



ACLINE HR

Employee Leasing the Way it Should Be...**SIMPLE SAFE SECURE**

REFUSAL OF TREATMENT

Client Name: _____

Employee Name: _____

Date of Injury: _____ / _____ / _____

Description of Injury: _____

I, the undersigned, hereby refuse treatment for the above described injury. I understand that treatment was offered to me and I feel that is not needed.

Employee Signature:

_____ Date: _____

Supervisor Signature:

_____ Date: _____

ACLINE HR

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