T2 INSURANCE
— SOLUTIONS LLC —

YOUR
WORKERS
COMPENSATION
SOURCE

Medical Treatment Refusal Statement

Employee Name: _____

Date of Incident: _____

Description of Incident: _____

_____

_____

_____

I do hereby refuse medical treatment offered by my company (_____) for the above incident. I understand that, if I want medical treatment in the future, I am fully entitled to such treatment and may request it from the company.

Employee Signature: _____ Date: _____

Company Representative: _____ Date: _____