

## Medical Attention Refusal

I \_\_\_\_\_, sustained an injury to the following body part/s,  
\_\_\_\_\_. On \_\_\_\_\_. I was  
(Date)  
Offered medical care, but I have refused.

My signature below documents my refusal of medical attention and acknowledges that I  
was provided a form DWC1 (Workers Compensation Claim Form and Notice of  
Potential Eligibility) by my employer on the date noted.

Should I need medical attention at a later date I will notify my employer immediately.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature