



Dr. Rebecca Farley Director of Schools

Scott VanWinkle Board Chair

## Employee Refusal of Medical Treatment Form

I acknowledge that I have received an injury that may have occurred on the job per the below listed information. I do not wish to seek medical treatment at this time. However, I understand that I may seek treatment should my condition change. I will inform my supervisor immediately should the need arise.

Employee Name (print) \_\_\_\_\_

Date of injury \_\_\_\_\_

Time of injury \_\_\_\_\_

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Employee list specific body part(s): Example: Right hand, index finger

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Employee list specific injury type: Example: Scratch, burn, cut

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*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 within 1 working day of knowledge of injury.

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