

健康申報表
HEALTH DECLARATION FORM

附件(二)

姓名： _____ 聯絡電話： _____
Name: _____ Contact Tel.: _____

家長或緊急聯絡人姓名： _____
Name of Parents/Emergency Contact Person: _____

家長或緊急聯絡人聯絡電話： _____
Contact Tel of Parents/Emergency Contact Person: _____

1. 過去 14 日內曾否去過內地或其他要求強制隔離的國家 / 地區? 有 YES 沒有 NO
Have you travelled to the Mainland or countries/districts in which mandatory quarantine is required in the last 14 days?

如「有」，何時回到香港?
If YES, when did you return to Hong Kong? _____

2. 你是否以下的病徵：發燒、咳嗽、腹瀉、嘔吐或流感症狀? 有 YES 沒有 NO
Do you have any of the following symptoms: Fever, cough, diarrhoea, vomiting or flu-like symptoms?

3. 你曾否與任何確診或疑似呼吸系統疾病患者有過緊密接觸? 有 YES 沒有 NO
Have you been in close contact with anyone diagnosed with or suspected of any respiratory disease?

請在適當空格加上☑

☑ Please tick if appropriate

所收集的資料僅為確保課堂環境健康及安全，有關資料將於到訪日期起 3 星期後銷毀。

The information collected will only be used to ensure the safety and health of the courses environment and will be destroyed 3 weeks after the date of visit.

日期： _____ 簽署： _____
Date: _____ Signature: _____

家長姓名： _____ 家長簽署： _____
Name of Parents: _____ Signature of Parents: _____
(只適用於未滿十八歲之申請者 if applicant is under age 18)