Training/Work-Related Injury/Exposure Treatment Authorization

Name ________________________________

(Check one)

☐ Student
☐ Employee
☐ Patient
☐ Other_______________________

The above person has sustained a training/work-related injury or exposure. He or she needs a confidential medical evaluation. The District uses Kaiser Occupational Health Dept. East Building 2nd Floor Ste. 260 or 270, 401 Bicentennial Way, Santa Rosa, (571-3000) for evaluations done on weekdays 8:30 a.m. - 5 p.m. Outside those hours, the person is sent to Kaiser Emergency Room, 401 Bicentennial Way, Santa Rosa (571-4800).

To the medical provider: The District’s worker’s compensation carrier is Keenan & Associates, 2882 Prospect Park Dr., # 200, Rancho Cordova, CA 95670 (800-343-0694).

Authorized Signature_____________________________ Phone____________________

(Faculty Member and/or Supervisor)

Person Authorizing (print name)_________________________

Contact SRJC Human Resources regarding additional paperwork that needs to be completed: Human Resources Analyst (707) 527-4817.

Original: Send to Human Resources within 24 hours

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