

Employee Refusal of Medical Treatment Form

Employee

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's Printed Name:

Date of Injury, per Employee:

Time of Injury, per Employee:

AM PM

List specific body part(s) (example: right hand, index finger):

List specific injurt type (example: scratch, burn, cut):

Manager/Supervisor

Comments:

Employee Signature: _____

Date: _____

Manager/Supervisor Signature: _____

Date: _____

If you have any questions or concerns, please feel free to call Insured Solutions Claims department or Loss Control.

Please fax completed form to (480) 289-6220 or email to WCNewClaims@InsuredSolutions.net.