



THE NAVAJO NATION WORKERS' COMPENSATION PROGRAM

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Ben Shelly
President

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Medical Waiver Form

NAVAJO NATION
WORKERS' COMPENSATION PROGRAM
POST OFFICE BOX 2489
WINDOW ROCK, ARIZONA 86515

ATTENTION: CLAIM STAFF

This is to inform your office concerning my injury of ___/___/___ that I did not seek medical treatment for the following reason:

- The injury was treated by first aid by myself at the plant site where I work.
- The injury was treated by first aid by _____ at the plant site where I work.
- The injury was very minor and no treatment was necessary.
- The injury was only a slight cut and did not need medical attention, except first aid.
- The injury did not have any visible signs or evidence of any serious cuts, bruises, or bumps.
- I did not think that medical attention was necessary.
- Other:

I realize that I should seek medical attention for all injuries, regardless of how minor it might appear, however, I feel that in my case this is not necessary and am willing to accept any decision rendered by your office concerning my claim for workers, compensation benefits.

In the event my injury becomes more serious and worsens, I will contact your office immediately and provide necessary information concerning medical treatment to be authorized by your office. If I fail to contact your office, I understand that payment of medical service may have to be paid by me and not your office.

Claimant's Name _____
(Please Print)
Claimant's Signature _____
Date signed _____