



## REFUSAL OF MEDICAL TREATMENT

If the injured worker declines medical treatment (other than first aid provided by a set medic) he/she must complete this form. The signing of this form is an acknowledgement of “notification” of the incident mentioned below and does not prohibit the injured worker from seeking treatment at a later date.

I, \_\_\_\_\_, (injured worker) have been offered medical treatment and advised of my right to file a workers’ compensation claim for my injury of \_\_\_\_\_, (injury) which occurred on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ (location), but I have chosen to decline medical treatment. I understand if I decide to seek medical attention at a later date, I must **IMMEDIATELY** contact Medcor at (800) 775-5866 for further instructions **BEFORE** contacting a doctor or other medical professional.

\_\_\_\_\_  
Signature of injured worker

\_\_\_\_\_  
Date

**OR**

If the injured worker refuses to sign this acknowledgement, a representative of the production company must complete the section below:

I, \_\_\_\_\_, (production company representative) have advised the injured worker \_\_\_\_\_, (injured worker) of his/her right to file a workers’ compensation claim and seek medical treatment for \_\_\_\_\_, (injury) which occurred on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ (location). The injured worker has declined the offer of treatment and the signing this form.

\_\_\_\_\_  
Signature of production company representative

\_\_\_\_\_  
Date