

# ESSEX

PROPERTY TRUST, INC.

## Employee Medical Care Refusal

On \_\_\_\_\_ I sustained an injury to the following body part/s:

\_\_\_\_\_

I was offered medical care but I have refused. My signature below documents my refusal of medical attention and acknowledges that I was provided a DWC1 Workers Compensation Claim Form and Notice of Potential Eligibility by my employer on the date noted. Should I need medical attention at a later date I will notify my employer immediately.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Name

\_\_\_\_\_

Witness signature

\_\_\_\_\_

Date

\_\_\_\_\_

Witness Print Name

## Rechazo Del Cuidado Médico Del Empleado

El Dia \_\_\_\_\_ Yo me lesione en la/s siguiente parte/s del Cuerpo:

\_\_\_\_\_

Me ofrecieron tratamiento medico pero no acepte. Mi firma abajo indica que no acepte atencion medica y que he recibido la forma DWC1 Workers Compensation Claim Form and Notice of Potential Eligibility de mi empleador en la fecha indicada. Si en el futuro necesito tratamiento medico le notificare a mi empleador inmediatamente.

\_\_\_\_\_

Date/Fecha

\_\_\_\_\_

Signature/Firma

\_\_\_\_\_

Print Name/ Nombre en letra de molde

\_\_\_\_\_

Witness signature

\_\_\_\_\_

Date

\_\_\_\_\_

Witness Print Name