

DECLINATION OF MEDICAL TREATMENT INCIDENT REPORT FORM



This form should be completed ONLY if the employee does not need (or request) medical treatment.

EMPLOYEE TO COMPLETE TOP PORTION

EMPLOYEE NAME		GENDER <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
JOB TITLE		DATE OF HIRE	
DATE OF HIRE		DATE OF BIRTH	
HOME ADDRESS		ENTITY	
		DEPARTMENT	
INCIDENT DATE	TIME OF INCIDENT	LOCATION	
DATE REPORTED	TME WORK BEGAN	INCIDENT REPORTED TO	
NATURE OF INJURY (e.g., puncture, strain, cut, fracture, burn, etc.):			
BODY PART INJURED (e.g., right wrist, left knee, head, lower back, etc.):			
INJURY SOURCE (e.g., wet pavement, jack hammer, keyboard, etc.):			
HOW INJURY OCCURRED (struck by ..., fell from ..., exposed to ..., etc.):			
DESCRIBE ANY PREVIOUS CONDITIONS/INJURIES TO BODY PART CURRENTLY INJURED:			
EMPLOYEE'S STATEMENT OF WHAT OCCURRED (Include as much detail as possible such as activity being performed, objects carried, equipment used, hazardous conditions, etc.):			
WHO WITNESSED THE INCIDENT?			
<ul style="list-style-type: none"> The above information is true and correct to the best of my knowledge. I understand that I am not filing a Workers' Compensation claim at this time. I do not choose to complete the DWC Form 1 "Employee's Claim for Workers' Compensation Benefits" at this time. If I am in need of medical treatment in the future related to this incident, I will immediately inform my supervisor and complete an Initial Injury Packet including the DWC Form 1. 			
EMPLOYEE'S SIGNATURE		DATE	

SUPERVISOR COMPLETE BOTTOM PORTION

MEDICAL TREATMENT NOTICE (NOTE: If the Employee needs/requests treatment from a physician, complete the initial injury packet)

<input type="checkbox"/> EMPLOYEE DECLINED MEDICAL TREATMENT <input type="checkbox"/> EMPLOYEE RECEIVED MINOR FIRST AID CARE ON-SITE DESCRIBE:		
SUPERVISOR	TITLE	
SIGNATURE	DATE	PHONE

Initiate incident investigation in accordance with the Injury and Illness Prevention Program (IIPP)