



## REFUSAL OF MEDICAL TREATMENT OR OBSERVATION FORM

Employee's Name (Print): Yessi Mejia

Work Location: Supervisor: Stripe SF, Jaime Barnhart

Witness(es): N/A

Nature of Injury/Condition: Shoulder Strain

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

Brief Narrative Description of the Incident: yessi was lifting lexans and strained her shoulder

I, Yessi Mejia hereby acknowledge my refusal of medical treatment and/or observation offered to me at the expense of The Service Companies for the work related injury I incurred on (date) 4/3/24. 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.

Yessi Mejia 4/10/24  
Employee's Signature Date