient reports he was at work when a metal scaffolding fell on his right shoulder. Since then has been having pain and swelling to area. Worse on movement. No other injuries reported.

**Review of Systems**

Constitutional: No chills, No fatigue.  
Eye: No recent visual problem.  
Ear/Nose/Mouth/Throat: No decreased hearing.  
Respiratory: No shortness of breath.  
Cardiovascular: No chest pain.  
Gastrointestinal: No nausea.

**Physical Exam**

General: Alert and oriented, No acute distress.  
Musculoskeletal: 1.5cm abrasions x2 noted to anterior supraclavicular region. Superficial. Also has swelling++ to area. Tender over mid-clavicle

Xrays noted: displaced fracture of middle 1/3 of clavicle.

**Assessment/Plan**

1. Fx clavicle  
Abrasions dressed  
Allow home on Diclofenac 50mg po tds 1/52, rpt x2  
Arm sling  
Sick note given until ortho clinic appointment on 16th Sept 2019. Discussed with Dr Sehkar. Repeat xrays on AM of clinic  
Orders:  
diclofenac, 50 mg, 1, tab, PO, TID, 7, day(s), 21, tab, 2, 2, 02/Sep/2019 16:32 EST, aerlp03, 23/Sep/2019 16:32 EST, Acute, 406, Constant Indicator

**Allergies**

NKA

**Problem List/Past Medical History**

Ongoing

No qualifying data

Historical

No qualifying data

**Current Medications**

Home

No active home medications

n/a

Patient Name: **MCKENZIE, JEROME R.**

MRN: 00218103

FIN #: n/a

**Outpatient Physician Notes**

**Past Medical History:**

**Medications:**

**Past Surgical History:**

**Social History:**

Occupation: \_

**Family History:**

**Physical Exam:**

alert and oriented, swelling is going down, rom elv 90, abd 90, some pain and tenderness.. Snesation and circulation normal. pendelums ok, Fracture is stabilizing.no obvious crepitatio. elbow ok.  
Xray shows displaced R clavicle fracture, Callus fiormation seen in 1 view.

**Assessment and Plan:**

Continue conservative management,. pendelum exercises and abduction elevation to 90 deg .pain meds. sickleave from construction work for 4 more weeks. FU in 4 weeks with xray.

Signed By:

KUUSELA ,PEKKO (9/16/2019 10:03 EST)

**Chief Complaint:** \_R clavicle fracture FU

**History of Present Illness:**

2 weeks ago, work place injury. Heavy metal piece fell from height onto pt's R shoulder. Clavicle fracture diagnosed.

**Review of Systems:**

Constitutional: No current infection

Musculoskeletal: \_

Neurologic: No loss of sensation, No weakness,

Integumentary: No discoloration in area of interest

**Past Medical History:**

**Medications:**

**Past Surgical History:**

**Social History:**

Occupation: \_

n/a

Patient Name: MCKENZIE, JEROME R.

MRN: 00218103

FIN #: n/a

### Outpatient Physician Notes

#### Family History:

#### Physical Exam:

alert and oriented, swelling and old excoriation on top of the R clavicle. Sensation and circulation normal. pendulums of, painful to touch, no obvious crepitatio. elbow ok.  
Xray shows displaced R clavicle fracture, no significant shortening.

#### Assessment and Plan:

Continue conservative management, pendulum exercises, arm sling, pain meds. sickleave from construction work for 5 more weeks. FU in 4 weeks with xray

### Therapy Notes

Signed By:

Riley, Tamara (11/25/2019 12:31 EST)

#### Reason for Clinical Note:

#### DIAGNOSIS

Type 2 diabetes mellitus without complications

#### Subjective Statements:

Pt has changed diet; does mostly veg [lettuce, tomatoes/ broccoli] & fruits [watermelon/ pineapple/ grapes/ banana]

Started playing football and doing more exercises now; stated that he was working hard on construction and would sweat a lot but, would still drink sweet drinks though he also had plenty water each day

Maintained that he was drinking large quantities of alcohol [henessy + cranberry]

B/fast

Egg w/ sausage

either white/ wheat bread

+Porridge [evap/ condense/ sugar]

M-M-S

Patty

Arizona [or other canned juice]

Lunch

Saltfish

w/ dumplin/ banana/ irish

n/a

Patient Name: MCKENZIE, JEROME R.

MRN: 00218103

FIN #: n/a

Therapy Notes

Arizona drink

Dinner

Same as lunch

**Physical Findings:**

HEIGHT, WEIGHT, BMI

12/JUL/09 21:42 Height 182.72 cm

14/OCT/19 17:43 Weight 103.9 kg

12/JUL/09 21:42 Body Mass Index 31.11kg/m<sup>2</sup>

COMPREHENSIVE METABOLIC PANEL LAST 3 RESULTS

08/OCT/19 18:38 Total Protein 7.7 g/dL (Ref. Range 6.4 - 8.3)

Creatinine H 1.3 mg/dL (Ref. Range 0.7 - 1.3)

Calcium H 10.5 mg/dL (Ref. Range 8.4 - 10.2)

BUN 20.0 mg/dL (Ref. Range 8.9 - 20.6)

Bilirubin Total 0.6 mg/dL (Ref. Range 0.2 - 1.2)

AST 31 unit(s)/L (Ref. Range 5 - 34)

ALT 53 U/L (Ref. Range 16 - 63)

Alkaline Phosphatase 120 unit(s)/L (Ref. Range 40 - 150)

Albumin 4.8 g/dL (Ref. Range 3.5 - 5.0)

Anion Gap H 11.6 mmol/L (Ref. Range 3.0 - 11.0)

CO<sub>2</sub>C 25 mmol/L (Ref. Range 20 - 28)

Chloride L 95 mmol/L (Ref. Range 98 - 107)

Potassium 4.5 mmol/L (Ref. Range 3.5 - 5.1)

Sodium L 132 mmol/L (Ref. Range 136 - 145)

Glucose Level\* C 435.0 mg/dL (Ref. Range 70.0 - 105.0)

GFR Non Black 69.0 mL/min/1.73 m<sup>2</sup>

GFR Black 83.5 mL/min/1.73 m<sup>2</sup>

**Assessment:**

Pt presents as class I obese w/ newly dx T2DM; however, has changed diet since last seen physician

**Plan:**

n/a

Patient Name: MCKENZIE, JEROME R.

MRN: 00218103

FIN #: n/a

### Therapy Notes

Discussed dietary expectations for nutritional mgnt. of blood sugar; suggested types of food that if taken in large quantities daily will have a negative impact on blood sugar control; expressed the need to have healthy variations for good health

Discussed diabetic plate model suggesting she tries to have at least 50% non-starchy veg. as part of meals

Encouraged no sugar added snacks and cereals with whole grain as base as well as limiting added sugars to <10g/serv.

Provided pictures of typical diabetic plate model and what should be incorporated in same; provided list of foods and serving/group

Encouraged no sugar added snacks and cereals with whole grain as base as well as limiting added sugars to <10g/serv.

Discouraged fried foods; condiments and other confectionaries

Pt to avoid fried or high fat meals and encouraged manageable physical activity at least 3days/wk for 1hr

All other educational materials provided with pt's understanding

TCA for follow-up 3/12

### Haematology

H=High      L=Low      \*=Abnormal      C=Critical      @=Corrected      R=Result Comment      O=Order Comment

#### CBC and Differential

| Accession Number     | Collected Date/Time | Specimen Type       |                 |                     |
|----------------------|---------------------|---------------------|-----------------|---------------------|
| 19-281-0523          | 10/8/2019 18:38 EST | Blood               |                 |                     |
| Procedure            | Result              | Units               | Reference Range | Verified Date/Time  |
| Neutrophils Auto     | 45.5                | %                   | [42.0-74.0]     | 10/8/2019 21:18 EST |
| Lymphocyte Auto      | 41.5                | %                   | [17.0-45.0]     | 10/8/2019 21:18 EST |
| Monocyte Auto        | 6.6                 | %                   | [5.0-12.0]      | 10/8/2019 21:18 EST |
| Eosinophil Auto      | 4.3                 | %                   | [1.0-7.0]       | 10/8/2019 21:18 EST |
| Basophil Auto        | 2.1 <sup>H</sup>    | %                   | [0.0-1.0]       | 10/8/2019 21:18 EST |
| Neutrophils Absolute | 2.9                 | 10 <sup>3</sup> /uL | [1.4-6.6]       | 10/8/2019 21:18 EST |
| Lymphocyte Absolute  | 2.7                 | 10 <sup>3</sup> /uL | [1.0-3.5]       | 10/8/2019 21:18 EST |
| Monocyte Absolute    | 0.4                 | 10 <sup>3</sup> /uL | [0.3-0.8]       | 10/8/2019 21:18 EST |
| Eosinophil Absolute  | 0.3                 | 10 <sup>3</sup> /uL | [0.0-0.8]       | 10/8/2019 21:18 EST |
| Basophil Absolute    | 0.1                 | 10 <sup>3</sup> /uL | [0.0-0.1]       | 10/8/2019 21:18 EST |

| Accession Number | Collected Date/Time | Specimen Type       |                 |                     |
|------------------|---------------------|---------------------|-----------------|---------------------|
| 19-281-0523      | 10/8/2019 18:38 EST | Blood               |                 |                     |
| Procedure        | Result              | Units               | Reference Range | Verified Date/Time  |
| RBC              | 5.58                | 10 <sup>6</sup> /uL | [4.50-5.70]     | 10/8/2019 21:18 EST |

n/a

Patient Name: MCKENZIE, JEROME R.

MRN: 00218103

FIN #: n/a

### Haematology

H=High L=Low \*=Abnormal C=Critical @=Corrected R=Result Comment O=Order Comment

#### CBC and Differential

Accession Number  
19-281-0523

Collected Date/Time  
10/8/2019 18:38 EST

Specimen Type  
Blood

| Procedure  | Result            | Units               | Reference Range | Verified Date/Time  |
|------------|-------------------|---------------------|-----------------|---------------------|
| Hemoglobin | 15.9              | g/dL                | [13.5-17.2]     | 10/8/2019 21:18 EST |
| Hct        | 48.8              | %                   | [40.0-50.0]     | 10/8/2019 21:18 EST |
| MCV        | 87.4              | fL                  | [80.0-95.0]     | 10/8/2019 21:18 EST |
| MCH        | 28.5              | pg                  | [27.0-33.0]     | 10/8/2019 21:18 EST |
| MCHC       | 32.6              | g/dL                | [32.0-36.0]     | 10/8/2019 21:18 EST |
| RDW        | 11.1 <sup>L</sup> | %                   | [11.5-14.5]     | 10/8/2019 21:18 EST |
| Platelet   | 207               | 10 <sup>3</sup> /uL | [150-450]       | 10/8/2019 21:18 EST |
| MPV        | 9.5               | fL                  | [7.0-10.6]      | 10/8/2019 21:18 EST |
| WBC        | 6.4               | 10 <sup>3</sup> /uL | [4.0-10.5]      | 10/8/2019 21:18 EST |

### Chemistry

H=High L=Low \*=Abnormal C=Critical @=Corrected R=Result Comment O=Order Comment

#### General Chemistry

Accession Number  
19-281-0524

Collected Date/Time  
10/8/2019 18:38 EST

Specimen Type  
Blood

| Procedure            | Result                   | Units                      | Reference Range | Verified Date/Time  |
|----------------------|--------------------------|----------------------------|-----------------|---------------------|
| Sodium               | 132 <sup>L O1</sup>      | mmol/L                     | [136-145]       | 10/8/2019 21:53 EST |
| Potassium            | 4.5 <sup>O1</sup>        | mmol/L                     | [3.5-5.1]       | 10/8/2019 21:53 EST |
| Chloride             | 95 <sup>L O1</sup>       | mmol/L                     | [98-107]        | 10/8/2019 21:53 EST |
| Albumin              | 4.8 <sup>O1</sup>        | g/dL                       | [3.5-5.0]       | 10/8/2019 21:53 EST |
| Alkaline Phosphatase | 120 <sup>O1</sup>        | unit(s)/L                  | [40-150]        | 10/8/2019 21:53 EST |
| AST                  | 31 <sup>O1</sup>         | unit(s)/L                  | [5-34]          | 10/8/2019 21:53 EST |
| ALT                  | 53 <sup>O1</sup>         | U/L                        | [16-63]         | 10/8/2019 21:53 EST |
| Bilirubin Total      | 0.6 <sup>O1</sup>        | mg/dL                      | [0.2-1.2]       | 10/8/2019 21:53 EST |
| Calcium              | 10.5 <sup>H O1</sup>     | mg/dL                      | [8.4-10.2]      | 10/8/2019 21:53 EST |
| Creatinine           | 1.3 <sup>O1</sup>        | mg/dL                      | [0.7-1.3]       | 10/8/2019 21:53 EST |
| CO2C                 | 25 <sup>O1</sup>         | mmol/L                     | [20-28]         | 10/8/2019 21:53 EST |
| Glucose Level        | 435.0 <sup>G R1 O1</sup> | mg/dL                      | [70.0-105.0]    | 10/8/2019 21:53 EST |
| Total Protein        | 7.7 <sup>O1</sup>        | g/dL                       | [6.4-8.3]       | 10/8/2019 21:53 EST |
| BUN                  | 20.0 <sup>O1</sup>       | mg/dL                      | [8.9-20.6]      | 10/8/2019 21:53 EST |
| Anion Gap            | 11.6 <sup>H O1</sup>     | mmol/L                     | [3.0-11.0]      | 10/8/2019 21:53 EST |
| GFR Black            | 83.5 <sup>O1 *1</sup>    | mL/min/1.73 m <sup>2</sup> |                 | 10/8/2019 21:53 EST |
| GFR Non Black        | 69.0 <sup>O1</sup>       | mL/min/1.73 m <sup>2</sup> |                 | 10/8/2019 21:53 EST |

#### Result Comments

R1: Glucose Level  
verify by repeat analysis  
call to DR Boothe

n/a

Patient Name: MCKENZIE, JEROME R.

MRN: 00218103

FIN #: n/a

### Chemistry

H=High L=Low \*=Abnormal C=Critical @=Corrected R=Result Comment O=Order Comment

#### Order Comments

- O1: Comprehensive Metabolic Panel (Metabolic Panel Comprehensive) (CMP)
- Comprehensive Metabolic Panel (CMP)
- Electrolytes
- Sodium
- Potassium
- Chloride
- Bicarbonate
- BUN
- Creatinine
- Glucose
- Calcium
- Albumin
- Alk Phosp
- ALT
- AST
- Total Protein
- Total Bilirubin

#### Interpretive Data

^1: GFR Black

### INTERPRETATION

#### GFR BLACK/GFR NON BLACK

Normal GFR results range from 90 -120 mL/min/1.73m<sup>2</sup>. Older people will have lower normal GFR levels

Levels below 60 mL/min/1.73m<sup>2</sup> for 3 or more months are a sign of chronic kidney disease.

Results below 15 mL/min/1.73m<sup>2</sup> are a sign of kidney failure.

### Urine Studies

H=High L=Low \*=Abnormal C=Critical @=Corrected R=Result Comment O=Order Comment

#### Urinalysis

##### Accession Number

19-281-0525

##### Collected Date/Time

10/8/2019 18:38 EST

##### Specimen Type

Urine

##### Procedure

UA Appearance

UA Color

##### Result

Clear

Yellow

##### Units

##### Reference Range

[Clear]

[Yellow]

##### Verified Date/Time

10/8/2019 21:42 EST

10/8/2019 21:42 EST

n/a

Patient Name: MCKENZIE, JEROME R.

MRN: 00218103

FIN #: n/a

### Urine Studies

H=High

L=Low

\*=Abnormal

C=Critical

@=Corrected

R=Result Comment

O=Order Comment

#### Urine Dipstick

##### Accession Number

19-281-0525

##### Collected Date/Time

10/8/2019 18:38 EST

##### Specimen Type

Urine

| Procedure             | Result    | Units | Reference Range | Verified Date/Time  |
|-----------------------|-----------|-------|-----------------|---------------------|
| UA Glucose            | 3+        |       | [Negative]      | 10/8/2019 21:42 EST |
| UA Bilirubin          | Negative  |       | [Negative]      | 10/8/2019 21:42 EST |
| UA Ketones            | Negative  |       | [Negative]      | 10/8/2019 21:42 EST |
| UA Specific Gravity   | 1.010     |       | [1.001-1.035]   | 10/8/2019 21:42 EST |
| UA Blood              | Negative  |       | [Negative]      | 10/8/2019 21:42 EST |
| UA pH                 | 6.0       |       | [5.0-8.0]       | 10/8/2019 21:42 EST |
| UA Protein            | Negative  |       | [Negative]      | 10/8/2019 21:42 EST |
| UA Urobilinogen       | 0.2 mg/dl |       | [0.2-1.0]       | 10/8/2019 21:42 EST |
| UA Nitrite            | Negative  |       | [Negative]      | 10/8/2019 21:42 EST |
| UA Leukocyte Esterase | Negative  |       | [Negative]      | 10/8/2019 21:42 EST |

#### Urine Microscopy

##### Accession Number

19-281-0525

##### Collected Date/Time

10/8/2019 18:38 EST

##### Specimen Type

Urine

| Procedure              | Result        | Units | Reference Range | Verified Date/Time  |
|------------------------|---------------|-------|-----------------|---------------------|
| UA Squamous Epithelial | 0 - 5 per hpf |       | [0 -5 per hpf]  | 10/8/2019 21:42 EST |
| UA WBC                 | 0 - 5 per hpf |       | [0 -5 per hpf]  | 10/8/2019 21:42 EST |
| UA RBC                 | 0 - 5 per hpf |       | [0-5]           | 10/8/2019 21:42 EST |
| UA Bacteria            | Scant         |       | [None]          | 10/8/2019 21:42 EST |
| UA Trichomonas         | None          |       | [None]          | 10/8/2019 21:42 EST |
| UA Yeast               | None          |       | [None]          | 10/8/2019 21:42 EST |

### Radiology Documents

Signed By:

CR041

===== REPORT TEXT =====

Reason for Exam:  
old fracture clavicle

XR Clavicle Complete RT of 05/03/2020:

Comparison made with the previous study done on 8 November 2019. There is an old fracture of the right clavicle with evidence of callus formation. The fracture line is still clearly visible.  
Impression: Healing right clavicular fracture.

n/a

Patient Name: MCKENZIE, JEROME R.

MRN: 00218103

FIN #: n/a

**Radiology Documents**

Interpreted by:

Signed by (Electronic Signature): Dr. CARY EVELYN  
Radiologist

Signed Date (DD/MM/YYYY): 05/03/2020 01:13 PM

Radiographer: SILVERA-MCKOGG, CAMEIL

===== REPORT TEXT END =====

**CR041**

[http://zfpsrv/ZFP?mode=proxy#view&ris\\_pat\\_id=218103&ris\\_exam\\_id=XR20200003691&un=WEBAPI&pw=AsOOazWzLmAfniLGPdshqsbW2r9HrkF1agzNUsD6iKT8%3d](http://zfpsrv/ZFP?mode=proxy#view&ris_pat_id=218103&ris_exam_id=XR20200003691&un=WEBAPI&pw=AsOOazWzLmAfniLGPdshqsbW2r9HrkF1agzNUsD6iKT8%3d) HNAM URL

Signed By:

**CR041**

===== REPORT TEXT =====

Reason for Exam:

Fracture FU

XR Clavicle Complete RT of 08/11/2019:

Previous study reviewed.

There are interval signs of healing of the previously noted fracture.

No other significant interval finding.

Interpreted by:

Signed by (Electronic Signature): Dr. Stephen E. Blake  
Radiologist

Signed Date (DD/MM/YYYY): 08/11/2019 02:11 PM

Radiographer: BROWN-COPELAND, DONNETTE

===== REPORT TEXT END =====

**CR041**

[http://zfpsrv/ZFP?mode=proxy#view&ris\\_pat\\_id=218103&ris\\_exam\\_id=XR20190016202&un=WEBAPI&pw=AsOOazWzLmAfniLGPdshqsbW2r9HrkF1agzNUsD6iKT8%3d](http://zfpsrv/ZFP?mode=proxy#view&ris_pat_id=218103&ris_exam_id=XR20190016202&un=WEBAPI&pw=AsOOazWzLmAfniLGPdshqsbW2r9HrkF1agzNUsD6iKT8%3d) HNAM URL

Signed By:

**CR041**

===== REPORT TEXT =====

n/a

Patient Name: **MCKENZIE, JEROME R.**

MRN: 00218103

FIN #: n/a

**Radiology Documents**

Reason for Exam:

Fracture FU

XR Clavicle Complete RT of 14/10/2019:

Early bridging bone callus formation of previous displaced mid-shaft fracture of the right clavicle noted.

Interpreted by:

Signed by (Electronic Signature): Dr. Alessandro Lemos  
Radiologist

Signed Date (DD/MM/YYYY): 14/10/2019 12:21 PM

Radiographer: BROWN-COPELAND, DONNETTE

===== REPORT TEXT END =====

**CR041**

[http://zfpsrv/ZFP?mode=proxy#view&ris\\_pat\\_id=218103&ris\\_exam\\_id=XR20190014913&un=WEBAPI&pw=AsOOazWzLmAfnlGPDshqsbW2r9HrkF1agzNUsd6ikT8%3d](http://zfpsrv/ZFP?mode=proxy#view&ris_pat_id=218103&ris_exam_id=XR20190014913&un=WEBAPI&pw=AsOOazWzLmAfnlGPDshqsbW2r9HrkF1agzNUsd6ikT8%3d) HNAM URL

n/a

Patient Name: MCKENZIE, JEROME R.

MRN: 00218103

FIN #: n/a

**Radiology Documents**

Signed By:

**CR041**

===== REPORT TEXT =====

Reason for Exam:

Check xray Rt clav #

XR Clavicle Complete RT of 16/09/2019:

Previous study reviewed.

Note is again made of moderately displaced transverse fracture of the midshaft of the right clavicle.

Interpreted by:

Signed by (Electronic Signature): Dr. Stephen E. Blake

Radiologist

Signed Date (DD/MM/YYYY): 16/09/2019 02:44 PM

Radiographer: LEWIS, JANINE

===== REPORT TEXT END =====

**CR041**

[http://zfpsrv/ZFP?mode=proxy#view&ris\\_pat\\_id=218103&ris\\_exam\\_id=XR20190013411&un=WEBAPI&pw=AsOOazWzLmAfnlGPDshqsbW2r9HrkF1agzNUsd6ikT8%3d](http://zfpsrv/ZFP?mode=proxy#view&ris_pat_id=218103&ris_exam_id=XR20190013411&un=WEBAPI&pw=AsOOazWzLmAfnlGPDshqsbW2r9HrkF1agzNUsd6ikT8%3d) HNAM URL

Signed By:

n/a

Patient Name: MCKENZIE, JEROME R.

MRN: 00218103

FIN #: n/a

**Radiology Documents**

CR041

===== REPORT TEXT =====

Reason for Exam:  
blunt injury to clavicular region

XR Clavicle Complete RT of 02/09/2019:

A displaced fracture of the shaft of the clavicle noted.

Interpreted by:  
Signed by (Electronic Signature): Dr. Alessandro Lemos  
Radiologist  
Signed Date (DD/MM/YYYY): 03/09/2019 09:58 AM  
Radiographer: MCGLEAN, MAUREEN

===== REPORT TEXT END =====

CR041

[http://zfpsrv/ZFP?mode=proxy#view&ris\\_pat\\_id=218103&ris\\_exam\\_id=XR20190012705&un=WEBAPI&pw=AsOOazWzLmAfnLGPdshqsbW2r9HrkF1agzNUsD6ikT8%3d](http://zfpsrv/ZFP?mode=proxy#view&ris_pat_id=218103&ris_exam_id=XR20190012705&un=WEBAPI&pw=AsOOazWzLmAfnLGPdshqsbW2r9HrkF1agzNUsD6ikT8%3d) HNAM URL

**Measurements**

|              | Date 3/5/2020  | 10/8/2019 | 9/2/2019  |       |
|--------------|----------------|-----------|-----------|-------|
|              | Time 11:20 EST | 17:43 EST | 14:14 EST |       |
| Measurements |                |           |           | Units |
| Weight       | 105.2          | 106       | 106.8     | kg    |