**香港青年協會 天耀青年空間**

**健康狀況申報表**

**The Hong Kong Federation of Youth Groups Tin Yiu 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 |  |  |
| 1. 本人/子女\*證實患上「2019冠狀病毒病」。   I / my child\* has contracted COVID-19. |  |  |
| 1. 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. |  |  |
| 1. 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. |  |  |
| 1. **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.*** |  |  |
| 1. **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