

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section.

To (Check One):

United Airlines Southwest Airlines British Airways

If I have a work related injury or illness, I choose to be treated by:

(Name of Doctor) (M.D., D.O.)

Employee Name (please print)

Employee Telephone Number

Employee Address

Employee Signature

Date

Physician: Complete this section.

Physician's Address: (street address, city, state, zip)

Physician's Telephone Number

Physician: I agree to this Predesignation

Signature

Date

(Physician or Designated Employee of the Physician)

Employee: Return This Form To Company