TRM (HK) Limited
協康(香港)有限公司
Total Rehabilitation Management

APEX

From: _____ (Unit/ Dept) To: Empolyees' Compensation Division
_____ Labour Department

Medical Report for Employees' Compensation

I. Personnel Particulars:

Name of patient: _____

Sex: ☐Male ☐ Female Age: _____ ID No: _____

II. Details of Consultation

Medical Record Reference No.: _____

The above mentioned patient first attended _____

at _____(Time) on _____(Date)

Referral: ☐ No ☐ Yes From: _____

History of injury at work: ☐No ☐ Yes (please specify) _____

Brief summary of clinical features and history:_____

_____

_____

Condition: ☐likely related to the alleged accident ☐unlikely related to the alleged accident

☐ others – please specify :_____

III. Past medical and surgical history:

_____

_____

The above condition was a relapse of past medical and surgical condition: (please specify)

☐No ☐Yes_____ ☐Other: _____

IV. Treatment given:

_____

Referral to other units for management: ☐ No ☐ Yes _____

Sick leaves given for the above presenting condition (Please specify the dates/period(s):

_____

_____

Expected permanent impairment: ☐ No ☐ Yes (Please specify) _____%

Static Physical condition for assessment: ☐ No ☐ Yes ☐ Not yet until _____

Name of doctor: _____ **Post/ Unit:** _____

Signature: _____ **Date:** _____

Endorsed by (Name):_____ **Post:** _____

Signature: _____