



Strada Electric & Security Statement Declining Medical Treatment

Employee Name: _____ Department: _____

Although I have been offered:

- First Aid Medical Treatment

In connection with me accident, I am declining the offer for the reason indicated below. I understand that declining treatment at this time does not prevent me from obtaining subsequent medical treatment as long as the Company approves it.

I further understand that if I seek medical care at a later date, without the approval of the Company, I may not be covered by worker’s compensation or medical insurance and may be responsible for all costs pertaining to such treatment.

Reason for declining medical treatment at this time:

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____