

# Refusal of Medical Care

If you are declining medical care you do not have to complete the 'ERT Employee Injury Report' but note that your supervisor must still complete the 'ERT Supervisor First Report of Injury'.

Producer/AdAgency/Advertiser Name:		Project Name:	
Employee Name (Last, First):		Social Security Number:	
Street Address		City, State, Zip	
Home Phone:		Cell Phone:	
Date Injury occurred:		Time of Injury: <input type="checkbox"/> AM <input type="checkbox"/> PM	
Direct Supervisor:		Job Title:	
Please describe the specific injury or illness and the body part affected (i.e. laceration on left hand, right shoulder abrasion, etc)			
How did the accident / exposure occur? Describe the sequence of events; specify the object / exposure which directly produced the injury / illness (i.e. stepped on wet grass and lost balance, landed on my left wrist)			
Date supervisor was notified of injury:		Time supervisor was notified of injury: <input type="checkbox"/> AM <input type="checkbox"/> PM	

By signing this statement I, \_\_\_\_\_ acknowledge that I have been offered the opportunity to receive medical care for the above mentioned injury(s) but have declined and / or refused at this time. Should I require medical care due to this injury in the future I will promptly advise Extreme Reach Talent so that they can direct me to the appropriate Occupational / Industrial medical facility.

Employee's Printed Name:	Employee's Signature:	Date:
Supervisor's Printed Name:	Supervisor's Signature	Date:

Workers' Compensation fraud is a felony offense. If you have any suspicions regarding the legitimacy of a claim, please notify the Extreme Reach Risk Management department immediately.