Waiver of Transportation

I have informed the company that I sustained an injury that in my opinion does not require any emergency care or transportation. Although my employer has offered to call the EMS or to provide other transportation, I have decided to arrange for my own transportation in order to obtain medical care. Therefore, I have declined to accept employer provided transportation.

Name : _____ SS # : _____
(Please Print)

Signed : _____ Date : _____

Witness : _____ Date : _____