



Employee Refusal of Medical Treatment

Supervisor / Manager Instructions

Employees must complete this Acknowledgement when they report a work-related injury or illness and **refuse to seek medical treatment** at the time of their report.

Retain this Acknowledgement in the employee's file at your location.

- ✓ **Should the employee later report that the injury or illness has become worse and needs medical attention, contact MyPEO at 941-716-5199 for treatment instructions and for ward this Acknowledgement to: Renee Bryant at rbryant@allinescc.com and Lindsay@mypeoco.com**

MyPEO
6202 N 9th Ave
Pensacola, FL 32504
Fax:850-696-2969

- ✓ **NOTE: If the situation is an emergency, first direct the employee to the nearest Medical Facility or contact 911 and then contact MyPEO.**

Employee Acknowledgement

I, (Print Employee Full Name)

Hereby acknowledge I have been advised by my Manager/Supervisor that I may seek medical treatment for the work-related injury or illness I have described below. **I further acknowledge I am refusing medical treatment at this time.**

I understand if the need arises for me to seek medical treatment related to the work-related injury or illness I have described below I must immediately notify my Manager/Supervisor before seeking such treatment

Date and Time of Injury

Area of Body Affected. Example: Right Hand, Lower Back, Left Eye

Specific Injury Type. Example: Burn, Sprain, Cut

Employee Signature

Date

Social Security Number