



教育局綜合保險計劃 – 僱員補償保險呈遞病假證明書表格
EDUCATION BUREAU BLOCK INSURANCE POLICY – EMPLOYEES' COMPENSATION INSURANCE
SICK LEAVE CERTIFICATES SUBMISSION FORM

保險公司賠案編號 Insurance Claim No. : _____ (首次申報不需要填寫)
受傷僱員姓名 Name of Injured Employee : _____
意外日期 Date of Accident : _____
身份證號碼 HKID Card No. : _____

請注意：Please note:

1. 每份表格呈遞單一賠案的病假證明書 Each form for submission of sick leave certificate(s) of ONE case only.
2. 每一個序號條錄一張病假證明書 Please record each sick leave certificate in one row.
3. 校方應於 2 個月內呈交一次 Please submit sick leave certificate(s) within 2 months.

| 序號 No. | 簽發日期 Issue Date | 簽發醫院/診所 Issuing Hospital / Clinic | 病假期 (日日/月月/年年 至 日日/月月/年年) Sick Leave Period (From dd/mm/yy to dd/mm/yy) | 總日數 No. of days |
|-----------|--------------------|--------------------------------------|--|--------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |

| 必需填寫 (請 3 選 1) Must Complete (please tick 1 of 3) | | |
|--|--|--|
| <input type="checkbox"/> 未康復，仍需要複診及/或治療。 Not yet recovered. Still under follow up treatment. | <input type="checkbox"/> 已康復，無需複診及治療。不用退回病假證明書正本(如有)。 Recovered. No further treatment. No need to return the original sick leave certificate(s), (if any). | <input type="checkbox"/> 已康復， 無需 複診及治療。 需 退回病假證明書正本(如有)。 Recovered. No further treatment. Need to return the original sick leave certificate(s), (if any). 傷者確認簽署： Confirmed & Signed by the Injured employee: _____ |

學校聯絡人：
School Contact Person: _____

聯絡電話：
Contact Phone No. _____

日期：
Date : _____
(日/月/年 dd/mm/yyyy)

學校蓋章：
School Chop : _____