



(YOUR LETTERHEAD)

**EMPLOYEE DECLARATION:  
REFUSAL OF RECOMMENDED MEDICAL CARE AND/OR FOLLOW-UP**

I understand that the management of this organization fully mandates that I seek appropriate medical attention for the incident / condition described below. I have been warned of the potential ramifications of not receiving such medical attention, i.e. *traveling infections* (untreated cuts/lacerations), *misaligned and crooked limbs requiring resetting* (untreated bone breaks), *HIV/HBV/HCV infection and potential risk to family members and personal associates* (untreated bloodborne exposure incidents including blood tests, vaccinations, medications, and medical counseling), *increased inflammation and extended recovery time* (untreated sprains), *loss of use of body parts* (untreated severed nerves or tendons), *permanent scarring or disfigurement* (refusal of stitches and plastic surgery), *diminished or loss of sight* (untreated chemical splashes to the eye) , etc

Check & Complete the Following -

**I hereby refuse all forms of medical treatment and received none.**

**I have received some medical treatment but refuse the following as recommended by the attending healthcare provider(s), CDC, and other medical standards protocols:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that medical treatment and attention is available to me at any time that I change my mind, and that it is seen as incumbent upon me to do so, although, by declaration herein, I refuse.

Date of Incident: \_\_\_\_\_

Nature of Incident & Injuries: \_\_\_\_\_

\_\_\_\_\_

Print Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_