

Employee's Name (*Empleado Nombre*):

Employer's name (*Empleador nombre*):

Date of injury (*Fecha de la lesion(accidente)*):

Date of treatment offer (*Fecha de oferta de tratamiento medico*):

Description of injury (*Describa la lesion/accidente*):

Body part(s) injured (*Parte del cuerpo lastimado*):

I have been advised by my employer that I may seek medical treatment for the event described above. I do not wish to seek medical attention at this time, but will advise my supervisor or employer immediately should I wish to see a medical provider.

If I elect to seek medical treatment without advising my employer, or without obtaining authorization from my employer, I understand I may be responsible for the total cost of said treatment.

*Yo he sido aconsejado por mi empleador que puedo buscar tratamiento medico para el evento descrito. No deseo buscar atención medica en este momento, pero a aconsejare a mi supervisor o empleador inmediateamente si quiero ver a un medico.*

*Si elijo a buscar tratamiento medico sin avisar a mi empleador o sin obtener autorización de mi empleador, entiendo que sere responsable por el costo total de dicho tratamiento.*

Employee's signature (*firma del Empleado*):

Date (*Fecha*):

Signature of employer's representative:

Name of employer's representative: (please print)

Date: