

San Luis Valley BOCES

2261 Enterprise Drive

Alamosa, CO 81101

719-589-5851

www.slvboces.org

**Letter Declining Medical Care**

***I,*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_***\_\_\_, AM DECLINING MEDICAL TREATMENT DUE TO A WORK RELATED INJURY AT THIS TIME. I UNDERSTAND THAT I MAY REQUEST MEDICAL TREATMENT IF NEEDED AT A LATER TIME.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Employee Signature Date**