

## WAIVER OF MEDICAL ATTENTION

Attachment to First Report of Injury

Accident Date: \_\_\_\_\_

THE UNDERSIGNED, \_\_\_\_\_, HEREBY WAIVES ANY MEDICAL ATTENTION FOR THE INJURY/INCIDENT WHICH OCCURRED WHILE AT WORK ON \_\_\_\_\_, AS DESCRIBED IN THE ATTACHED FIRST REPORT OF INJURY, WHILE WORKING FOR \_\_\_\_\_, AT \_\_\_\_\_.

I UNDERSTAND THAT SIGNING THIS WAIVER DOES NOT PREVENT ME FROM SEEKING MEDICAL ATTENTION IN THE FUTURE, IF REQUIRED BY THIS INJURY. I UNDERSTAND THAT I WILL OBTAIN MEDICAL TREATMENT FROM THE HEALTHCARE PROVIDER ASSIGNED BY MY EMPLOYER FOR THE FIRST SIXTY (60) DAYS OF TREATMENT.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Management

\_\_\_\_\_  
Date