



**DECLINATION OF MEDICAL TREATMENT**

I \_\_\_\_\_ sustained an on-the-job injury/industrial accident on \_\_\_\_\_, but at this time I am declining medical treatment. I understand that I am entitled to these benefits; however, it is my wish not to pursue a Worker's Compensation claim.

If in the future I decide to go forward with a worker's compensation claim and want to pursue medical care, I will immediately notify my supervisor, manager, or someone in the Human Resources Department.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**RETURN COMPLETED FORM TO HUMAN RESOURCES DEPARTMENT  
AGC ADMINISTRATION BUILDING, ROOM 114**