



SAN DIEGO COMMUNITY COLLEGE DISTRICT

3375 Camino del Rio South
San Diego, California 92108-3883
619-388-6500

CITY COLLEGE | MESA COLLEGE | MIRAMAR COLLEGE | CONTINUING EDUCATION

Risk Management Phone (619) 388-6953

Fax (619) 388-6898

Declination of Medical Treatment

Employee Name: _____ Employee ID: _____

Job Title: _____ Date of Injury: _____

Affected Body Part(s): _____
(i.e. left elbow, right thumb, right knee.)

- I, _____ have advised my supervisor of an injury that occurred in the course of my employment on ____/____/____.
- I do not feel my injury warrants medical attention at this time.
- However, if I choose to consult a physician at a later date for my injury, I will notify my supervisor as soon as possible.
- My supervisor will notify Risk Management Department as soon as possible.

Employee Signature: _____ Date and Time: _____

Supervisor's Name: _____ Supervisor's Phone: _____

Print

Supervisor Signature: _____ Date and Time: _____