

香港青年協會 黃寬洋青年空間
健康狀況申報表

The Hong Kong Federation of Youth Groups Felix Wong Youth S.P.O.T.
Health Declaration Form

到訪者資料 Visitor's Information

姓名 Name : _____ 性別 Gender : *男 M / 女 F 聯絡電話 Tel : _____

課程/活動名稱 Title of the Course / Programme : _____ (如適用 / If applicable)

請填妥下列表格 (在適當方格上加上「✓」號)。**Please fill in the form with 「✓」**

填表人是到訪者本人 / 家長/監護人 。

Form completed by visitor / Parent/ Guardian of visitor

	是 YES	否 NO
1. 本人/子女*在過去 14 天有離開香港。 In the past 14 days, I / my child* did travel outside Hong Kong		
2. 本人/子女*證實患上「2019 冠狀病毒病」。 I / my child* has contracted COVID-19.		
3. 照顧本人/子女*、或與其同住的人士證實患上「2019 冠狀病毒病」。 My / my child's* care-giver or household members has contracted COVID-19.		
4. 本人/子女*有發燒、咳嗽、氣促、呼吸困難或咽喉痛等徵狀。 I / my child* do have the symptoms like fever, cough, shortness of breath/ breathing difficulty or sore throat.		
5. 本人/子女*所住大廈於過去 14 天有住戶證實患上「2019 冠狀病毒病」。 The building where I / my child resided does have residents contracted COVID-19 in the last 14 days. 如選答「是」, 請續答 5a If you answered "Yes", please proceed to question 5a.		
5a. 本人/子女* 已完成檢測並取得陰性結果。 I / my child* have / has undergone testing and the test result is negative .		
6. 本人/子女*被介定為 強制檢測 對象。 I / my child* have / has to undergo compulsory testing. 如選答「是」, 請續答 6a If you answered "Yes", please proceed to question 6a.		
6a. 本人/子女* 已完成檢測並取得陰性結果。 I / my child* have / has undergone testing and the test result is negative .		

本人保證以上申報內容全部屬實。如參與貴單位活動期間上述情況有改動, 將立即通知單位職員。
I hereby declare that all the information given above is true and correct. Upon any changes of situation during the period of programme participation, I shall notify your staff immediately.

填表人姓名

Form

completed

by :

:

填表人簽署

Signature :

日期

Date :

*請刪除不適用 Please delete as appropriate