

## Return to Work Plan 復工計劃

Construction Site: \_\_\_\_\_

No. of Consultation: \_\_\_\_\_

Form B

## Section 1 – Injured Person Particulars (傷者資料)

Name (姓名):

DOB (出生日期):

Address (地址):

HKID No. (身份證號碼):

Phone No. (聯絡電話):

Direct Employer (直屬僱主):

Occupation (職業):

## Section 2 – Health Care Professionals (醫護人員)

Treating Doctor

Rehabilitation Provider

Rehabilitation Coordinator

(診治醫生)

(康復治療提供者)

(復康協助員)

## Section 3 – Recommended Alternative Work Arrangement (建議之替代工作安排)

Suitable Alternative Duties (可進行的工作):

Restrictions (限制)

Working Hours: From

to

Meal Break: From

to

(工作時間) (由)

(至)

(午膳時間) (由)

(至)

Rest Day(s): every

Duration of Plan:

(休息日) (每逢)

(計劃持續期)

Review Date:

Return Date:

(檢討日期)

(復工日)

## Section 4 – Allied Health Arrangement (專職醫療安排)

## Section 5 – Treating doctor's approval (診治醫生同意書)

I agree and allow the above return to work arrangement, no adjustment is required

(本人同意及批准以上的復工安排, 並毋需修改)

I agree and allow the above return to work arrangement, however adjustment is required:

(本人同意及批准以上的復工安排, 但需要修改)

Adjustment(s) (修改): \_\_\_\_\_

I do not agree the above return to work arrangement:

(本人不同意以上的復工安排)

Reason(s) (原因): \_\_\_\_\_

Treating Doctor's signature and chop (診治醫生簽署及蓋章):

Date (日期): \_\_\_\_\_ Time (時間): \_\_\_\_\_

## Section 6 – Agreement (同意書)

The following parties have agreed to the above plan (以下人士已同意以上計劃):

Injured Person's Signature (受傷員工簽署):

Date (日期):

Direct Employer's Signature (直屬僱主簽署):

Date (日期):

Rehabilitation Coordinator's Signature (復康協助員簽署):

Date (日期):