

Hong Kong Youth Performance Art and Development Association

健康申報表 HEALTH DECLARATION FORM

參	賽者姓名 Competitor Name:
隨	行者姓名 Follower Name:
伴	奏者姓名 Accompanists Name:
聯絡	格電話 Contact Tel.:
⊢⊢ ⊊	賽夕稱 Competition Name:
	賽名稱 Competition Name: 賽場地 Competition Venue:
LU]	頁勿地 Competition venue:
1.	過去 14 日內曾否去過內地? Have you travelled to the Mainland in the last 14 days? 「 有 YES 没有 NO
	如「有」· 何時回到香港? If YES, when did you return to Hong Kong?
2.	你是否有以下的病徵:發燒、咳嗽、腹瀉、嘔吐或流感症狀? Do you have any of the following symptoms: Fever, cough, diarrhoea, vomiting or flu-like symptoms? 「 有 YES
3.	你曾否與任何確診或疑似呼吸系統疾病患者有過緊密接觸? Have you been in close contact with anyone diagnosed with or suspected of any respiratory disease?
	所收集的資料僅為確保比賽場地環境健康及安全,有關資料將於到訪日期起 3 星期後銷毀。 The information collected will only be used to ensure the safety and health of the competition venue environment and will be destroyed 3 weeks after the date of visit.
	日期 Date: 簽名 Signature:
	【內部職員填寫】
	參賽者及家長已接受體溫檢測及體溫不高於攝氏 37.5 度 □ 完成體溫檢測

齊心抗疫 多謝合作 如未能通過體溫檢測者,恕不可進入比賽場地