



Health Declaration Form
健康申報表

姓 Surname: _____ 名 Given Name: _____

(請用證件內的姓名 name as printed in identity documents)

性別 Sex: 男 Male 女 Female
身份證號碼 / 護照 HK Identity Card No. / Passport: _____ 聯絡電話 Contact No.: _____

- A. 填寫此聲明之前，我已在香港逗留三星期，並且沒有家庭成員/親密接觸人員在抵港前 21 日曾到訪在香港政府強制 檢疫措施名單上的國家/地區。 I have been in Hong Kong for the 21 days prior to this declaration, and no household members / close contacts have arrived in the prior 21 days from a country / location on a HK Government quarantine list.
- B. 我曾在過去21天內離港 (除了與香港有旅行氣泡的國家以外)。 I have traveled outside of Hong Kong in the prior 21 days (aside from countries with travel bubbles with Hong Kong).
- C. 有家庭成員/親密接觸人員在抵港前21日曾到訪在香港政府強制檢疫措施名單上的國家/地區 (除了與香港有旅行氣泡的國家以外)。 A household member / close contact has arrived in the prior 21 days from a country / location on a HK Government quarantine list (aside from countries with travel bubbles with Hong Kong).

請列明抵港日期 Please specify date returned to Hong Kong : _____ 年 YYYY ____ 月 MM ____ 日 DD

你的住宅大廈或辦公樓在過去14天內是否有確診的冠狀病毒感染病例?

Does your apartment building or office building has a confirmed Covid-19 infected case in the last 14 days?

有 Yes 沒有 No

如有以下徵狀，請加上√。 Please put a √ before the symptom if you have any.

發燒 Fever 咳嗽 Cough 呼吸困難 Breathing difficulty 氣促 Shortness of breath 喉嚨痛 Sore throat

你是否已接種了兩劑的冠狀病毒疫苗? Have you received two doses of the Covid-19 vaccination?

有 Yes (第二劑接種日期 Date of 2nd Dose of Vaccination: _____ 年 YYYY ____ 月 MM ____ 日 DD) 沒有 No

你曾在過去14天內做過冠狀病毒測試嗎? Have you completed a Covid-19 test in the last 14 days?

有 Yes (測試日期 Date of Testing: _____ 年 YYYY ____ 月 MM ____ 日 DD, 測試結果 Test Result: 陰性 Negative 陽性 Positive)

沒有 No

我保證以上申報內容全部屬實，如果在校園訪問之前和訪問期間以上狀況發生變化並會通知學校。本人明白不如實提供準確且完整的資料可能會導致我的服務及僱傭合約或任何與學校簽訂的合約狀態立即終止。本人也可能需對學校或任何相關方因提供不誠實的資料而遭受的損失及承擔相應責任。

I declare that all the above information is true and will update the school if the above situation changes before and during the campus visit. I understand that failure to provide accurate and complete information may result in immediate disengagement of my service or any contractual status at the School and I will also be liable for any loss that the School and/or related parties might incur as a result of that failure.

日期 Date: _____

簽名 Signature: _____