

Career Opportunity Development  
**STAFF REFUSAL of MEDICAL CARE**

Date: \_\_\_\_\_

- CODI offered medical care, including calling 911 for an on-the-job non-life-threatening incident. I do not believe medical treatment is needed at this time. I understand that should I seek treatment for this injury, I must notify my supervisor and Payroll Coordinator. Signing below indicates I have refused medical care, including calling 911.
  
- Emergency Medical Technicians determined that I exhibited symptoms that may warrant immediate medical treatment. Signing below indicates I refused further medical services, including hospital transport.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness