



**REFUSAL OF MEDICAL TREATMENT**

I confirm that I, \_\_\_\_\_, have been offered appropriate medical treatment for my on-the-job injury of (date) \_\_\_\_\_.

I am waiving my rights to medical treatment and wish to continue my scheduled working days.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date