



BROTHERHOOD OF TEAMSTERS, LOCAL UNION NO. 70

ALAMEDA, COUNTY, CALIFORNIA

Auto Truck Drivers, Line Haulers, Car Haulers and Helpers,
Solid Waste, United Parcel Service and Port Drivers
Affiliated with the International Brotherhood of Teamsters

NOTICE OF PREDSIGNATION OF PERSONAL PHYSICIAN

INSTRUCTIONS:

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 osteopathy (D.O.)) if: -

- your employer offers group health coverage;
- the doctor has treated you in the past and has your medical records;
- prior to the injury your doctor agreed to treat you for work injuries or illnesses;
- prior to the injury you provided your employer the following in writing:
(1) notice that you want your personal doctor to treat you for a work-related injury or illness, and
(2) your personal doctor's name and business address.

This form may be used to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathy treat you for a work-related injury or illness and the above requirements are met.

TO: _____
Employer Name

EMPLOYEE: COMPLETE THIS SECTION

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

NAME OF PHYSICIAN (PRINT):

ADDRESS OF PHYSICIAN:

Employee Name (PRINT):

Employee Signature:

Date:

PHYSICIAN: COMPLETE THIS SECTION

I agree to this predesignation:

Physician Name (PRINT):

Physician 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 Section 9780.1(a)(3).

EMPLOYER: COMPLETE THIS SECTION

Predesignation received and accepted by:

Name (PRINT):

Title:

Signature:

Date:

Copies to: Employer AND Local 70