

Ventura Unified School District
PRE-DESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.) or doctor of osteopathic medicine (D.O.) or a designated Medical Group (Group) if:

- The doctor/group 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 a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- Prior to injury your doctor/group agrees, in writing, to treat you for work injuries and illnesses;
- Prior to the injury you provided the District the following in writing: (1) notice that you want your personal doctor/group to treat you for a work-related injury or illness, and (2) your personal doctor's/group's name and business address.

Please use this form to notify the District if you wish to have your personal medical doctor or doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

NOTICE OF PRE-DESIGNATION OR PERSONAL PHYSICIAN

Employee: Complete this section.

To: Ventura Unified School District.

If I have a work-related injury or illness, I choose to be treated by:

(Name of doctor (M.D., D.O.) or Group)

(Street address, city, state, ZIP)

(Telephone Number)

Employee's Name (please print): _____

Employee's Address: _____

Employee's signature: _____ Date: _____

Physician: I agree to this Pre-Designation

Signature: _____ Date: _____

(Physician or Designated Employee of the Physician or Designee of the Medical Group)

The physician/group is not required to sign this form. however, if the physician/group or designated employee of the physician does not sign, other documentation of the physician's/group's agreement to be pre-designated will be required pursuant to Title 8, California Code of Regulations, section 9780.1 (a)(3).

Please return the completed form to the Risk Management Department.