



The University Corporation  
CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

**SUPERVISOR’S REFERRAL TO  
KAISER PERMANENTE  
OCCUPATIONAL HEALTH CLINIC/ON-THE-JOB DEPARTMENT  
5601 De Soto Ave, Woodland Hills, CA 91367  
North Entrance #10**

**Instructions to supervisor:** When an injury occurs requiring professional medical treatment, please complete the information below and contact Kaiser Occupational Health Department/Clinic, Woodland Hills at (818) 719-3006 or 719-4216 and advise them that you will be sending an injured worker for evaluation. A referral is not an admission of liability.

**Employee Name:** \_\_\_\_\_ **Date of Injury:** \_\_\_\_\_

**Type of Injury:** \_\_\_\_\_

**Employer Name:** The University Corporation (TUC at California State University, Northridge)

**Policy #:** AO-CSURMA-20

**Primary Contact:** Michelle Alcaraz  
**Direct Phone:** (818) 677-3648  
**Office:** (818) 677-5298  
**Email:** [michelle.alcaraz@csun.edu](mailto:michelle.alcaraz@csun.edu)

**Secondary Contact:** Noeli Herrera  
**Phone:** (818) 677-6311  
**Email:** [noeli.herrera@csun.edu](mailto:noeli.herrera@csun.edu)

**Supervisor Name (Signature):** \_\_\_\_\_

**Supervisor Name (Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*Important:** Please provide any notes to TUC Human Resources by email provided above.