



## 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 Printed Name)      (Date of Injury Per Employee)

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

\_\_\_\_\_  
(Employee List Specific Body Part(s): Example: Right Hand, Index Finger)

\_\_\_\_\_  
(Employee List Specific Injury Type: Example: Scratch, Burn, Cut)

\_\_\_\_\_  
(Employee Signature)                      (Today's Date)

\_\_\_\_\_  
(Manager/Supervisor)                      (Today's Date)

### Manager/Supervisor Comments:

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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 9-1-1, if necessary. Remember to complete the "Accident Investigation Report" form and fax it immediately to Patriot Risk Services at (954) 252-3816 if the employee refuses medical attention.