

## 健康申報表HEALTH DECLARATION FORM

鑑於2019 冠狀病毒病的疫情發展，以減低病毒傳播的風險。比賽前實填寫本表格，並於抵達比賽並於抵達比賽時給工作人員才可進行比賽。

In response to the development of COVID-19, we have implemented measures to prevent spread of virus at the race event. All participants must fill in the below form and return to us before the race can start.

如閣下(i)出現甲部所列出的任何一項症狀或(ii)於乙部的任何問題回答為「是」，閣下不會獲准比賽資格

If (i) you have any of the symptoms as set out in Part A, or (ii) your answer to any of the questions under Part B is "YES", you will not be able to participate in the race

### 甲部 Part A

閣下是否有以下任何症狀？ Do you have any of the following symptoms?					
發燒 Fever	Yes 是 No 否	咽喉痛 Sore Throat	Yes 是 No 否	氣促 Shortness of Breath	Yes 是 No 否
咳嗽 Cough	Yes 是 No 否	呼吸困難 Breathing Difficulty	Yes 是 No 否	乏力 Malaise	Yes 是 No 否

### 乙部 Part B (請選適用的答案 Please choose as appropriate)

		Yes 是	No 否
(1)	閣下在過去14日內是否曾到訪香港以外地方？ Have you travelled outside of Hong Kong in the past 14 days?		
(2)	閣下是否現正接受香港衛生署的強制檢疫或醫學監察安排？ Are you under compulsory quarantine of medical surveillance ordered by the Department of the Health of Hong Kong		
(3)	閣下是否在過去14日內曾與2019冠狀病毒病確診個案及／或疑似個案的患者有密切接觸？ Have you been in close contact with confirmed case(s) and / or preliminarily tested positive case(s) of COVID-19 in the past 14 days?		
(4)	閣下是否在過去14日內曾與正在接受家居檢疫的人士同住？ Have you lived with any person under home quarantine in the past 14 days?		
(5)	閣下是否在過去14日內曾於有確診個案的大廈居住？ Have you lived in a building with confirmed case(s) in the past 14 days?		

本人聲明以上申報內容全部屬實。 I declare that all the above information is true.

全名：  
Name: \_\_\_\_\_

電話：  
Phone: \_\_\_\_\_

簽名：  
Signature: \_\_\_\_\_

日期：  
Date: \_\_\_\_\_