



Pre-Designation of Physician Form For Industrial Injuries/Illnesses

Per Labor Code 4600, if an “employee has notified his or her employer in writing prior to the date of injury that he or she has a personal physician, the employee shall have the right to be treated by the physician from the date of injury.” Your pre-designated physician must meet the following requirements:

1. must be your regular physician;
2. must be your primary care physician or your physician’s integrated multi-specialty medical group;
3. must be licensed per Business and Professions Code;
4. must have previously provided your treatment;
5. retains your medical records, including medical history; and
6. agrees to be your pre-designated physician.

Personal physician may include an integrated multi-specialty medical group if the medical group is a single corporation or partnership comprised of licensed doctors of medicine or osteopathy that provides comprehensive medical services primary for non-occupational injuries and illness before you are injured. Pursuant to the above referenced Business and Professions Code, acupuncturists may not be named as pre-designated physicians.

Although you may pre-designate Kaiser for treatment, you cannot pre-designate an individual Kaiser doctor. You will be directed to Kaiser on-the-Job for treatment.

To avoid any disputes, your personal physician should sign the form indicating his/her willingness to treat you for an industrial injury/illness and comply with the reporting requirements of workers’ compensation. If your pre-designated physician is unable to care for you in the event of a work-related injury, you will be directed to seek treatment at one of the posted occupational medical facilities or medical provider network (MPN) providers. If you volunteer to pre-designate a personal physician, please complete, sign, and have your personal physician sign the form below. For information about workers’ compensation benefits, or pre-designating a personal physician, please contact Risk Management at (858) 627-7347.

Employee’s Name (Please Print)	Employee’s ID Number
School Site/Department	Site’s Telephone Number

In the event of an industrial injury/illness, I request to be treated by my personal physician named below.

Physician’s Name (Please Print)	CA License Number
Physician’s Address (Street, City, State, Zip)	Physician’s Telephone Number

I understand that the pre-designated physician indicated on this form is valid only for work-related injuries/illnesses that may occur after receipt of this signed and dated form by Risk Management, San Diego Unified School District. As I may only pre-designate one physician, I understand the name above replaces any previous pre-designations received and will remain in effect until amended by me. In the event the above named physician is unable to treat my work-related injury, I will be required to seek care at one of the posted medical centers or an MPN physician. All employees who seek medical treatment as a result of a work-related injury/illness are required to immediately report such injury to their supervisor so that the District’s third party administrator, York Risk Services Group, Inc., may authorize appropriate treatment.

Employee Signature _____ **Date** _____

I am the above-named individual’s personal physician who has previously directed his/her medical treatment, and maintains the individual’s medical records including a medical history. I agree to treat him/her for an industrial injury and I will comply with the Industrial Injury reporting requirements of Labor Code 6409 and accept the medical fee schedule.

Signature of Physician _____ **Date** _____

“Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers’ compensation benefits or payments is guilty of a felony.”

Employee must return completed and signed original form to:
Risk Management | Revere Center Room 7 | 4100 Normal Street | San Diego CA 92103