

# MEMO

From: \_\_\_\_\_

To: Kimberly Turner, HR/Risk Management Director

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

Subject: Declination of Medical Treatment

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At the time of incident, I was offered medical treatment and declined of my own free will.

I understand should I choose to seek medical attention at a later date, I must notify my supervisor immediately. Any medical treatment must be with the authorized medical provider, Halifax Works.

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Signature of Acknowledgment

Date

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Witness Signature

Date