

# CWM REFUSAL FOR MEDICAL TREATMENT

I have been advised by my Manager/Supervisor that I may seek medical treatment for the injury that may have occurred on the job per the below listed information. I have also been advised of the network requirements. I do not think medical treatment is needed at this time, but I will inform my Manager/Supervisor immediately should the need arise.

Employee Name

Date Field

Time of Injury

Injury Type

Cause of Injury

Manager / Supervisor

Manager / Supervisor Comments

Manager/Supervisor Note: Use this form if an employee has a minor injury and they do not feel that they need medical treatment. If the employee's injury is obvious get medical attention and/or call 9-1-1, if necessary. Remember to complete the "Accident Investigation Report" form and fax it immediately to City Wide Mechanical ATTN Hugo Trevino at (817-298-6500) or Email ( [hugot@citywidemech.com](mailto:hugot@citywidemech.com) )if the employee refuses medical attention.