(employee first, last name)

Compensation benefits, examination and /or treatment under the Saint Mary's College of California Workers' Compensation Policy.

I reported a work related incident/injury on _____.
(date)

As a result of the incident, I injured my _____ while performing
(body part)

_____job task.

I understand this declination is a voluntary decision and does not waive my rights under Workers Compensation Benefits as set forth by the State of California.

I