



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 On-the-Job Injury at 901-636-6459. The Division has a Specialist that can aid. 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 regarding 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 859-280-4803. Also, a copy shall be forwarded to the applicable Divisional OSHA Coordinator.

**Updated 3/25/2024**