Return To Work Certificate

Patient Name 病人姓名	**Diagnosis** 診斷	**Date of Injury** 受傷日期

The Injured 傷者

☐ Fit to return to light duties from 適合返回輕工崗位由_____ to 至 _____

☐ Fit to return to normal duties from 適合返回原來工作崗位由_____

☐ Need to receive on-job rehabilitation for 仍需接受治療 _____ 星期

The following restrictions apply 限制:

☐ Cannot lift over _____kg/ 不能提舉超過 _____ 公斤

☐ No climbing _____ flights of stairs/ 避免上落 _____ 層樓梯

☐ No prolonged walking for _____ hours/ 避免連續走路超過 _____小時

☐ No prolonged sitting for _____ hours/ 坐超過 _____小時

☐ No prolonged standing for _____ hours/ 避免連續站超過 _____小時

☐ No work above shoulder height/ 不能提舉超過肩部

☐ No pushing/pulling over ___kgs continuously for ___ mins/ 避免連續推/拉動作工作超過_____公斤並超過 _____ 分鐘

☐ Restricted _____hours of work per day/ 限制每天工作 _____ 小時

☐ Rest ____ mins _____ after working for _____ hours/ 每_____ 小時工作休息 _____ 分鐘

☐ Others/ 其他:

_____

_____

_____

Follow-up on 覆診日期:

_____ _____

Name and Signature of Doctor in–charge **Date**