

健康申報表  
Health Declaration Form

姓名 Name	:	(中文)		(Eng)
性別 Sex	:		出生日期	年 月
身分證號碼	:		Date of Birth	: Year Month
Identity Card No.	:		聯絡電話	
參與活動	:		Contact No.	:
Event of participation	:			

1. 過去 14 日內曾否離開香港？

Have you been out of Hong Kong in the last 14 days ?

是 Yes  否 No

如「有」，曾到甚麼地方及何時回到香港？

If YES, where have you been and when did you return to Hong Kong?

曾到地方/國家/城市

日期

Location/ Country/ City : \_\_\_\_\_ Date : \_\_\_\_\_

2. 你是否有以下的病徵：發燒、咳嗽、腹瀉、嘔吐或流感症狀？

Do you have any of the following symptoms: Fever, cough, diarrhoea, vomiting or flu-like symptoms?

是 Yes  否 No

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?

是 Yes  否 No

4. 你的家人有否正在接受強制性家居隔離？

Do your family under the mandatory home quarantine?

是 Yes  否 No

我保證以上申報內容全部屬實。

I declare that all the above information is true.

簽名 : \_\_\_\_\_ 日期 : \_\_\_\_\_  
Signature : \_\_\_\_\_ Date : \_\_\_\_\_

未滿 18 歲參與者的家長/監護人聲明(家長/監護人須年滿 18 歲)

**Declaration by Parent/Guardian of Participant aged under 18 (The parent/guardian must be aged 18 or above)**

本人保證參與者申報內容全部屬實，並聲明他/她的健康及體能良好，適宜參與上述活動。

I hereby declare that all the above information is true and I agree that he/she is healthy, physically fit and suitable for the above activity.

家長/監護人姓名

Parent/Guardian Name : \_\_\_\_\_

家長/監護人簽名

Parent/Guardian Signature : \_\_\_\_\_

日期

Date : \_\_\_\_\_