



The UNIVERSITY *of* OKLAHOMA

Medical Treatment Waiver

I acknowledge that the University of Oklahoma has offered medical treatment for the _____ injury
I claim to have sustained on-the job on _____.

I decline to seek a medical evaluation of my injury at this time.

I agree to notify the Department of Human Resources, before treatment is sought, if
I believe my situation changes and treatment is needed.

Employee Name Printed: _____

Employee Signature: _____

Date Signed: _____

Supervisor Signature: _____

Date Signed: _____