



Employee Refusal of Medical Treatment Form

Employee

I have been advised by my Manager/Supervisor that I may seek medical treatment for the injury that may have occurred on the job per the below listed information. I do not think medical treatment is needed at this time, but I will inform my Manager/Supervisor immediately should the need arise.

Employee's Printed Name: _____

Date of Injury, per Employee: _____ **Time of Injury, per Employee:** _____ AM PM

List Specific Body Part(s) (example: right hand, index finger): _____

List Specific Injury Type (example: scratch, burn, cut): _____

Manager/Supervisor

Comments: _____

Employee Signature: _____ Date: _____

Manager/Supervisor Signature: _____ Date: _____

If you have any questions or concerns, please feel free to call Vensure's Claims department or Loss Control.

Please fax completed form to (480) 289-6220 or email to claims@vensure.com