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 "*Guidelines for Physicians who supervise workers exposed to cholinesterase-inhibiting pesticides*".

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