



El Monte Union High School District

Personal Physician Pre-Designation Form

Date Employee was provided Pre-Designation form: _____

Employee: _____ Site: _____

Pursuant to Labor code 4600(d), the definition of "Personal Physician" means:

The employee's regular physician and surgeon,
who prior to the injury, has directed medical treatment of the employee, and
retains the medical records and medical history of the employee

Name of Physician: _____

Specialty: _____

Address: _____

Telephone: _____

Employee Name (print): _____

Employee Signature: _____

Date of Request: _____

If this form and the attached Certification is not completed and returned to your employer prior to an industrial injury, the employee is to seek medical treatment from the employer-designation medical facility as noted on the posted notices regarding workers' compensation.

Your personal physician is required to adhere to Title 8, California Code of Regulations 9785, the Reporting Duties of the Primary Treating Physician and Labor Code 4610. Your personal physician **must agree** to be your pre-designated physician and that they accept payment for service in accordance with the Caledonia Official Medical Fee Schedule.

Please have your personal physician sign and return this form to your employer with the Certification on the back of this form acknowledging their responsibility as your treating physician should you sustain an industrial injury.

