

## Employee Refusal of Medical Treatment Form

I have been advised by my supervisor/safety specialist that I may seek medical treatment for the injury that may have occurred on the job per the below listed information. I do not think medical treatment is needed at this time, but I will inform my supervisor or safety specialist immediately should the need arise.

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(Employee printed name)

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(Date of injury per employee)

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(Time of injury per employee)

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(Employee list specific body part(s): Example: Right hand, index finger)

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(Employee list specific injury type: Example: Scratch, burn, cut)

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(Employee Signature)

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(Today's Date)

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(Supervisor/Safety Specialist Signature)

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(Today's Date)

Manager/Safety Specialist Comments:

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Manager/Safety Specialist note: Use this form if an employee has a minor injury and they do not feel that they need medical treatment. If the employee's injury is obvious, get medical attention and/or call 911, if necessary. Remember to complete an incident report form as soon as possible.