CUNNINGHAM
RESTAURANT GROUP

Team Member's Declination of Workers' Compensation/Treatment

Injured/ill team member name: _____

Position: _____ Location: _____

Date of injury/illness: _____ Time of injury/illness: _____ AM/PM

Date reported: _____ Time reported: _____ AM/PM

To whom? _____

☐ DECLINATION TO RECEIVE MEDICAL TREATMENT

If the team member declines medical treatment, the manager should complete the "First Report of Employee Injury/Illness" form (Employee and Employer Information Sections). The team member must sign below, indicating he/she has received the above-mentioned forms, has been offered medical attention and has chosen to decline medical treatment.

I have declined to accept medical treatment offered to me for the injury/illness discussed in this form.

_____ _____ _____

Team Member's Full Name (print) Date Team Member's Signature

Upon completion of this form, please attach it to the FROI form and scan/fax to Corporate Office HR.