MEDICAL SUPERVISION WRITTEN AGREEMENT

I, _____, agree to provide medical
(Physician)

supervision for the employee(s) of_____.
(Grower or Company)

I possess a copy of and am aware of the contents of the document "Medical

Supervision of Pesticide Workers Guidelines for Physicicans"

_____	_____
(Physician)	(Grower or Company)
_____	_____
(Address)	(Address)
_____	_____
(City, State and Zip)	(City, State and Zip)
_____	_____
(Telephone)	(Telephone)
_____	_____
(Signed)	(Signed)

This document is required to be filed with the Agricultural Commissioner's Office with a copy in the employer's file prior to any employees working with Category I or II organophosphates or carbamates.

WAW/sab
4/12/99
MedSup.Doc