



## HEALTH DECLARATION FORM 健康申報表

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.

鑑於2019冠狀病毒病的疫情發展，以減低病毒傳播的風險，比賽前請填寫本表格，並於抵達比賽時交給工作人員。

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.

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」，閣下將不會准許參賽。

### Part A (Please tick the appropriate box(es) 請在適用的方格內加上)

Do you have any of the following symptoms? 閣下是否有以下任何症狀?

- |                              |                                |                               |
|------------------------------|--------------------------------|-------------------------------|
| a. Fever 發燒                  | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> No 否 |
| b. Cough 咳嗽                  | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> No 否 |
| c. Sore Throat 咽喉痛           | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> No 否 |
| d. Breathing Difficulty 呼吸困難 | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> No 否 |
| e. Shortness of Breath 氣促    | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> No 否 |

### Part B (Please tick the appropriate box(es) 請在適用的方格內加上)

- a. Have you travelled outside of Hong Kong in the past 21 days?

閣下在過去21日內是否曾到訪香港以外地方?

Yes 是  No 否

- b. Are you under compulsory quarantine of medical surveillance ordered by the Department of the Health of Hong Kong?

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?

Yes 是  No 否

- c. Have you been in close contact with confirmed case(s) and / or preliminarily tested positive case(s) of COVID-19 in the past 21 days?

閣下是否在過去21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?

Yes 是  No 否

- d. Have you lived in a building with confirmed case(s) in the past 21 days?

閣下是否在過去21日內曾於有確診個案的大廈居住?

Yes 是  No 否

I declare that all the above information is accurate to the best of my knowledge. 本人聲明以上申報內容全部屬實。

Full Name 姓名: \_\_\_\_\_

Contact Phone Number 聯絡電話號碼: \_\_\_\_\_

Signature 簽名: \_\_\_\_\_

Date 日期: \_\_\_\_\_