



BAY AREA
AIR QUALITY
MANAGEMENT
DISTRICT

BAY AREA AIR QUALITY MANAGEMENT DISTRICT

Workers' Compensation Pre-Designation Form*

FOR TREATMENT OF WORKERS' COMPENSATION INJURY OR ILLNESS:

Employees may be treated by a personal physician, or at a medical facility of their choice, 30 days after the date a work injury or illness is reported. Employees may also choose to receive initial medical treatment by a personal physician if they have a Pre-Designation Form on file. Please note that employees can no longer designate a Chiropractor or Acupuncturist and that a designated personal physician must be the employee's primary care physician (LC 4600(d)).

NAME OF EMPLOYEE: _____

DATE OF BIRTH: _____

In the event of a work injury or illness that does not require apparent immediate emergency treatment, I wish to be treated by my Personal Physician, designated as follows:

PRIMARY CARE PHYSICIAN NAME: _____

PHYSICIAN'S ADDRESS: _____
(If listing a Kaiser physician, please indicate the Kaiser location and your medical record number)

PHYSICIAN'S TELEPHONE: _____

I, Dr. _____, certify the following is true and correct for the above-referenced patient:

- I am the primary care physician and have previously directed the individual's medical treatment (LC 4600(d)(2)(B)).
- I retain medical records including his/her medical history (LC 4600 (d) (2) (B)).
- I agree to be pre-designated (LC 4600 (d) (2)).

By signing this form I am attesting to the above statements and agreeing to provide medical treatment for the above-referenced patient in the event of an industrial injury or illness.

Physician Signature _____ Date _____

This authorization is effective from the date received in Human Resources and will remain in effect until revoked or until the employee makes a new designation. This form is not valid unless signed by the employee's primary care physician.

*Employees who can participate in this process are those that are eligible to receive major medical benefits through Bay Area Air Quality Management District.