

Three Day Injury Follow Up Form

The Colorado Revised Statutes for Workers' Compensation require that anytime an employee reports an injury but does not require immediate medical care, the Employer must check with that employee for the next 3 days to make sure they still do not require medical care.

This document only confirms that the Employer communicated with the employee and as of the third day, medical care was still not required.

This letter does not waive the employee's right to future medical care if it determined to be a valid, work-related injury.

I, _____, have been notified by my manager,
_____, of my responsibilities for reporting my job related
injury, which occurred on (date) _____.

My manager has been in contact with me for the three days following my injury and I have chosen not to seek medical care at this time. Should I require future medical care, I will notify my supervisor and follow the proper procedures for seeing a medical provider.

I have read and understand the above information.

Employee's Name

Employee's Signature

Date

Supervisor's Printed Name

Supervisor's Signature

Date