

Okaloosa County Board of County Commissioners

Refusal of Medical Treatment

If the injured workers declines medical treatment (other than first aid provided by a set medic) he/she must complete this form.

I, _____, have been offered medical treatment by
Name of injured worker
my employer and advised of my right to file a workers' compensation claim for my injury
of _____ but I have chosen to decline. I understand if I decide to seek
Accident date
medical attention at a later date, I must IMMEDIATELY contact the Work Comp
Department at 850-689-5977 for further instructions BEFORE contacting a doctor.

Signature of Injured Worker

Date

**** Note: A First Report of Injury form is still required to be completed and signed by employee****