

**健康申報表**  
**HEALTH DECLARATION FORM**

姓名： \_\_\_\_\_ 聯絡電話： \_\_\_\_\_  
Name: \_\_\_\_\_ Contact Tel.: \_\_\_\_\_

緊急聯絡人姓名： \_\_\_\_\_  
Emergency Contact Person: \_\_\_\_\_

緊急聯絡人聯絡電話： \_\_\_\_\_  
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. 你是否有以下的病徵：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： \_\_\_\_\_  
Date: \_\_\_\_\_

簽署： \_\_\_\_\_  
Signature: \_\_\_\_\_