

Colorado State University-Pueblo

Declining Worker's Compensation Medical Treatment

I _____ have chosen not to seek medical treatment for my injuries sustained on _____, to (part of body) _____ and feel I am at maximum medical improvement. **If I choose to seek medical treatment at a later date I must get approval from my employer and insurance carrier before seeking treatment.**

Signed: _____ Date: _____

Human Resources: _____ Date: _____