

健康申報表 HEALTH DECLARATION FORM

注意 - 請於報到時交回此表

ATTENTION - Bring this completed form with you when register DO NOT MAIL

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

到訪日期 Date of Visit:

參賽者姓名 Participant's Name : Surname / First Name (Full Name) 組別 Group : _____

陪同人士姓名 Accompanied person: Surname / First Name (Full Name) 電話號碼 Telephone No.: _____

請回答以下問題:

Please answer the following questions:

1. 你們有否於過去 14 天內到過外地?
Have you travel to other countries in last 14 days?
 Yes 有 Please specify 請例明: _____ (Place 地方)
 No 沒有
2. 你們有否於過去 14 天內與任何確診人士或懷疑確診人士有密切接觸?
Have you had contact with people infected with coronavirus disease in the past 14 days?
 Yes 有 Please specify 請例明: _____ (Date 日期)
 No 沒有
3. 如有任何以下症狀, 請於 內以 ✓ 表示:
If you have any of the following symptoms, please put a tick in the appropriate box(es).
 Fever (發燒) Shortness of breath (呼吸困難)
 Cough (咳嗽) Sore throat (喉嚨痛)
 Diarrhea (肚瀉) Other, please specify 其他, 請例明: _____

本人明白以上資料能協助港青確保參加者安全。本人明白港青有權取消有潛在風險人士之參賽資格。本人已填妥表格上的資料及證實所提供的資料全部正確。

I understand that the above information assists YMCA staff in ensuring the safety of participants. I understand that the YMCA reserves the right to disqualify participant who have potential risk. I therefore acknowledge that the above information is complete and correct, and that I have filled out all sections of this form to the best of my knowledge.

家長/監護人簽署
Parent/ Guardian Signature

日期
Date