



## DECLINING MEDICAL TREATMENT

Date \_\_\_\_\_

*Fecha*

Associate's Name \_\_\_\_\_

*Nombre de empleado*

Client Name/Location \_\_\_\_\_

*Nombre de Cliente/Ubicación*

*"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.*

*"La Compañía", como se usa en este documento, incluye cualquiera de las siguientes Compañías en las que estoy empleado: 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.

Por la presente declaro que ACCU Staffing Services me ha ofrecido tratamiento médico por mi presunta lesión relacionada con el trabajo a expensas de ACCU y he rechazado esta oferta de atención médica.

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

Además, declaro que la lesión que informé es menor y **no me impide de ninguna manera realizar mis deberes laborales normales.**

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

Si decido, en los próximos días, que necesito atención médica por esta lesión reportada, **debo informar a ACCU Staffing Services de inmediato.**

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.

Si decido buscar tratamiento médico no autorizado o no aprobado ahora o en un momento posterior, entiendo que seré responsable de los cargos incurridos.

\_\_\_\_\_  
Associate's Name *(please print)*

*Nombre de empleado*

\_\_\_\_\_  
Associate's Signature

*Firma del empleado*

\_\_\_\_\_  
Date

*Fecha*

\_\_\_\_\_  
Branch/Job Site Coordinator

\_\_\_\_\_  
Date