



**Acrobat Outsourcing**  
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**REFUSAL OF MEDICAL TREATMENT OR OBSERVATION  
FORM**

Employee's Name (Print): Steven Prentice

Work Location: Supervisor: Brynnna

Witness(es): \_\_\_\_\_

Nature of Injury/Condition: Knee Sprain

Description of Injury [Body Part(s) Injured]: Twisted knee that made movement painful

#### **Brief Narrative Description of the Incident:**

While reaching for a heavy pot a lower shelf the knee was twisted in a way that caused injury.

I, Steven Prentice hereby acknowledge my refusal of medical treatment and/or observation offered to me at the expense of Acrobat Outsourcing for the work related injury I incurred on (date) 10/05/18. By signing this form, I realize that it does not necessarily affect my later eligibility for Workers' Compensation. I acknowledge that my supervisor(s), in good faith, have offered and made available to me an opportunity to seek necessary medical treatment and/or observation. At a later time, I understand that I may request from my supervisor(s) a medical authorization to obtain medical treatment and/or observation for the above described injury; which request can then be either approved or denied.

Steven Prentice  
**Employee's Signature**