

Tulare County  
Office of Education

Jim Vidak, County Superintendent of Schools

# Workers' Compensation

## Personal Physician Acknowledgement Form

If an employer offers group health insurance, employees injured on the job have the right to be treated immediately by their personal physician if the employer is notified, in writing, prior to the injury.

For dates of injury on or after January 1, 2004, there is a limit of 24 chiropractic, 24 physical therapy and 24 occupational therapy visits.

Per Labor Code 4600 to qualify you must agree to be designated as the employees personal physician. You must have previously directed the employees medical care and retain their medical history and records.

Our primary goal is to provide our employees with prompt, effective, quality medical treatment in the event of an industrial injury. We request your partnership by completing this acknowledgment form.

EMPLOYEE NAME: \_\_\_\_\_

PERSONAL PHYSICIAN NAME: \_\_\_\_\_

- I agree to treat** the above-named employee in the event of an industrial accident or injury. I have previously directed the employee's medical treatment and retain medical records and medical history. I agree to adhere to the Administrative Director's Rules and Regulations, Section 9875, regarding the duties of the employee-designated physician.
- I **do not** agree to treat the above employee in the event of an industrial accident or injury.
- I **do not** qualify as the employees' personal physician per Labor Code 4600. I have not previously directed the employee's medical treatment and do not retain medical records and medical history.

\_\_\_\_\_  
Name of Physician Telephone # Fax #

\_\_\_\_\_  
Street City/State Zip

\_\_\_\_\_  
Physician Signature Date

**Please Return to Human Resources**

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