

DECLINATION OF MEDICAL TREATMENT INCIDENT REPORT FORM

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

EMPLOYEE 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:	
HOME PHONE:	DATE OF BIRTH:	
HOME ADDRESS:	ENTITY:	
	DEPARTMENT:	
INCIDENT DATE:	TIME OF INCIDENT:	LOCATION:
DATE REPORTED:	TIME BEGAN WORK:	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?		
<input type="checkbox"/> The above information is true and correct to the best of my knowledge. <input type="checkbox"/> 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 (NOTE: If the Employee needs/requests medical 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)