



Declined Medical Treatment

DETAILS OF ACCIDENT:	
<input type="checkbox"/>	My signature below confirms that I <u>am not</u> experiencing any signs or symptoms resulting from the industrial accident indicated above. Medical treatment has been offered, but I further decline any medical evaluation or treatment as a result of this job-related accident.
<input type="checkbox"/>	My signature below confirms that I <u>am</u> experiencing signs or symptoms resulting from the industrial accident indicated above. Medical treatment has been offered but I further decline and medical evaluation or treatment as a result of this job-related accident.

If the need for medical treatment arises as a result of this injury, I have been instructed to inform my supervisor and to immediately contact Risk Management at (310) 886-1600 ext. 8048

EMPLOYEE SIGNATURE	DATE
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