

PICKENS COUNTY

EMPLOYEE DECLINING MEDICAL ATTENTION/TREATMENT FORM

Employee Name: _____ Signature: _____

Supervisor Name: _____ Signature: _____

Date: _____ Illness or Injury: _____

Is the Illness or Injury Job Related? _____ Explain: _____

Reason for Declining Medical Attention: _____

Employees are instructed to report all on-the-job illnesses and injuries to their immediate supervisor as soon as possible. If an employee declines medical treatment they may be asked to fill out this form and briefly explain their reason.

If an employee is ill or injured due to off-the-job reasons, they may be asked to provide documentation from a physician if the illness or injury has an adverse effect on their ability to satisfactorily complete assigned tasks or is considered possibly contagious or harmful to coworkers or customers.

The intention of this procedure and associated form is not to embarrass, provoke, or upset employees, but merely to document necessary information regarding employee illness and injuries.