

出勤記錄 (Attendance Record)

職員姓名 (Staff name) : _____ 職員編號 (Staff No.) : _____

- Profession:**
- Physiotherapist (PT) Occupational Therapist (OT) Speech Therapist (ST)
- Registered Nurse (RN) Enrolled Nurse (EN) Dietetics and Nutrition (DN)
- Healthcare Worker (HW) Personal Care Worker (PCW) Health Care Assistant (HCA) /
Care-Related Support Worker (CRSW)

機構 / 客戶姓名 Organization / Client Name	醫院及床號/家居地址 Hospital & Bed No./ Home Address

日期 Date	到達時間 Arrival Time	離開時間 Departure Time	職員簽署 Staff Signature	主管/病人/親屬簽署 Signature: In-charge/ Patient/ Relatives

備註(Remark):

- 1) 提供護理服務給機構客戶時必須填寫此記錄表 Report must be completed when providing healthcare service to institutional clients
- 2) 完成服務後，須於截數日(每月的15號及30號)後3天內將此記錄電郵到info@life-extension.com.hk 給本公司，你亦可傳真至 3753 5133 或 WhatsApp 到客戶服務部。
Report must be sent to info@life-extension.com.hk, or faxed to 3753 5133, or WhatsApp to customer service representative within three (3) days after the cut-off day (15th and 30th of each month)
- 3) 一般查詢(General enquiry) 電話(Tel): (+852) 2790 7290
- 4) 通過提交此出勤記錄表，即表示該治療護理人員確認所填寫上列的資料真確及完整，在治療過程中亦沒有發生任何不良事故，而客戶亦滿意其服務表現。
By submitting this Attendance Record, the healthcare agent certifies that the information contained herein is truthful and complete, that no adverse incidents occurred during the services provided, and that the client(s) was satisfied with the healthcare agent's performance.