



ALLAN HANCOCK COLLEGE
WORKERS' COMPENSATION – Pre-Designation of Personal Physician

EMPLOYEE NAME
JOB TITLE

If you are injured on the job you have the right to be treated by your personal physician if you notify us, in writing, prior to the injury. To qualify as your pre-designated, personal physician, the physician must agree, in writing, to treat you for a work related injury, must have previously directed your medical care, and must retain your medical history and records (Labor Code 4600).

This is an optional form that can be used to notify us of your personal physician. You may choose to use another form, as long as you notify us, 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 ACKNOWLEDGEMENT (Choose one)

- I acknowledge receipt of this form and elect not to pre-designate my personal physician at this time. I understand that in the event of a work related injury or illness, I will receive medical treatment from my employer's medical provider.

Employee Signature Date:

OR

- If I am injured on the job, I wish to be treated by my personal physician. This physician is my personal physician who has previously directed my medical care and retains my medical history and records.

Name of Physician Phone Number

Physician Address

Employee Signature: Date:

The remainder of this form is to be completed by your physician and returned to your WEE Instructor.

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).

- I agree to treat the above named employee in the event of an industrial accident or injury AND 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.

Physician Signature: Date:

Printed Name:

Please return completed form to: WEE Instructor