



香港拳擊總會
Hong Kong Boxing Association
學員健康申報表
Health Declaration Form- Student

Student's Name 學員姓名: _____ Contact Tel. 聯絡電話: _____

Course Code 課程編號: _____ Order No. 訂單編號: _____

Note: Please "✓" as appropriate. 請在適當方格內加上 "✓" 號

I have not been out of Hong Kong in the past 14 days. 本人在過去 14 日內並無離開香港。 If not, Please specify the dates and city/province/country: _____ 如 選否, 請列明日期和城市/省份/國家: _____	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
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I have not confirmed infection for COVID-19. 本人沒有曾經確診「2019 冠狀病毒」。 If not, please specify the discharge date: _____ 如 選否, 請列明出院日期: _____	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
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I am not subject to compulsory quarantine required by the government. 本人不是正接受政府指定強制檢疫的人士。	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
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I have not been in close contact with any person who is a confirmed or preliminary positive case of Novus Coronavirus (COVID-19) infection in Hong Kong or overseas in the past 14 days. 本人在過去 14 日內並未曾與任何確診人士或懷疑確診人士(無論在香港或海外)有密切接觸。	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
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I do not have and have not had in the past 14 days any of the following symptoms - fever, malaise, dry cough, shortness of breath, diarrhea. Other symptoms include nasal congestion, headache, conjunctivitis, sore throat, diarrhoea, loss of taste or smell, skin rash or discolouration of fingers or toes. 本人現時及過去 14 日內並無以下任何症狀, 包括發燒、乏力、乾咳、呼吸困難。其他病徵包括鼻塞、頭痛、結膜炎、喉嚨痛、腹瀉、喪失味覺或嗅覺、皮疹或手指或腳趾變色	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
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*如上述健康申報有任何變更, 請重新填寫並再次遞交予教練。

*If you have any change of above health declaration, please fill out and submit a new form to coach again.

*If body temperature $\geq 37.5^{\circ}\text{C}$ / 99.5°F , should not attend class; 如體溫為攝氏 37.5 度/華氏 99.5 度或以上, 不應上課

I confirm that the above information is accurate to my best knowledge. 本人聲明據本人所知及所信, 以上資料均屬正確無誤。

Student's Signature 學員簽署: _____ Date 日期: _____

Parents/ Guardians' Signature 家長/監護人簽署: _____
(Student who aged under 18 are required to have their parents/guardians signed 未滿十八歲之學員必須附上家長/監護人簽署)

Coach's Signature 教練簽署: _____

Personal Information Collection Statement

- The personal data provided will be used by the Hong Kong Boxing Association for the purpose of preventing the occurrence or spread of an infectious disease or contamination.
- The personal data you provide may be disclosed to other Government bureaux/departments or relevant parties for the purpose mentioned in paragraph 1 above, if required. Apart from this, the data may only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.
- You have a right of access and correction with respect to personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided by you during the occasion as mentioned in paragraph 1 above.

收集個人資料聲明

- 你向本會提供的個人資料是用於預防傳染病的發生或傳播。
- 你所提供的個人資料, 在有需要的情況下, 可能會向其他政府決策局/部門或相關機構披露, 作上文第 1 段所述用途。除此以外, 資料只會於你同意作出該種披露或作出該種披露是《個人資料(私隱)條例》所允許的情況下, 才向有關方面披露。
- 根據《個人資料(私隱)條例》第 18 及 22 條, 以及附表 1 第 6 項原則, 你有權查閱及修正你的個人資料, 包括索取你在上文第 1 段所述情況下所提供的資料的副本。