

Employee Designation of Personal Physician and Chiropractor

EMPLOYEE NAME: _____
DEPARTMENT: _____

PHYSICIAN:

In the event the undersigned employee of the City of Pacific Grove should suffer an on-the-job injury or illness, the undersigned designates:

Dr. _____, MD

Address: _____

as the personal physician with whom employee selects to undertake treatment for such injury or illness.

CHIROPRACTOR:

In the event the undersigned employee of the City of Pacific Grove should suffer an on-the-job injury or illness, the undersigned designates:

Dr. _____, Chiropractor

Address: _____

as the personal chiropractor with whom employee selects to undertake treatment for such injury or illness.

Please mark the appropriate box below.

- The undersigned employee has been advised of the necessary procedures to take in the event of an on-the-job injury or illness, and represents that the above named are the employee's doctors who have previously directed employee's medical treatment and who retain employee's medical records and history.
- The undersigned employee has been advised of the necessary procedures to follow in the event of an on-the-job injury or illness and does not wish to designate a personal physician or chiropractor at this time.

Employee Signature

Date

This Form Must Be Filed With The Office Of The City Manager