



## EMPLOYEE REFUSAL OF MEDICAL TREATMENT FORM

I have been advised by my manager/supervisor 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 manager/supervisor immediately should the need arise.

\_\_\_\_\_  
Employee name (printed)

\_\_\_\_\_  
Date of Injury (Per Employee)

\_\_\_\_\_  
Time of Injury (Per Employee)

\_\_\_\_\_

\_\_\_\_\_  
Specific list of body part(s): (i.e. right hand, index finger, etc)

\_\_\_\_\_  
Specific injury type: (i.e. burn, scratch, cut, etc)

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor/Manager signature

\_\_\_\_\_  
Date

Manager/Supervisor comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Manager/Supervisor 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 the Accident Investigation Report form and contact Pete Delgado immediately at (210) 875-0387.