



employer solutions staffing group

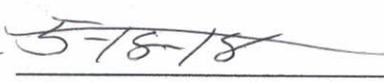
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### DECLINE OF MEDICAL TREATMENT FORM

This form is only to be signed if you **do not** require medical attention in relation to your report of an on the job incident.

Brandon Gordon, acknowledge that I have reported an on the job incident. My employer and/or worksite has offered me medical attention. However, at this time I feel I **do not require** medical attention and by signing this form I am stating that I can safely complete the essential functions of my job without compromising the safety of myself or others. I understand that if my condition changes in relation to this work related incident that I must notify my supervisor and/or employer representative before seeking any medical attention.

By signing this form I am declining medical attention by a physician at this time.

	<u>5-18-18</u>		<u>5-18-18</u>
Employee Signature	Date	Recruiter/Supervisor Signature	Date