

Training/Work-Related Injury/Exposure Treatment Authorization

Name: _____

(Check one)

- Student
 Employee
 Patient
 Other _____

This person has sustained a training/work-related injury or exposure. He or she needs a confidential medical evaluation. The District uses Kaiser's Occupational Health Department in Santa Rosa, Rohnert Park, Petaluma or San Rafael.

1. **Santa Rosa** (707) 566-5555 M-F 8:30 am - 5 pm 3975 Old Redwood Highway, Medical Building 5, Suite 152, Santa Rosa, CA 95403
2. **Rohnert Park** (707) 206-3091 M-F 8:30 am – 5 pm, 5900 State Farm Drive, Rohnert Park, CA 94928
3. **Petaluma** (707) 765-3800 M-F 8:30 am - 5 pm or (707) 765-3960 Tu & Th 5 - 7:30 pm 3900 Lakeville Hwy, Petaluma, CA 94952
4. **San Rafael** (415) 444-2900 M-F 8:30 am - 5 pm or (415) 444-2940 Urgent Care, Medical Office Building 1, Montecillo Road, San Rafael, CA

➤ Outside normal business hours, use the nearest Kaiser Emergency Room.

To the medical provider: The District's workers' compensation carrier is Keenan & Associates, P.O. Box 1538, Rancho Cordova, CA 95741 (800-343-0694).

Faculty/Supervisor (Signature) _____ **Phone** _____

Faculty/Supervisor (Print Name) _____

Contact SRJC Human Resources Analyst (524-1624) regarding additional paperwork that is required:

➤ For emergencies or exposures out of the Kaiser coverage area, use the closest medical facility.

Fax **within 24 hours of injury** to Human Resources at **707-527-4967**
