

Refusal of Medical Attention Affidavit

I, _____, acknowledge that I was involved
(Employee name)
in a work-related incident on _____.
(Date of incident)
_____ has offered to provide medical
(Company name)
attention at no cost to me as needed. I have not incurred injury from this
incident: therefore, I am refusing said medical attention.

Employee's signature

Date

Printed name of employee

Witness' signature

Date

Printed name of witness

Witnesses address

Telephone