

**Occupational Injury Medical Report**

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

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

**Form A**

**Section 1 – Injured Person's Personal Particulars (To be provided by the injured person or his/her representative)**

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 – Authorization and Consent (To be signed at the option of the injured person)**

In furtherance of my claim for Employees' Compensation and/or return-to-work options, I authorize and consent to the doctor who treats me (whether his/her name appears on this certificate or not) to (a) provide all relevant information; (b) release all relevant documents and/or medical report(s); and (c) discuss my medical and clinical condition(s) with my employer, my employer's insurer and/or other interested parties.

本人授權及同意診治本人的醫生(不論其姓名有否出現在此文件上), 就有關本人申請僱員工傷賠償或復工計劃事宜, 向本人的僱主、其保險代理人或其他有利害關係人士 (a) 提供所有相關資料; (b) 索取相關文件及醫療報告; 及 (c) 討論病情。

Injured Person's Signature 傷者簽署: <b>X</b>	Date 日期: _____
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**Section 3 – Subjective Complaint (To be completed by the treating doctor)**

Date of Injury:	Time of Injury:	
Description of the incident:		
Description of the injury:		

**Section 4 – Objective Medical Assessment (To be completed by the treating doctor)**

Clinical Assessment/Findings: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Investigations: X-rays: \_\_\_\_\_ (Region) Others: \_\_\_\_\_

**Section 5 – Treatments & Recommendations (To be completed by the treating doctor)**

	No	Yes		No	Yes	
			Wound Management			ATT Vaccine: 1st 2nd Booster
			Dressing			Injection site: _____
			Suturing			Date of next injection: _____
			Details: _____			
			Prescription			Referral
						A&E of _____ Hospital
						Specialist _____
						Physiotherapist _____
						Others _____
			Sick Leave from _____ to _____			
			Follow-up appointment on _____ (Date) _____ (Time)			
			Return to Work Plan (Please complete <b>Form B</b> )			
			Others: _____			

Treating Doctor (Signature and chop with address): \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_