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.

_____ _____

(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)

_____ _____

(Supervisor/Safety Specialist Signature) (Today's Date)

Manager/Safety Specialist Comments:

_____

_____

_____

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