

Employee Refusal of Medical Treatment

I have been offered medical treatment by a representative at (SECC Corporation) for the work injury noted below. I am refusing treatment at this time.

Print Employee Name: _____

Accident Date: _____

Description Of Injury/Body Part Injured:

How Did Accident/Injury Occur:

I understand that if I choose to seek medical treatment and/or suffer any lost time from work in connection with this incident, I must contact my Employer immediately to obtain the name and address of the designated Industrial Medical Clinic. I understand that my Employer will not pay for any unauthorized medical services that I might incur.

Employee Signature _____ **Date** _____

Print Supervisor's Name _____

Supervisor's Signature _____ **Date** _____
