

Medical Supervision Program  
MEDICAL SUPERVISION WRITTEN AGREEMENT

I, \_\_\_\_\_ (Physician name), agree to provide medical supervision for  
the employees of \_\_\_\_\_.  
(Grower or Company)

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

\_\_\_\_\_  
(Physician)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Signed)

\_\_\_\_\_  
(Grower Name/Company)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Signed)

