职工工伤劳动能力鉴定申请表

流水号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 申请信息 | 单位全称 | |  | | | | | | | | | | | | | | | | | | | | 工伤职工  近期  免冠照片 | | | | | |
| 单位联系人 | |  | | | 移动电话 | | | | | | |  | | | | | | | | | |
| 单位送达地址 | | 省 市 县（市区） | | | | | | | | | | | | | | | | | | | |
| 职工姓名 | |  | | 公民身份号码  （社会保障号） | | | |  |  |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 职工联系人 | |  | | 移动电话 | | | |  | | | | | | | | | | | | | | | | | | | |
| 职工送达地址 | | 省 市 县（市区） | | | | | | | | | | | | | | | | | | | | | | | | | |
| 参保信息 | 工伤时职工是否参加工伤保险 | | | | | | □ 是 □否 | | | | | | | | | | | | | | | | | | | | | |
| 工伤职工受伤诊断治疗及伤情稳定后残疾和功能情况  简介 | 事故发生/职业病诊断时间 | | | | | | 年 月 日 | | | | | | | | | | | | | | | | | | | | | |
| 认定工伤决定书编号 | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 受伤害部位/职业病名称 | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 伤情稳定后残疾和功能情况简介： | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申请类型 | 申请人类别（可多选） | □用人单位 □工伤职工或者其近亲属 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □社会保险经办机构 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申请类别 | □初次鉴定 □复核鉴定 □复查鉴定 □再次鉴定 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 鉴定项目 | □劳动功能障碍程度等级鉴定 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □生活自理障碍程度等级鉴定 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 确认项目(请初次鉴定时一并勾选) | □安装辅助器具的确认 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □旧伤复发的确认 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □停工留薪期延长的确认 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □法律法规规定的其他确认事项 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申请劳动能力鉴定理由 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申报事项 确认栏 | 申请复核及再次鉴定需填写的信息内容 | | | 收到市级劳动能力初次（复查）鉴定结论书日期 | | | | | | | | 年 月 日 | | | | | | | | | | | | | | | | |
| 结论书编号 | | | | | | | |  | | | | | | | | | | | | | | | | |
| 鉴定结论 | | | | | | | |  | | | | | | | | | | | | | | | | |
| 申请再次鉴定需填写的信息内容 | | | 收到市级劳动能力复核鉴定结论书日期 | | | | | | | | 年 月 日 | | | | | | | | | | | | | | | | |
| 结论书编号 | | | | | | | |  | | | | | | | | | | | | | | | | |
| 鉴定结论 | | | | | | | |  | | | | | | | | | | | | | | | | |
| 劳动关系是否续存 | | | | | | | | □是 □否 | | | | | | | | | | | | | | | | |
| 申请材料 | | | 1.《认定工伤决定书》复印件； | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. 工伤职工居民身份证复印件； | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. 有效的诊断证明，按照医疗机构病历管理有关规定复印或者复制的检查、检验报告等完整有效的病历材料； | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.申请复查鉴定还应提供历次鉴定结论复印件； | | | | | | | | | | | | | | | | | | | | | | | | |
| 5.劳动关系续存证明材料； | | | | | | | | | | | | | | | | | | | | | | | | |
| 6.劳动能力鉴定委员会要求提供的其他材料。 | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 被鉴定人（签名） | | | | | | | 单位（公章） | | | | | | | | | | | | | | | | | | | | |
| 年 月 日 | | | | | | | 年 月 日 | | | | | | | | | | | | | | | | | | | | |
| 本人已详细阅读“职工工伤劳动能力鉴定申请表填报指南”，承诺所填写内容和提供材料真实准确有效，否则承担相应的法律责任。  承诺人（签名） 移动电话 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

注：1.填表请用钢笔、签字笔，字迹工整。

2.申请初次鉴定需要经治疗和康复后，伤情已基本稳定。如鉴定过程中发现仍需康复治疗的，作出劳动能力鉴定结论的期限相应顺延。

3.“残疾和功能情况”载明的伤情要与《认定工伤决定书》描述的伤情部位一致。

4.复核鉴定应在收到初次鉴定结论之日起15日内提出申请；再次鉴定应在收到复核鉴定结论之日起15日内提出申请。

5.复查鉴定应在自上一次作出鉴定结论之日起1年后，且在工伤保险关系续存期间提出申请。

6.如有疑问，请咨询有关工作人员。

通讯地址： 固定电话：