

**Montgomery County Government, Risk Management Division**

1 Millennium Plaza, Suite 111  
Clarksville, TN 37040  
Phone: 931-648-5715

MONTGOMERY COUNTY GOVERNMENT ON-THE-JOB- INJURY DECLINATION FORM

I decline to seek medical treatment for an injury that I reported as having occurred during the course and scope of my employment on \_\_\_\_\_.

Montgomery County Government has provided me with a copy of the On-The-Job-Injury Physicians Panel and I agree to notify the Risk Management Department immediately should I choose to seek medical attention within 7 days of my reported injury. If I do not seek medical attention within 7 days my On-The-Job-Injury claim will be closed.

Employees Printed Name:

\_\_\_\_\_

Employee Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Department:

\_\_\_\_\_

Supervisors Printed Name:

\_\_\_\_\_

Supervisors Signature:

\_\_\_\_\_ Date: \_\_\_\_\_