CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION

Notice of Election to be Treated by Personal Physician

TO: Mt. SAN ANTONIO COLLEGE
(name of employer)

FROM: _____
(name of employee)

You are hereby notified, pursuant to Section 4600 of the Labor Code of the State of California, that if I sustain an industrial injury, I elect to be treated for such injury by my personal physician. The name and address of my personal physician is:

_____
(name of physician or medical facility)

_____
(address - street or P.O. #)

_____
city zip

_____
telephone number

This notice and election shall remain in full force and effect until revoked in writing by the undersigned employee.

Dated: _____

_____ _____
employee name (type of print) employee signature

Receipt of this notice acknowledged this _____ day of _____, 19_____.