



DECLINING MEDICAL TREATMENT

Date _____

Associate's Name _____

Client Name/Location _____

"The Company" as used herein includes any of the following Companies at which I am employed: ACCU Personnel, Inc. T/A ACCU Staffing Services ("ACCU"), Corporate Planned Staffing ("CPS"), 911 Staffing, LLC ("911"), Nation-Wide Staffing Management ("NWSM"), and Temp Staffing, LLC.

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 Name *(please print)*

Associate's Signature

Date

Branch/Job Site Coordinator

Date