



Office of People & Culture (530)741-6801

Email: yccdhr@goyccd.microsoft.com

Declination of Medical Treatment

Employee Name: _____

Employee ID: _____

Job Title: _____

Date of Injury: _____

Affected Body Part(s): _____
(i.e. left elbow, right foot, top of head)

I, _____ have advised my supervisor of an injury that occurred in the course of my employment on ___/___/___.

I do not feel my injury warrants medical attention at this time.

However, if I choose to consult a physician at a later date for my injury, I will notify my supervisor as soon as possible.

My supervisor will notify OPC as soon as possible.

Employee Signature: _____ Date and Time: _____

**Please print and sign*

Supervisor Name: _____

Supervisor's Phone: _____

Supervisor Signature: _____

Date and Time: _____

Yuba College
2088 North Beale Road
Marysville, CA 95901
yc.yccd.edu

Yuba Community College District
3301 E. Onstott Rd.
Yuba City, CA 95991
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Woodland Community College
2300 East Gibson Road
Woodland, CA 95776
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