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NO TREATMENT REQUESTED

RE: Claimant :
 Employer :
 D/A :

Dear (Employee Name):

It is our understanding that you are not requesting or wanting any medical treatment for an injury that occurred during the course and scope of your employment with the above-captioned employer. Please complete the statement below with your signature.

I, (printed name) _____ am not requesting any medical treatment at this time regarding my (date) _____ accident/injury that occurred at (accident location) _____ when (describe accident) _____, and I have not lost any time from work as a result of this incident. I will be sure to inform my employer if I should need any medical attention in the future regarding the injury to my (part of body injured) _____.

Employee Signature _____
 Date _____

Thank you for your cooperation in this matter.

Sincerely,