

REFUSAL OF MEDICAL TREATMENT FORM

EMPLOYER NAME: _____

PHONE: _____

Today's Date / Fecha de hoy _____

Employee / Empleado _____

Social Security / Seguro Social _____

Department / Departamento _____

Date of Injury / Fecha de Lastimadura _____ Time / Hora _____

Date employer first knew of injury / Fecha que patron supo de lastimadura _____
Time / Hora _____

Describe injury and part of body affected / Describa la lesion y la parte del cuerpo afectada

NOTIFICATION DE LASTIMADURA Y REHUSAR CUIDADO MEDICO

A mi _____ me ha dado mi patron, la oportunidad de recibir atencion medica para la lastimadura supracirada. En este momento, no creo necesitar atencion medica. Sin embargo, si llego necesitar tal atencion me reportare inmediatamente a la oficina de la compania. Entiendo que esta es mi obligacion bajo el codigo laboral de California.

El que yo firme esta declaracion es solo en reconocimiento que se me ha dado la oportunidad de ser examinado y de recibir tratamiento y no estoy renunciando a mis derechos bajo las leyes de compensacion de tabajadores. Ademas, reconozco que he recibido la forma DWC-1 las cual protege mis derechos.

NOTICE OF INJURY & REFUSAL OF MEDICAL CARE

I _____ have been offered the opportunity to have medical care for the above stated injury by my employer. I feel as though I do not require medical care at this time. However, should I feel the need to have care I will immediately report to my employer's office to request medical care. I understand this is my obligation under the California Labor Code 4600.

My signing of this statement only acknowledges that I have been given the opportunity to be examined and treated and in no way waves my right under worker's compensation laws. I also acknowledge that I have been given a claim form DWC-1 which protects my rights.

Employee's Signature / Firma de empleado

Date / Fecha

Supervisor's or Foreman's signature / Firma de supervisor o mayordomo

Date / Fecha

Witness Signature or Name / Firma or nombre de testigo

Date / Fecha