



# YMCA CAMPING

— Building Strong Kids —

## 健康申報表 HEALTH DECLARATION FORM

**\*\*\*注意 - 請於日營第一日交回此表\*\*\***

**\*\*\*ATTENTION - Bring this completed form with you on the First (1<sup>st</sup>) day of camp. DO NOT MAIL\*\*\***

請用英文正楷填寫此表格 Please complete this form in English in LEGIBLE BLOCK LETTERS

參加者資料: Participant's Information:

COURSE CODE 課程編號: \_\_\_\_\_ COURSE NAME 課程名稱: \_\_\_\_\_

Participant's Full Name 參加者全名: \_\_\_\_\_ Contact No. 聯絡電話: \_\_\_\_\_

I acknowledge that participant with the following conditions should not attend any camp programmes, and I hereby declare that my child does not have any of the following conditions:

本人明白如參加者有下列的情況時不應參與任何日營活動，本人就此聲明此參加者(上方名字)沒有下列的情況：

1. Traveled outside of Hong Kong<sup>^</sup> in the past 21 days, OR  
曾於過去21天內離開香港，或
2. Had close contact with public members under compulsory quarantine or treated as suspected cases/  
confirmed case of COVID-19 in the past 21 days, OR  
於過去 21天曾與需要強制檢疫人士、懷疑或確診新冠肺炎個案有密切接觸\*，或
3. Lives in/visits to or studies in buildings or school with confirmed / probable cases of COVID-19 in the past  
21 days, OR  
居住於/探訪/就讀於在過去21天內有疑似/確診新型冠狀病毒感染個案的大廈或學校，或
4. Being identified as close contact case\* of Covid-19/under compulsory quarantine or required to undergo  
medical surveillance in the past 21 days, OR  
於過去 21天內被列為密切接觸者\*/進行強制檢疫/進行醫學監察，或
5. Have any of the following symptoms:  
曾出現以下病徵
  - a. Fever 發燒
  - b. Cough 咳嗽
  - c. Sore Throat 喉嚨痛
  - d. Diarrhea 肚瀉
  - e. Shortness of breath 氣促

<sup>^</sup> Including the child, the parent/guardian, and those taking care of your child, or those living with your child. <sup>^</sup>包括參加者,參加者家長/監護人及照顧參加者或與其同住的人士

\* In general, close contact means having cared for, having lived with, or having had direct contact with respiratory secretions and body fluids of a confirmed patient 「密切接觸者」一般指曾經照顧患者、與患者共同居住或曾經接觸過患者的呼吸道分泌物和體液的人士

I acknowledge I have the responsibility to inform the YMCA of Hong Kong (Camping Section) if there is any changes regarding participant's condition. I understand that the above information assists YMCA staff in ensuring my child safety and well-being. I understand that the YMCA of Hong Kong reserves the right to send ill participants or staff home.

本人明白如果此參加者(上方名字)情況有任何變化，本人有責任通知香港基督教青年會（營務部）。本人了解以上資料可協助YMCA員工確保參加者的安全。本人了解香港基督教青年會有權要求身體不適的參加者或工作人員回家休息。

Participant/Parent/ Guardian Signature

參加者/家長/監護人簽署

Date 日期