
Employee Work Related Injury Declination of Treatment

Birmingham Public Schools requires that all on-the-job employee injuries be reported to the Office of Human Resources within 24 hours. All injuries must be treated at the District's designated clinic as soon as possible (In the event of a severe life threatening occurrence please visit the nearest emergency room).

If you are declining the opportunity to be treated at the District's designated Clinic, please read, sign and date the Declination of Treatment below:

I, hereby acknowledge my refusal of medical treatment and/or observation offered to me at the expense of Birmingham Public Schools due to the attached work-related injury. By signing this form, I acknowledge that my supervisor(s), in good faith, have offered and made available to me an opportunity to seek necessary medical treatment and/or observation. I am aware that by declining medical treatment at this time, that my employer, will not be responsible for any medical expenses or lost wages.

At a later time, if I change my decision and require medical authorization to obtain medical treatment and/or observation for the described injury I will contact the Office of Human Resources immediately.

Employee's Signature: _____

Employee Name (please print): _____

Date: _____

Supervisor Signature: _____