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:
- Time of injury per employee: Date 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.

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