

HEALTH DECLARATION FORM

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: _____

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|---|-----------------------------------|-----------------------------------|
| 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？
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? | 有 YES
<input type="checkbox"/> | 沒有 NO
<input type="checkbox"/> |
| 2. 你是否有以下的病徵：發燒、咳嗽、喉嚨痛、氣促、腹瀉、嘔吐、最近發現喪失嗅覺或味覺，以及各項流感症狀？
Do you have any of the following symptoms: Fever, cough, sore throat, breathing difficulty, diarrhoea, vomiting, recent onset of loss of smell or taste, or flu-like symptoms? | 有 YES
<input type="checkbox"/> | 沒有 NO
<input type="checkbox"/> |
| 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？
Have you been in close contact with anyone diagnosed with or suspected of any respiratory disease? | 有 YES
<input type="checkbox"/> | 沒有 NO
<input type="checkbox"/> |
| 4. 你家居有無正接受醫學監察或隔離中的人士？
Are there any family members are being medical observation or isolation? | 有 YES
<input type="checkbox"/> | 沒有 NO
<input type="checkbox"/> |

請在適當空格加上☑

☑ Please tick if appropriate

本人確認以上所有由本人提供的資料乃正確無誤，並承擔因提供虛假資料(包括病歷及外遊紀錄)而產生的任何後果和責任。

I declare that all the above information provided (including medical and travel history) is true and accurate, and will be responsible for any consequences arising from any false information if provided.

所收集的資料僅為確保活動環境健康及安全，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 events environment and will be destroyed 3 weeks after the date of visit.

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