



## Employee Refusal of Medical Treatment

This form is to be completed by any employee who refuses medical treatment for an on-the-job injury. Please forward the completed form, along with the Supervisor's Accident Investigation Form to the Human Resources & Risk Manager.

I, \_\_\_\_\_ have been encouraged by a representative of the Associated  
Print Name  
Students of SDSU to seek medical attention for the following injury, and I am refusing medical treatment at this time. The  
accident occurred on \_\_\_\_\_  
Date

Description of injury:

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How did it occur?

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I understand that if I choose to seek medical treatment in connection with this incident and/or suffer any lost time away from work, I must contact my employer immediately for the name and address of the clinic that is authorized to treat me. I understand that my employer will not pay for any unauthorized medical services that I might incur.

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Supervisor Signature Date