



Employer 僱主: _____

Injured worker 傷者: _____ Date of Accident 意外日期: _____

Pre-Injured Occupation 受傷前職業: _____

Description of job duties / 工作性質: _____

- Fit for normal duty 適合返回正常工作崗位
 Fit for restricted duty 適合暫改為輕便工作 from 由 _____ to 至 _____
 Any other treatment 仍需接受治療 Yes 是 No 否 Remarks / 請註明 _____

(Tick and circle the relevant information as follows)

The following Restrictions Apply / 限制

- Cannot lift over _____ kilos / 不能提舉超過 _____ 公斤
 No work above shoulder height / 工作不能提舉或超過肩膀之上
 No left/right handed work / 避免左/右手工作
 No pushing / pulling / 避免推/拉動作
 No repetitive use of injured part of body / 不能重覆使用身體受傷的部位
 No bending/twisting/squatting / 避免彎腰/扭曲身體/蹲下
 No prolong periods of standing / walking / sitting for over ____ hrs / 不可連續站立/走路/坐著超過 ____ 小時
 No driving / operating machinery 避免駕駛 / 操作任何機械
 Keep wound clean and dry / 保持傷口乾爽清潔及避免濕水
 Restricted hours _____ per day / 有限制每天工作 _____ 小時
 Restricted days _____ per week / 有限制每星期工作 _____ 天

Other / 其他:

- Does **NOT** need further review / 不需要覆診 Next follow-up on / 下次覆診日期 _____

Please explain the injured, all related document(s) need to be sent to his/her supervisor/employer via TRM (HK) Ltd, for "Light Duties" arrangement.

請解釋以上資料,所有文件需經協康(香港)有限公司交給工作主管/僱主,以便安排適當“輕便工作”。

 Doctor Signature with copy/ 醫生簽署及蓋印

 Acknowledgement/明白及確認
 Injured Signature 傷者簽署

Date / 日期

Date / 日期

 TO BE COMPLETED BY TRM

The following light duties have been designed for the above-injured worker

下列之“輕便工作”已安排給上述傷者

 Injury Worker
 Date

 Employer
 Date

 Attending Doctor
 Date

 RC of TRM
 Date