**Refusal of Medical Treatment**

I, Enter name here... am voluntarily refusing medical treatment for the injury that occurred on Enter date here....

I understand that Enter company name... maintains Workers’ Compensation insurance coverage, and they have offered to provide medical treatment. I further understand that I am not waiving my right for future medical treatment if the condition should worsen, and I know that I should contact Enter insurance provider.. for instructions if medical care is needed at a later date. I understand that if I decide later to seek treatment, I will be required to submit a drug screening at that time.

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Signature of Employee Date

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Witness to Signature Date