



The Power in Personnel®

DATE: _____

ASSOCIATE'S NAME: _____

CLIENT WORK SITE: _____

DATE OF INCIDENT: _____

RE: "I DECLINE MEDICAL TREATMENT AT THIS TIME"

I hereby state that I have been offered medical treatment for my alleged work-related injury by ACCU Staffing Services at ACCU's expense and I have declined this offer of medical care.

I further state that the injury I reported is minor and **does not prevent me in any way from performing my normal job duties.**

If I decide, in the next few days, that I need medical care for this reported injury, I must inform ACCU Staffing Services immediately.

If I decide to seek **unauthorized, unapproved** medical treatment now or at a later time, I understand I will be responsible for any charges incurred.

Associate's Signature

Date Signed

Branch/Job Site Coordinator

Date Signed