

## Employee Refusal of Medical Treatment

I, \_\_\_\_\_ acknowledge that on \_\_\_\_\_

My Manager/Supervisor informed me of my rights to seek medical attention immediately after I notified him/her of my injury/illness. I acknowledge that I declined the medical treatment offered by the Company for the work related accident.

The Company reserves the right to require a Drug Test for any employee with an on the job injury.

\_\_\_\_\_  
Employee Name (print)

\_\_\_\_\_  
Location

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date