

# EMPLOYEE WAIVER OF MEDICAL TREATMENT

DATE: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

As of the date noted above, I am notifying my employer of an injury that occurred on \_\_\_\_\_, 201\_\_

- My supervisor did not receive notification of this incident.
- My supervisor did receive notification of this incident on \_\_\_\_\_, 201\_\_

This injury, (briefly describe condition) \_\_\_\_\_

\_\_\_\_\_

occurred during the normal scope and duties of employment.

My employer has offered me medical treatment for the above noted condition. **I decline to be medically evaluated for the above noted condition.**

I understand that by signing this document, any future claims regarding this injury will require a medical evaluation through my employer's workers compensation or I may be responsible for any medical bills or lost wages. I also understand that should I seek treatment for this injury, I must first notify my supervisor.

**SHOULD THE CONDITION BECOME LIFE THREATENING  
SEEK APPROPRIATE EMERGENCY CARE IMMEDIATELY**

## EMPLOYEE STATEMENTS

By signing this form, I acknowledge:

- I have not sought medical treatment for this injury
- I have read the above information and agree it is factual and true statement. I authorize any physician, hospital or healthcare provider to release and furnish any and all medical records or other information pertaining to the above listed condition.

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

\_\_\_\_\_  
Supervisor/Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# Disclaimer

This information is offered as an informational resource to Owner/Operators (O/O). O/Os are exclusively responsible for complying with all statutes, laws, and regulations applicable to their restaurant(s). For any legal issues affecting their business, O/Os should consult their own legal counsel. This communication is informational only and should not be construed as legal advice or as establishing requirements applicable to any O/O. O/Os are independent employers and make their own policies regarding employment-related matters, including policies and practices relating to providing orientation to their employees. O/Os may choose to use these materials to the extent that they will be helpful to them in operating their own McDonald's restaurant(s). If you work for an O/O, please check with your O/Os, or the person designated by your O/O, to determine whether these materials apply to your restaurant.

All Right Reserved.

Copyright © 2020 JLBJR Enterprises LLC.

Unauthorized reproduction or use of any materials is strictly prohibited by law.

<http://www.profitingsafety.com/disclaimer/>