Project: _____
No: _____

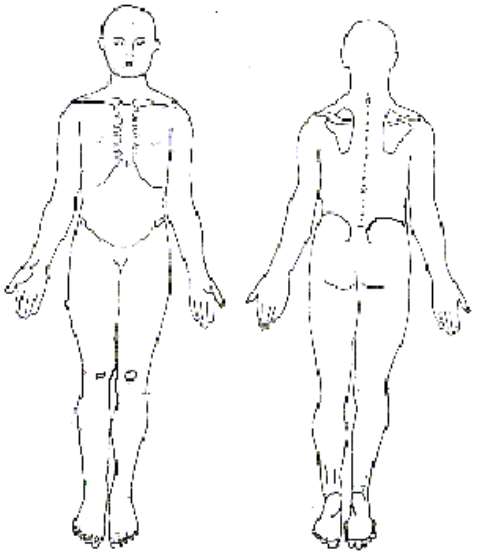
Work Injury Report

☐ New case ☐ Follow-up

Patient Name 病人姓名	**HKID** 香港身份証號碼	**Date of Injury** 受傷日期

Diagnosis 診斷: _____

Is it work related injury: ☐ Yes ☐ No ☐ To be determined



Accident Description / Medical History / Chief Complaints

Clinical Findings / Progress / Rehabilitation Plan

Investigations 檢查

(X-ray> 2 views: please seek for approval from handler)

☐ X-rays X光: _____(region位置) _____ (no. of views數量)

☐ Others, e.g., MRI and CT scan 其他: _____

Treatments & Recommendations 治療及建議

☐ Yes 是 ☐ No 否 Wound Management 傷口處理
☐ Dressing 清洗傷口
☐ Suturing 縫針 No. of stitches 針數: _____

☐ Yes 是 ☐ No 否 Specialist consultation 專科門診 Specialty 類別:_____

☐ Yes 是 ☐ No 否 Rehabilitation 復康
☐ Physiotherapy 物理治療 ☐ Occupational Therapy 職業治療 ☐ Others 其他

☐ Yes 是 ☐ No 否 Splint / Plaster Cast 手托 / 石膏托_____

☐ Yes 是 ☐ No 否 Prescription (Drugs Names) 藥物處方(藥物名稱)_____

Sick Leave 病假: ☐Yes ☐No from_____to_____*(Please issue a separate **Sick Leave Cert.**)*

Expected date of return to duty (estimated) 預計復工日期( )
Type of work: ☐ Normal Duties ☐ Light Duties (Duration:) *(Please complete **Return To Work Cert.**)*

Follow-up on 覆診日期

Static Physical Condition for Assessment: ☐ Yes ☐ No (Not yet until_____)

Notes to Clinic: Please complete this Report clearly, and **FAX** to **Allied World Assurance Company, Ltd** within **24 hours** (Fax: 2917-6173)

Name and Signature of Doctor in–charge 醫生姓名及簽署:_____ Date 日期:_____