



Declination of On the Job Injury and Medical Treatment

Name of Injured Employee: _____ Job Title: _____

Division: _____ Department: _____ Injury / Illness: _____

Date of Injury/ Illness: _____ Time of Injury / Illness: _____ AM/PM

Date Reported: _____ Time Reported: _____ AM/PM Reported to: _____

DESCRIPTION OF HOW INJURY OCCURRED/OTHER REMARKS:

Acknowledgement and Declination to Receive Medical Treatment

It is a crime to knowingly provide false, incomplete or misleading information to any party to an on the job injury transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits. Payments are not allowed for injury or claims stemming from, but not limited to falsifications of documents, and / or giving false statements. If you have questions, contact Workplace Safety at 901-636-6459. The Division has a Specialist that can provide assistance. I have been offered the opportunity to report an On the Job Injury claim and to seek medical treatment. At this time, I decline to accept medical treatment offered to me for the injury / illness discussed in this form. I understand that declining medical treatment at this time does not waive my right to pursue an OJI for this injury / illness at a later time. I understand that I must notify my employer immediately if, in the future, I feel medical treatment for this injury / illness becomes necessary. I further understand that if I seek medical care in regard to this injury / illness without approval, I may not be covered under the City's OJI Program and will be solely responsible for all costs pertaining to such treatment.

Employee's Full Name (Print) Date Employee's Signature

Supervisor Full Name (Print) Date Supervisor Signature

Upon completion of this form, immediately fax to Sedgwick at (901) 566-3415. Also, a copy shall be forwarded to the applicable Divisional OSHA Coordinator.

Updated 1/21/2019