

COUNTY OF PLUMAS

Declaration of Medical Treatment

This form should be completed **ONLY** if the Employee **DECLINES** medical treatment. If the Employee will go to either a physician, an Urgent Care facility or nearest hospital, the **Initial Injury-Workers' Compensation Packet** must be completed instead of the Declaration of Medical Treatment packet.

EMPLOYEE: Check all that apply. Print name, sign and date.

In my opinion, I am not in need of any medical treatment at this time.

OR

In my opinion, I have received sufficient on-site first aid care.

I am fully capable of performing my Usual & Customary position. At this time I decline medical care. If I am in need of medical care related to this incident in the future, I will notify my Supervisor immediately and complete and Initial Injury Packet including the DWC-1 form, "Employee's Claim for Workers' Compensation Benefits".

Print Name: _____

Signature: _____

Date: _____

SUPERVISOR: Print, sign and date.

Print Name: _____

Signature: _____

Date: _____

Note: California Labor Code Section 5401(a) defines a First Aid Injury as any one-time treatment, and any follow-up visit for the purpose of observation of minor scratches, cuts burns, splinters, or other minor industrial injury, which does not ordinarily require medical care", and state that any injury that "results in lost time beyond the employee's work shift at the time of injury or which results in medical treatment beyond first aid" must be filed as a claim. All of the treatments detailed above fall under the First Aid category; therefore, unless further treatment is necessary, a workers' compensation claim does not need to be filed. Other treatment that is considered to fall under First Aid is a tetanus shot, or an x-ray to rule-out a fracture. If positive for a fracture, then you will need to file a workers' compensation claim.