

Refusal of Medical Treatment

If the injured workers declines medical treatment (other than first aid provided by a set medic) he/she must complete this form.

I, _____, have been offered medical treatment by
Name of injured worker
my employer and advised of my right to file a workers' compensation claim for my injury
of _____ but I have chosen to decline. I understand if I decide to seek
Accident date
medical attention at a later date, I must IMMEDIATELY contact the Work Comp
Department at 310-440-9675 for further instructions BEFORE contacting a doctor.

Signature of Injured Worker

Date

OR

If the injured worker refuses to sign this acknowledgement, a representative from the Production Company must complete the section below:

I, _____, have advised the injured worker
Production company representative

_____, of his/her right to file a Workers'
Injured workers name

Compensation claims and seeks medical treatment. The injured worker has declined the offer and refused to sign this form.

Signature of representative of the production company

Date