

WORK INJURY REPORT

New Case

Follow-up Case

Date : _____

Patient Name : _____ HKID : _____

Contact No : _____

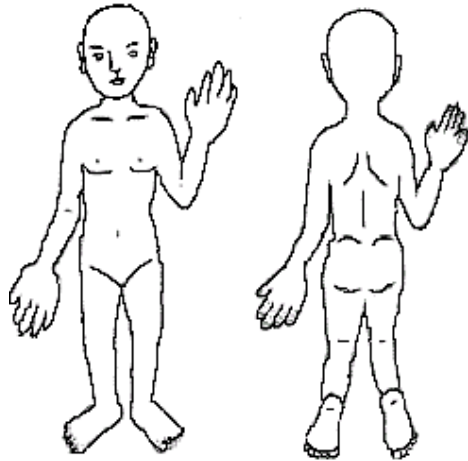
Date of Injury : _____

History & Clinical Summary (new case) /

Present complaint & progress (follow-up case) :

(R)

(L)



(L)

(R)

Diagnosis : _____

Additional Comments : (Brief rehabilitation plan / progress)

Investigations : (please fax copy of reports)

X-rays : _____ (region) _____ (no. of views)

Others : _____

Treatments & Recommendations

No Yes

Wound Management Dressing
 Suturing, no. of stitches : _____

Splintage / Cast (POP) _____ for _____

ATT Vaccine : 1st 2nd 3rd Booster
date of next injection : _____

Prescription (Drugs Names)

Referral A & E Department of _____ Hospital
 Specialist, Dr _____ of _____ (specialty)
 Rehabilitation Centre, at _____
 Others : _____

Sick Leave from _____ to _____

Light Duty from _____ to _____

Follow-up on _____

Remarks : _____

Attending Doctor (signature and chop with address) :

I hereby authorize my medical practitioner and/or clinic by whom or where I have been treated to give full particular including prior treatment programme and/or medical history related to the work injury case, to nominated healthcare providers, Labour Department of HKSAR and corresponding parties processing the claims. In line with Data Privacy requirements, I understand that any information shall be used for the sole purpose of administrating work injury assessment. A photocopy of this authorization shall be accepted with the same authority as the original.

本人同意並授權有關診所或主診醫生，將本人之工傷紀錄有關治療及復康進度、全部交予授權醫療機構、香港政府勞工署及索償工傷保險有關機構，以便進行工傷評估、治療及保險索償程序。本人明白上述資料受到個人私隱條例保障，只用於本人已授權之範圍內。此文件之副本應相等於正本被接納。

Patient's Signature 傷者簽署 : _____