

WAIVER OF TREATMENT

<u>OF</u>

WORK RELATED INJURY

	g the course and scope of my employme strict has provided me a Work Related I	
-	for work related injuries requiring medi	-
	mediately should I choose to seek medion t must be with the authorized medical p	
	A almanula da amant	
	Acknowledgement	
, have r	read and understand the above pa	ragraphs.
	·	
Supervisor's Name (Print)	Supervisor's Signature	Date
Supervisor's Name (Print)	Supervisor's Signature	 Date
Supervisor's Name (Print) Witness Name (Print)	Supervisor's Signature Witness Signature	Date