

# 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 part(s) (example: right hand, index finger):**

**List specific injurt 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 Harbor America's Claims department or Loss Control.

**Please fax completed form to (480) 289-6220 or email to [WCNewClaims@Hapeo.com](mailto:WCNewClaims@Hapeo.com).**