

University Corporation, San Francisco State
P.O. Box 320160, San Francisco, CA 94132-0160
(415)338-2246 / fax (415)841-5044

Designation of Personal Physician

An employee may be treated for a work-related illness or injury by a particular medical provider if the University Corporation, San Francisco State has been notified in writing prior to the date of illness/injury. If notification is not on file at the time of injury, the Corporation by law has the right for the first 30 days following that injury to direct medical care and treatment offered to the employee.

Name of Physician/Location of Facility

Address

Phone

Designation of Person(s) to Act on my Behalf in Case of an Emergency

Designee:

Name

Work Phone

Home Phone

Address

City/State/Zip

Relationship

Other:

Name

Work Phone

Home Phone

Address

City/State/Zip

Relationship

Employee Name (Please Print)

Employee Signature

Date

Witness Signature (If Applicable)

Date
