



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.