

Medical Supervision Program
MEDICAL SUPERVISION WRITTEN AGREEMENT

I, _____, agree to provide medical supervision for (Physician
name)

the employees of _____.
(Grower or Company)

I possess a copy of, and am aware of the contents of, the following document:
Medical Supervision of Pesticide Workers—Guidelines for Physicians.

(Physician)

(Address)

(City, State, Zip)

(Telephone)

(Signed)

(Grower Name/ Company)

(Address)

(City, State, Zip)

(Telephone)

(Signed)