



香港潛水總會主辦
Organized by
Hong Kong Underwater
Association

康樂及文化事務署資助
Subvented by
Leisure and Cultural
Services Department



健康申報表 Health Declaration Form

姓名	Name	
屬會名稱	Affiliated Club	
體溫	Body Temperature	
組別	Category	<input type="checkbox"/> 運動員 Athlete <input type="checkbox"/> 家長 Parent <input type="checkbox"/> 教練 Coach <input type="checkbox"/> 職員 Staff
聯絡電話	Contact Number	

- 你本人或家中的成員於過去 14 日內是曾由外地返港?
Have you or anyone you live with, arrived in Hong Kong from overseas in the past 14 days?
 是 YES 否 NO

- 你是否與衛生署要求之家居隔離人士有密切接觸? 或你是否為家居隔離人士?
Have you been in close contact with someone who is on Mandatory Home Quarantine from the Centre For Health Protection, or have been issued one?
 是 YES 否 NO

- 你於現時, 或過去 14 天是否有發燒或呼吸道感染症狀 (咳嗽、喉嚨痛、流鼻水、氣喘等)?
Are you currently experiencing fever or respiratory symptoms (cough, sore throat, runny nose, flu, shortness of breath etc.) or have had any such symptoms in the past 14 days?
 是 YES 否 NO

- 你是否曾感染過新型冠狀病毒病?
Have you been infected with COVID-19?
 是 YES 否 NO

本人聲明據本人所知及所信, 以上資料均屬正確無誤, 並同意資料只會用於預防任何感染傳染病或感染的發生或蔓延之用途。

I confirm that the above information is accurate to my best knowledge and agree that such information will be used for preventing the occurrence or spread of an infectious disease or contamination only.

簽名 Signature _____ 日期 Date _____