

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)