

THIS FORM SHOULD BE COMPLETED AFTER CALLING COMPANY NURSE AND IT IS AGREED THAT THE EMPLOYEE DOES NOT NEED (OR REQUEST) MEDICAL TREATMENT.

EMPLOYEE

In my opinion, I am not in need of any medical treatment at this time.

OR

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In my opinion, I have received sufficient on-site first aid care in the form of:

Application of antiseptics

Treatment of first-degree burn(s)

Application of bandage(s)

Use of elastic bandage(s)

Removal of foreign bodies not embedded in eye (only irrigation required)

Removal of foreign bodies from wound (uncomplicated procedure, for example, using tweezers)

Use of nonprescription medications

Application of hot or cold compress(es)

Application of ointments to abrasions to prevent drying or cracking

EMPLOYEE (print name, sign and date)

I am fully capable of performing my usual and customary position. At this time, I decline medical care. If I am in need of medical care related to this incident in the future, I will notify my supervisor immediately and complete the *Initial Injury Forms* including the *DWC Form 1 "Employee's Claim for Workers' Compensation Benefits*.

PRINT NAME

SIGNATURE

SUPERVISOR (print name, sign and date)

PRINT NAME

SIGNATURE

DATE

DATE

Note: California Labor Code Section 5401(a) defines a first aid injury as "any one-time treatment, and any follow-up visit for the purpose of observation of minor scratches, cuts, burns, splinters, or other minor industrial injury, which does not ordinarily require medical care" and states that any injury that "results in lost time beyond the employee's work shift at the time of injury or which results in medical treatment beyond first aid" must be filed as a claim. All of the treatments detailed above fall under the first aid category; therefore, unless further treatment is necessary, a workers' compensation claim does not need to be filed.

Initial Distribution: Employee / Employee's Workers' Compensation Claim File