



1063 W. Hill Rd., Ste C · Flint, MI 48507 · Ph (810) 407-6713 Fax (810) 407-6795

MEDICAL TREATMENT REFUSAL STATEMENT

EMPLOYEE NAME _____

DATE OF INJURY _____

INJURY _____

I do hereby refuse medical treatment offered by my employer, Unified Staffing, Inc. for the above stated injury.

EMPLOYEE SIGNATURE _____ DATE _____

WITNESSED BY _____ DATE _____