



Acrobat Outsourcing
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REFUSAL OF MEDICAL TREATMENT OR OBSERVATION FORM

Employee's Name (Print): Steven Prentice

Work Location: Supervisor: Brynna

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 11/30/18
Employee's Signature Date