

## Human Resources

San Luis Obispo County Community College District

## **DECLINATION OF MEDICAL TREATMENT**

This form should be completed ONLY if the Employee does not need (or request) medical treatment. If the Employee will seek medical treatment at a preapproved clinic or his/her pre-designated physician, the Nurse Triage Line must be called and the DWC-1\_completed instead.

EMPLOYEE: Check all that apply. Print, 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 in the form of:	
	Application of antiseptics	
	Treatment of first-degree burn(s)	
	Application of bandage(s)	
	Use of elastic bandage(s)	
	Removal of foreign bodies not embedded in eye (only irrigation required)	
	Removal of foreign bodies from wound (uncomplicated procedure, for example, using tweezers)	
	Use of nonprescription medications	
	Application of hot or cold compress(es)	
	Application of ointments to abrasions to prevent drying or cracking	
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, call the Nurse Triage line and complete 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 states 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.

## San Luis Obispo, CA 93403-8106 (805) 546-3129 fax (805) 546-3906