

I hereby certify that Dr. _____ or _____ facility as my personal physician, who/which has previously directed my medical treatment, has my medical records and medical history. (Administrative Rule 9780 (h))

I hereby certify that Ann E. (Star) Bailey D.C. is my regular chiropractor who has previously directed my chiropractic treatment and has my chiropractic treatment records and chiropractic history. (Labor Code S4601 (b))

I understand that if necessitated by the nature of my injury or illness, my employer may arrange appropriate first aid or emergency treatment to evaluate my medical condition before referring me to my personal physician. (Administrative Rule 9780.2)

Employee Name (Print)

Employee Signature / Date