



I, \_\_\_\_\_, hereby state that on \_\_\_\_\_  
(Full Name) (Date)

Please describe your injury below:

I have reported the above injury to my worksite manager and OneSource Business Solutions.  
I have been offered medical treatment, but am refusing medical treatment at this time.  
I understand that I am required to undergo a post accident drug/alcohol test within 8 hours of reporting this injury.  
I understand that state law allows an employer to require a drug screen within 8 hours of reporting an injury, and by not complying with that law; I may not be covered by Workers' Compensation for this injury.

I further understand that should I need to seek medical treatment relating to this injury in the future, it will be necessary for me to contact OneSource Business Solutions. OneSource will make arrangements for treatment by the doctor of my choice per the instructions posted on the pink physicians' panel (WC-P3) posted at my worksite.

I missed less than 4 hours from work. (Choose One)  Yes  No

I returned to regular work on: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date