



CDF FIREFIGHTERS

924 ENTERPRISE DRIVE, SACRAMENTO, CALIFORNIA 95825 (916) 641-2096 FAX (916) 641-1508

TO: CALIFORNIA DEPARTMENT OF FORESTRY & FIRE PROTECTION

RANGER UNIT: _____

EMPLOYEES NAME: _____

DATE: _____

DESIGNATION OF EMPLOYEE SELECTED PHYSICIAN

I,
hereby designate as my treating physician, the following medical provider should I incur any work related injury or illness while employed by the California Department of Forestry & Fire Protection. This notification is being completed so as to eliminate the 30-day waiting period for seeing a physician of my choice.

Physician's Name: _____

Physician's Address: _____

Telephone: _____

Dated: _____

Employees Signature: _____

Note: ORIGINAL GOES TO RANGER UNIT PERSONNEL ASSISTANT AND ONE COPY TO EMPLOYEE.