

RE: Claimant :
Employer :
D/A :

Dear :

It is our understanding that you are not requesting or wanting any medical treatment for an injury that occurred during the course and scope of your employment with the above-captioned employer. Please complete the statement below with your signature.

I, (print your name) _____ am not requesting any medical treatment at this time regarding my (date) _____ accident/injury that occurred at (accident location) _____ when (describe accident) _____, and I have not lost any time from work as a result of this incident. I will be sure to inform my employer if I should need any medical attention in the future regarding the injury to my (part of body injured) _____.

Signature

Thank you for your cooperation in this matter.

Sincerely,