7. Refusal of Emergency Medical Transport or Aid Form

(Street Address) (City) (State) (Zip C	(Zip Code				(Incident Date)	(Incident Time
	(Zip Code)	ocation of Incide	ent			
	(Zip Code)			(Street Address	1	
(City) (State) (Zip 0	(Zip Code)			(Street Address)	<i>)</i>	
			(City)		(State)	(Zip Code
cident and Injury Description		cident and Injui	ry Description			



	(Age)
(State)	(Zip Code)
(
	(Phone Number)
	(Age)
<i>y</i>)	
(State)	(Zip Code)
	(Phone Number)
) certifies that:	
ent condition.	
ved party's) medical ncy medical transpo	
(Date)	(Time)
(Date)	(Time)
)	
	(State) (State) certifies that: ent condition. ved party's) medicancy medical transport (Date) (Date)

The illustrations, instructions and principles contained in the material are general in scope and, to the best of our knowledge, current at the time of publication. No attempt has been made to interpret any referenced codes, standards or regulations. Please refer to the appropriate code-, standard-, or regulation-making authority for interpretation or clarification. Provided that you always reproduce our copyright notice and any other notice of rights, disclaimers, and limitations, and provided that no copy in whole or in part is transferred, sold, lent, or leased to any third party, you may make and distribute copies of this publication for your internal use.

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