

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 Parts (example: right hand, index finger): _____

List Specific Injury 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
Frontline HRO's Risk Department.**

Please email to risk@FrontlineHRO.com or fax completed form to 888-252-5217