



LEADERS HOLDING CO.TM

Est. 1971

Refusal of Post-Accident Treatment

I, _____, admit to having had an accident at the
(Please print first and last name)

Leader's Casual Furniture workplace located at:

(Street Address)

(City, State, Zip)

I do not wish to visit a medical facility for medical review after my accident. I realize that this may inhibit my rights to further medical coverage by Leader's Casual Furniture's Workman's Compensation Policy. Furthermore I agree that I was given the opportunity to visit a clinic including the contact information for the clinic recommended by my employer. Upon my own free will I am refusing to follow the recommendation to go seek a medical review after my involvement in the incident.

Even though I am refusing treatment I understand that I must go get a drug test immediately after an accident as per company policy and insurance company guidelines.

(Signature of employee in the accident) Date: _____

(Employee print first and last name)

(Signature of witness) Date: _____

(Witness print first and last name)