



Bonita Unified School District

Report of Incident and Declination of Medical Examination/Treatment

1. Name of Employee:	2. Job Title:
3. Date of Incident: (MM/DD/YYYY)	4. Time of Incident: (MM/DD/YYYY)
5a. Site/Location of Incident:	5b. Room/Area:
6. Description of Incident: <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	

- My signature below confirms that **I AM NOT** experiencing any signs or symptoms resulting from the incident described above. Medical treatment has been offered to me by Bonita USD, however, I decline any medical evaluation or treatment as a result of this job-related incident.
- My signature below confirms that **I AM** experiencing signs or symptoms resulting from the industrial incident described above. Medical treatment has been offered to me by Bonita USD, however, as I feel my symptoms are improving, I decline any medical evaluation or treatment as a result of this job-related incident.

If the need for medical treatment arises as a result of this incident, I have been instructed to inform my supervisor and to immediately contact the District Office.

Signature of Employee

Date

Signature of Supervisor/Office Manager

Date

This document is not a waiver of workers' compensation benefits as stated by Labor Code 5405(a), where no benefits have been provided, the injured has a maximum period of one year from the date of injury to obtain medical treatment and benefits.

Return Form To: Christine Froio, Business Office, 115 W. Allen Avenue, San Dimas, CA 91773