



Tennessee Bureau of Workers' Compensation  
220 French Landing Drive, I-B  
Nashville, TN 37243-1002

FORM C-42

EMPLOYEE'S CHOICE OF PHYSICIAN

An employer must provide a partially-completed form listing at least three physicians to an employee upon the report of a workplace injury. The employee must complete and then sign and date the section below that indicates the physician chosen. A copy of the fully-completed form should be provided to the employee with the original kept on file by the employer. If the employee refuses to accept medical services from the chosen physician, the employee's rights to benefits may be delayed. **NOTE:** Employees traveling more than 15 miles one way to or from medical treatment may seek reimbursement of their travel expenses from the insurance carrier.

TO BE COMPLETED BY THE EMPLOYER:

Employer Jefferson County School System Date of Injury \_\_\_\_\_  
Employer Contact Shaleen Cunningham Phone 865-397-4922 Email scunningham@jeffersoncountyttn.gov

Physician Name Fast Pace Urgent Care/Dr. Jonathan Rey Phone 865-262-9294  
Address 277 East Broadway Blvd City Jefferson City State TN Zip 37760

Physician Name Hamblen Family Medicine/Dr. Frederick Yarid Phone 423-587-9777  
Address 823 McFarland Street City Morristown State TN Zip 37814

Physician Name Healthstar Physicians/Dr. Bonnie Burnette-Vick, Dr Mickey Brooks - Needs Employer approval Phone 423-586-2410  
Address 420 West Morris Blvd City Morristown State TN Zip 37813

TO BE COMPLETED BY THE EMPLOYEE:

I have selected the following physician from the list provided to me by my employer:

Physician Name \_\_\_\_\_ Date Selected \_\_\_\_\_

Employee Name \_\_\_\_\_ Appt Date/Time \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_