



**WORKERS COMPENSATION – EMPLOYEE ACKNOWLEDGMENT OF DECLINED
MEDICAL CARE AND OTHER WORKERS’ COMPENSATION BENEFITS**

Employee Name	
Date of Incident	
Description of Incident	

If an incident occurs within the course and scope of employment and creates or potentially creates a need for medical care, in many instances, medical evaluation and treatment must be provided through the workers’ compensation system. Volusia County Schools understands that there can be situations when the employee involved in an incident may feel that the incident is not appropriately dealt with under workers’ compensation for reasons only known to them or they do not wish to seek medical care at all.

Volusia County Schools wishes to both respect employee privacy interests and ensure that any incident that occurs within the course and scope of employment which has created or might create the need for medical care is handled through workers’ compensation.

By signing this, I am expressing that I am not seeking medical care or other benefits under Workers’ Compensation in connection with the above-described incident because it is not appropriately dealt with through workers’ compensation for reasons I alone know and do not wish to disclose or have decided I do not require medical attention in connection with this incident, and I agree that I have read this document, and

I understand that :

- I can change my mind about pursuing a claim under Workers’ Compensation for the above-described incident and be provided benefits under Workers’ Compensation as long as I do so before the deadlines prescribed by state law.
- It is my responsibility to Contact the Workers’ Compensation Benefits Contact at my worksite to complete the rest of the Workers’ Compensation Paperwork not previously signed if I change my mind.

- It is my responsibility to ensure that all medical treatment for which I intend to seek payment under Workers' Compensation is obtained only through an authorized Workers' Compensation medical care provider.
- If I choose not to pursue a claim under Workers' Compensation, missed time from work related to the incident will be against my own sick/personal leave if available, or unpaid if not available; and appointments with my personal physician(s) will not be paid for under Workers' Compensation.
- The use of hospital facilities should be for true medical emergency treatment ONLY and requires advance authorization.
- I understand that Volusia County Schools is relying upon this written indication as to whether the incident is appropriately dealt with through workers' compensation.
- **If at any point, I have questions about my rights or responsibilities, I should contact the Workers' Compensation Analyst, Jill Fitzgerald at jdfitzge@volusia.k12.fl.us or extension 20273.**

Please sign below to indicate that you have read and understand the foregoing information regarding your decision to decline Workers' Compensation benefits for the referenced incident.

Employee's Signature

Date

Employee's Printed Name

Department/School Location