

# REFUSAL OF MEDICAL TREATMENT

I, \_\_\_\_\_, hereby state that on \_\_\_\_\_  
(your name) (date)

(Describe incident)

I \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I reported the above incident to my supervisor on \_\_\_\_\_.  
(date)

I have decided NOT to seek medical attention for this injury, even though my Workers' Compensation Coordinator/Supervisor was willing to make an appointment for me to be seen.

Refusal of medical care at the time of injury does not prohibit you from receiving medical care from a panel physician at a later date.

I returned to regular work on \_\_\_\_\_.  
(date)

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(Supervisor Signature)

\_\_\_\_\_  
(date)