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| **MWO- OWWA Taipei, Taiwan****意外／醫療通報單** **ACCIDENT / MEDICAL REPORT FORM** | **FOR MECO ONLY** |
| Received by:Date: |
| **外勞資料OFW PARTICULARS**  |
| 外勞姓名Name of OFW |  |
| 出生年月日/年齡 Birthdate / Age  |  |
| 外勞電話 Contact Number of OFW |  |
| 性別Sex  |  |
| 工作類別Work Category  |  |
| 護照號碼Passport No.  |  |
| 居留證號碼ARC No.  |  |
| 來台日期Date of Arrival in Taiwan  |  |
| **聘僱相關資訊DEPLOYMENT DETAILS**  |
| 雇主 Employer |  |
| 聯絡人及電話 Contact Person and No. |  |
| 台灣仲介 Taiwan Agency |  |
| 聯絡人及電話 Contact Person and No. |  |
| Email address |  |
| 菲律賓仲介 Philippine Agency |  |
| 聯絡人及電話 Contact Person and No. |  |
| Email address |  |
| **意外或醫療診斷詳細說明ACCIDENT INFORMATION AND/OR MEDICAL FINDINGS** |
| 發生(發病)日期 Date of Occurrence |  |
| 發生(發病)時間 Time |  |
| 發生(發病)地點 Place |  |
| 發生原因 Cause |  |
| 診斷說明 Medical Findings |  |
| **雇主／仲介採取措施及行動說明 ACTIONS DONE BY EMPLOYER/BROKER** |
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註：請另附上外勞相關文件如: 護照、居留證、勞動契約影本等，及其他相關文件（意外／診斷書影本）

Note: Please attach photocopy of Passport, ARC, Employment Contract and other relevant documents (incident/medical reports)