



Acrobat Outsourcing
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REFUSAL OF MEDICAL TREATMENT OR OBSERVATION FORM

Employee's Name (Print): Steven Prentice

Work Location: Supervisor: Stephine

Witness(es): None, but Stephine saw me rincing my hand in cold water and was informed at that time

Nature of Injury/Condition: A few finger were caught in a foldng panel and crushed. Fingers swelling, and blood clot forming under the nail in 2 fingers

Description of Injury [Body Part(s) Injured]: On left hand: First 3 fingers from the thumb, with middle finger being most affected.

Brief Narrative Description of the Incident:

It was time for service to end (1:45pm) Other employees would close a folding panel gate at this time. It was also the time of my last break. With one employee on vacation and the other not at work that day, I decided to

take on the task myself. Without expeciance I opened the panel storage area and began to unfolding the wall panels. They unfolded in ways that caught me by suprise and my hand holding one edge was caught and crushed. With pain I finished my task mostly then immediatly went to rince my hand in cold water to reduce pain and swelling. There I met Stephine and while rincing my left hand told her.

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) 5/22/19. 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

5/23/19

Employee's Signature

Date