



employer solutions staffing group^{LLC}

Leveraging Resources in a Changing Market

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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.

I, Lonnie Barnum, acknowledge that I have reported on the job incident. The facility has offered me medical attention to be administered by the facility's designated workers' compensation physician. 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 my co-workers, residents, or myself. I understand that if my condition changes in relation to this work related incident that I must notify the facility's administrator before seeking any medical attention.

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

Lonnie Barnum
Lonnie Barnum (Sep 25, 2016)

09/23/16

Employee

Date

Supervisor

Date



Decline Medical Treatment Form

Adobe Sign Document History

09/25/2016

Created:	09/23/2016
By:	Caitlin Scholl (Caitlin@corpmanagementgroup.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAs21I94XvXx2squtsE8ou7IL4Ar6TvgI3

"Decline Medical Treatment Form" History

-  Document created by Caitlin Scholl (Caitlin@corpmanagementgroup.com)
09/23/2016 - 3:45:55 PM MDT - IP address: 96.93.208.65
-  Document emailed to Lonnie Barnum (lbarnum21@gmail.com) for signature
09/23/2016 - 3:45:56 PM MDT
-  Document viewed by Lonnie Barnum (lbarnum21@gmail.com)
09/25/2016 - 9:17:56 PM MDT - IP address: 66.102.6.28
-  Document e-signed by Lonnie Barnum (lbarnum21@gmail.com)
Signature Date: 09/25/2016 - 9:19:43 PM MDT - Time Source: server- IP address: 67.6.156.193
-  Signed document emailed to Lonnie Barnum (lbarnum21@gmail.com) and Caitlin Scholl (Caitlin@corpmanagementgroup.com)
09/25/2016 - 9:19:43 PM MDT