



REFUSAL OF MEDICAL TREATMENT

Today's Date:

Job Number:

Type of Illness/Injury:

Time: AM PM

Job Location:

Occupational Illness/Injury

Non Occupational Illness/Injury

I, _____ Badge No., _____ hereby refuse any and all medical treatment and/or transport to a qualified emergency medical facility. I understand that these services are being offered to me by The IPS Group, and that this refusal may be cause for The IPS Group to withhold or refuse payments to other medical facilities and/or doctors.

Brief description of the complaint you are refusing further care for:

Employee Signature:

Foreman Signature:

Safety / Medic Signature:

Date:

Date:

Date: