

Date:

Occupational Medical Unit  
Employees' Compensation Division  
Labour Department

c.c. Marsh (Hong Kong) Limited

Dear Madam/Sir,

**Patient: XXXX**

**HKID: XXXX**

**Date of Injury: XXXX**

## **Medical Report**

While working at the airport on XXXXXXXX, Mr. XXXX slipped and twists his left ankle. He saw Dr. XXXX on the same day and X-rays of his left ankle did not reveal any bony injury. He was thus treated with medications and granted sick leave.

I saw Mr. XXXX on XXXXXXXX, he still complained of pain, swelling and stiffness of his left ankle. On examination, there was swelling and tenderness over the lateral collateral ligament of the left ankle. The findings were consistent with a sprain injury of the left ankle. I treated him with medications and referred him to undergo a course of physiotherapy.

When I saw him again on XXXXXXXX, he had shown some improvement but his left ankle was still painful. Hence, I continued his sick leave until XXXXXXXX. He was able to resume light duties doing half-day work on XXXXXXXX.

The last consultation was on XXXXXXXX, his condition had improved but not completely yet and he still complained of pain over the left ankle. He has achieved maximal medical improvement and is recommended to attend medical assessment board of Labour Department accordingly.

*"I believe that the facts stated in the report are true and the opinion expressed in it is honestly held".*

Yours faithfully,

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Signature, Stamp and Qualifications