PITTSBURG COMMUNITY SCHOOLS USD 250

510 Dell, Pittsburg, KS 66762 Phone: (620) 235-3100 Fax: (620) 235-3106

DECLINATION OF MEDICAL TREATMENT

It is the District's policy to provide prompt and appropriate medical treatment for employees who report a work-related injury or illness. All reported work-related injuries will be documented, and appropriate medical treatment will be offered.

In some circumstances, an employee may report an injury but determine that medical treatment is not necessary at that time. An employee may decline medical treatment; however, the employee must acknowledge the decision by signing this form.

When an employee declines treatment, the District will continue to monitor the reported injury or condition. If the condition does not improve, worsens, or otherwise requires additional evaluation, the employee may be directed to obtain medical evaluation or treatment. In some circumstances, the District may require a medical evaluation or clearance following a reported injury, even if the employee initially declined treatment.

The employee should immediately notify their supervisor if the condition worsens or if they later decide they would like medical treatment.

INJURY INFORMATION

Date of Injury: _____

Injured Employee's Name: _____

Supervisor's Name: _____

Body Part(s) Injured: _____

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DECLINATION OF TREATMENT

I am declining medical treatment at this time. I understand that I must immediately notify my supervisor if my condition worsens or if I later decide that I would like to receive medical treatment.

Date: _____

Injured Employee's Signature:_____

Supervisor's Signature:_____

RESOLUTION OF INJURY

My injury/condition has completely resolved.

Date: _____

Injured Employee's Signature:

Supervisor's Signature: