

Refusal of Doctor's Care

Momentum Resources, Inc.
139 Drayton Street
Savannah, GA 31401
(912) 238-5200

I, _____, hereby state that on _____
(Your Name) (Date)

I, _____
(Description of Injury)

I reported the above incident to my supervisor on _____.
(Date)

I have decided not to seek medical attention for this injury, even though my Worker's Compensation Coordinator/Supervisor was willing to make an appointment for me to be seen by a physician.

I returned to regular work on _____.
(Date)

Employee Signature

Date

Supervisor Signature

Date