



**REFUSAL OF MEDICAL TREATMENT OR OBSERVATION  
FORM**

Employee's Name (Print): Reina Desir

Work Location: Supervisor: Stripe SF Zachary Ferreira

Witness(es): Lissa

Nature of Injury/Condition: Burn

Description of Injury [Body Part(s) Injured]: Left Wrist

**Brief Narrative Description of the Incident:**

I WAS MAKING A BOLLER AND I BURN  
MYSELF BY ACCIDENT,

I, Reina Desir 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) 7/29/19. 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.

[Signature] 7-30-19  
Employee's Signature Date