

PERSONAL PHYSICIAN FORM

To: _____
Name of Employer

In the event that I sustain a job-related illness or injury, I designate my doctor to provide medical care. I am not waiving my right to appropriate medical treatment where my doctor is unavailable.

Doctor: _____
Doctor's name, office, clinic or hospital

Doctor's signature: _____

Doctor's Phone No.: _____

Employee's name (print): _____

Employee's signature: _____ Date: _____

INSTRUCTIONS: In order to be valid, this form must be reviewed and signed by you and your doctor. Upon completion, return form to your employer's Human Resources Department. If you have additional questions, contact your local union, or fire department human resource manager.

In accordance with the new workers' compensation reform law enacted April 19, 2004, as it amends Labor Code Section 4600, if your employer provides group health coverage, you are allowed to pre-designate your doctor for your workers' compensation medical treatment. If you pre-designate your doctor, you will be allowed to be treated by this doctor immediately after you are injured. If you fail to pre-designate your doctor, your employer may select a doctor for you from the date of injury.