出勤記錄 Attendance Report

姓名 Name: _____ **工作證編號 LE No.:** _____

職位 Title:

☐ 物理治療師(PT) ☐ 註冊護士(RN) ☐ 起居照顧員/護理員(PCW/CW)
☐ 職業治療師(OT) ☐ 登記護士(EN) ☐ 醫護支援人員/健康服務助理 (CRSW/HCA)
☐ 言語治療師(ST) ☐ 保健員(HW)
☐ 註冊營養師(RD)

客戶名稱 Client Name	工作地址 Service Address

日期 Date (YYYY-MM-DD)	到達時間 Arrival Time (HH:MM)	離開時間 Departure Time (HH:MM)	簽署[2] Agent Signature	客戶簽署[3] Client Approval

備註 Remarks:

1) 提供服務給機構客戶時必須填寫此記錄，並於填妥所有資料後簽署核實。
This Attendance Report must be completed and signed by all healthcare agents when providing healthcare service.
2) 簽署前請確認以上填寫的資料真確及完整，在服務期間沒有發生任何醫療事故， 而客戶亦滿意閣下表現。
By submitting this Attendance Report, 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) appeared satisfied with the healthcare agent's performance.
3) 簽署此出勤及工作進度記錄後，即表示客戶確認該治療/護理人員於服務期間並沒有發生任何醫療事故、失職或不當行為。
By signing this Attendance Report, the client or supervisor represents that, to their knowledge, no adverse incidents, actions or omissions occurred during the services performed by the healthcare agent.
4) 請於截數日(每月的 15 號及最後一日) 前將已填妥之記錄電郵到 **info@life-extension.com.hk** ，亦可傳真至 **3753 5133** 或 WhatsApp 到 **9501 5807**。
This completed report must be sent to **info@life-extension.com.hk**, faxed to **3753 5133**, or WhatsApp to **9501 5807** before the cut-off day (15th and last calendar day) of each month.

如有任何疑問，請致電 2790 7290 與我們聯繫，謝謝！ Please call 2790 7290 if you have any enquiries. Thanks!