

Statement

Question	Response	Details	
<p>I have reported that I sustained a work related injury while performing my assigned tasks for Raymond.</p> <p>I was offered by my supervisor a workers' compensation claim form, but I do not wish to file a claim or seek approved medical care. I have been offered and refuse medical treatment.</p> <p>By signing this document, I am indicating that I completely understand it's meaning and purpose. It is of my own free will that I have signed this document under no duress.</p>			
Date and Time of Signature:			
Raymond Employee Printed Name:			
Raymond Supervisor Printed Name:			