



Los Angeles Unified School District Workers' Compensation Program Pre-designation of Physician Form

In the event of a work related injury or illness, I request to be treated by my personal physician. I understand this designation may only be made **before** the date of injury.

The physician I selected meets the following criteria:

- Within a reasonable geographical area from my residence or work location.
- A Licensed Physician pursuant to Chapter 5 of Division 2 of the Business and Professions Code.
- Is my regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed my medical treatment, and retains my medical records.
- Agrees before the injury to be designated as my physician in the event an industrial injury occurs.

Please Note: The California Labor Code defines "Personal Physician" as a doctor of medicine, or a doctor of osteopathic medicine, who prior to the injury had directed the medical treatment of the employee and who retains the employee's medical records and medical history.

If my personal physician is not qualified to treat the injury or declines to provide treatment, my employer will direct my treatment to an appropriate physician.

Employee Name: _____ **Employee Number:** _____

Pre-designated Physician's Name: _____ Telephone No. _____

Address: _____

Employee Signature: _____ Date: _____

Site Administrator Signature: _____ Date: _____

I, _____ am a physician and I have read and certify that I meet and will adhere to the requirements listed above as the pre-designated personal physician for _____.

Physician's Signature _____ Date: _____

The physician is not required to sign this form, however, if the physician or designated employee of the physician 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)

This form must be maintained at the work location in the employee's personnel file.