TITLE: **REQUEST FOR MEDICAL INDUSTRIAL INJURY FORM**			NO: N-240
APPROVED: **Donny Youngblood, Sheriff-Coroner**			
EFFECTIVE: September 15, 1993	REVIEWED: 05/11/2018	REVISED: 03/01/2007	UPDATED: 05/11/2018

POLICY

The REQUEST FOR MEDICAL SERVICE - INDUSTRIAL INJURY form is used to notify an employee of the medical facilities where they may seek medical treatment due to a work-related injury or illness. The form also authorizes a physician to render immediate medical treatment to the employee. The injured employee is not authorized to complete this form.

Attached is a copy of the REQUEST FOR MEDICAL TREATMENT - INDUSTRIAL INJURY form (requestmedical.doc (revised 1/18/07). Do not make recommendations as to which doctor the employee should see. The providers listed on the REQUEST FOR MEDICAL TREATMENT-INDUSTRIAL INJURY form are under contract to the County and a recommendation of one provider could be deemed as an interference with the contractual rights of the other providers. The following guidelines will be used to complete the form:

LINE #

1. List the name of the injured or ill employee.
2. List the date the injury occurred.
3. This space should read "Kern County Sheriff's Office."
4. This space has the Sheriff's Office Risk Management Analyst's phone number, (661) 391-7552, listed.
5. Signature of the supervisor completing the form.
6. Date the form was completed.

End of form.