



Corona-Norco Unified School District  
Risk Management  
2820 Clark Avenue  
Norco, CA 92860  
(951) 736-5036  
Fax (951) 736-5125

## Declination of Medical Treatment

SCHOOL SITE OR LOCATION WHERE INJURY OCCURRED	DATE OF INJURY	DATE OF REPORT
NAME OF INJURED EMPLOYEE	INJURED EMPLOYEE'S SCHOOL/DEPARTMENT	

DETAILS OF ACCIDENT:

My signature below confirms that **I am not** experiencing any signs/symptoms resulting from the industrial accident indicated above. Medical Treatment has been offered but I decline medical treatment at this time as a result of this job-related accident.

My signature below confirms that **I am** experiencing signs/symptoms resulting from the industrial accident indicated above. Medical Treatment has been offered but I decline medical treatment at this time as a result of this job-related accident.

If the need for medical treatment arises as a result of this injury, I have been instructed to inform my supervisor and immediately contact Risk Management at (951) 736-5036.

EMPLOYEE SIGNATURE	DATE
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This document is not a waiver of Workers' compensation benefits as stated by Labor Code 5405(a), where no benefits have been provided, the injured employee has a maximum period of one (1) year from the date of injury to obtain medical treatment and benefits.