



## 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 Florida Resource Management at 941-343-6160 for treatment instructions and forward this Acknowledgement to:**

Florida Resource Management  
363 Interstate Blvd  
Sarasota, FL 34240  
Fax: 941-343-6118

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

### 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