

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 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 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