

**MEMO**

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

To: Keri Askew, HR/Risk Manager

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