

Oakdale Joint Unified School District

WORKER'S COMP PRE-DESIGNATION FORM

This Section to be completed by employee:

Employee Name: _____ Position: _____

Check One Box Only:

DISTRICT DESIGNATED DOCTOR/AUTHORIZED CLINIC

In the event of any on-the-job, work-related injury, I do NOT request to be treated by my personal physician and allow the Nurse Hotline to refer me to an authorized clinic.

Employee Signature: _____ **Date:** _____

DESIGNATE PRIMARY CARE/PERSONAL PHYSICIAN

In the event of any on-the-job, work-related injury, I request that I be treated by my personal physician as indicated below:

Personal Physician: _____

Physician's Address: _____

Physician's Phone Number: _____

Important Requirements for Personal Physicians:

- On the date of your work injury you had health care coverage for injuries or illnesses that are not work related;
- The doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- Your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for non-occupational illnesses and injuries;
- Prior to the injury your doctor agrees to treat you for work injuries or illnesses;

Name of Insurance Company, Plan, or Fund providing health coverage for non-occupational injuries or illnesses: _____

Employee Signature: _____ **Date:** _____

This Section to be completed by Physician:

I agree to be the Pre-Designated Physician for the above-referenced individual for the treatment of work-related injury or illness.

Physician's Signature: _____ **Date:** _____

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other 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).
Title 8, California Code of Regulations, section 9783.