



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

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**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 \_\_\_\_\_