



MEDICAL REFERRAL FORM

INSTRUCTIONS: If time permits but within 24 hours, call the Benefits/Workers' Compensation Analyst in Human Resources (ext. 3584) to report the injury and for assistance. **All first aid injuries should be treated at the Campus Health Center during regular office hours (ext. 3965) unless the employee has a Physician Pre-designation form on file in Human Resources. When the Campus Health Center is closed, the injured employee should go to Doctors on Duty, any location (open until 9:00 p.m.) or Community Hospital of the Monterey Peninsula (CHOMP) at 23625 Holman Highway. In the event of serious bodily injury or life-threatening illness, call 911. (PLEASE PRINT.)**

Employee's name: _____

The injured is a: University Employee: Student Assistant: Registered Volunteer:

Department: _____

Supervisor's Name: _____

Date of Injury: _____ Place Injury Occurred: _____

Medical facility to which employee is being directed:

CSUMB Health Center, CSUMB Bldg. 80

Doctors on Duty

Community Hospital of the Monterey Peninsula

(CHOMP) Employee's Designated Physician: _____

Supervisor/Referring Person's Name and Title: _____

Supervisor/Referring Person's Signature: _____

INSTRUCTIONS FOR THE TREATING PHYSICIAN OR PRACTITIONER:

Please treat this employee in accordance with the terms of the Workers' Compensation laws. CSUMB has a strong interest in the rapid and effective treatment of injured workers; prompt payment of benefits due; and the exploration of early return to work light duty, job modification and other measures that will permit an employee to recover from the effects of work-related injuries and return to productive work as soon as possible. We appreciate your help in accomplishing these goals.

- **WITHIN 24 HOURS OF TREATMENT** please fax the Doctor's First Report within 24 hours to: Sedgwick and CSUMB Benefits Office. After the employee leaves your medical facility, please call: Workers' Compensation/Benefits Analyst in Human Resources at (831) 582-3584, to advise her of the injured employee's status.
- Sedgwick Fax: **916-851-8089**
- CSUMB Fax: **831-582-4736**
- Workers' Compensation Administrator
Sedgwick CMS
 CSU Unit
 P.O. Box 14629
 Lexington, KY 40512-4629
Phone: (800) 225-2998

DOCTORS ON DUTY MEDICAL CLINICS

Marina

3130 Del Monte Blvd., Marina, CA 93933
Fax: 831-883-3335

831-883-3330

Monterey

501 Lighthouse Ave, Monterey, CA 93940

831-649-0770

Salinas - North

1137 N Main, Salinas, CA 93901

831-757-1110

Salinas - South

1212 S Main, Salinas, CA 93906
Physical Therapy Department

831-422-7777

831-769-9446

Seaside

1513 Fremont Blvd., Ste.E-1, Seaside, CA 93955

831-899-1910

Watsonville

1505 Main, Watsonville, CA 95076

831-722-1444