

EMPLOYEE PRE-DESIGNATION OF PERSONAL PHYSICIAN

Per Labor Code 4600 to qualify as your pre-designated personal physician, the physician must agree, in writing, to treat you for a work related injury. The physician must have previously directed your medical care and must retain your medical history and records. Your pre-designated physician must be a general practitioner, family practitioner, board certified or board eligible internist, obstetrician-gynecologist, pediatrician or multi-specialty medical group, whose practice is predominantly for non-occupational injuries or illnesses.

This is an optional form that can be used to notify Poway Unified School District of your personal physician. You may choose to use another form, as long as you notify your employer in writing prior to being injured on the job and provide written verification that your personal physician meets the above requirements and agrees to be pre-designated.

EMPLOYEE NAME:(Please Print) _____

If I am injured on the job, I wish to be treated by my personal physician. *

Name of Physician _____ Phone Number _____

Physician Address _____

**This is my personal physician who has previously directed my medical care and retains my medical records.*

Employee Signature: _____

A Personal Physician must be willing to be pre-designated and treat you for a worker's compensation injury. **The remainder of this form is to be completed by your physician and returned to your Employer.**

PERSONAL PHYSICIAN ACKNOWLEDGEMENT

Per labor Code 4600 to qualify you must meet the criteria outlined above. You are not required to sign this form, however, if you or your designated employee, does not sign, other written documentation of the physician's agreement to be pre-designated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

PERSONAL PHYSICIAN NAME: _____

- I agree to treat** the above named employee in the event of an industrial accident or injury. I meet the criteria outlined above. I agree to adhere to the Administrative Director's Rules and Regulations, Section 9785, regarding the duties of the employee-designated physician.
- I do not agree to treat** the above employee in the event of an industrial accident or injury.
- I do not qualify** as the employees' personal physician. I am not an M.D. or D.O. or do not meet the criteria outlined above.

Physician Signature

Date

Please return completed form to: