## 香港壁球總會活動 - 健康申報表

甲部 Part A

簽名Signature:

## Hong Kong Squash Activity - Health Declaration Form



鑒於2019冠狀病毒病疫情,香港壁球總會(簡稱"本會")將於是項活動實施防疫措施及特別安排旨在針對參與人士受感染的風險。敬請閣下如實填寫以下表格,並於活動前交回於活動登記處的工作人員或以傳真(852-28690118)/電郵(enquiry@hksquash.org.hk)方式遞交本會辦事處。如閣下未能填妥本表格或確認本表格所列出的事項,閣下將可能不會獲准進入本活動場地。Given the COVID-19 pandemic, Hong Kong Squash ("the Association") will implement precautionary measures and special arrangements at this activity with a view to addressing the risk to attendees of infection. Please complete this form to the best of your knowledge and return it to the staff at the registration counter at the activity venue OR fax (852-28690118) / email (enquiry@hksquash.org.hk) to Hong Kong Squash Office prior to the activity. You may not be granted access to the activity venue if you fail to complete this form or confirm the matters as set out in this form.

請垣	真妥下列資料	Please o	complete the	following	:				
全名	Full Name:				聯絡	電話 Contact No.:		體溫Temperature:	
活重	加種類Type of	Activity:	□訓練班Tra	ining □	絲賽League	□賽事Competition	□課程Course	□其他Other:	
活重	加日期Date of	Activity:		活動時間 <b>T</b>	ime of Activity	y:	活動地點Place of	Activity:	
乙語	郡: 聲明 Pai	rt B: De	claration						
本人	申報、聲明及	及同意如 <sup>·</sup>	下 I hereby o	declare an	d agree that:	:			
<ul><li>(1)</li><li>(2)</li><li>(3)</li><li>(4)</li><li>(5)</li></ul>	in i	喪失味覺nptoms of onjunctiving of the ont. E社區隔離 illities or hall the office of the one of the office of the office of the office of the office office of the office office office office office office office office office of the office o	douged x 皮疹 f Coronavirus tis, sore throat tis, sore throat the coronavirus tis, sore throat tis, sore throat tis, sore throat tis, sore throat tis, sore the coronavirus tis, and tis	多或手指或所 Disease 2 at, diarrhea 家居檢疫令的 進行醫學監 busehold co 受 2019 冠別 D-19 testir otice or dire 後情況有變	腳趾變色。I do 019 (COVID-1 , loss of taste o 的管限。I am r 察(**密切接觸。 ontacts of close 病毒病檢測 / ng pursuant to ection and the ·本人應於活動	not have and have 9) — such as fever, or smell, skin rash on the currently subject at 的同住家人適用)。 e contacts).  本人曾經按強制檢認 a compulsory testiresult is negative.	not had within 14 or malaise, dry coug r discoloration of for to any isolation of a more undergous and the same of the same o	咳、呼吸困難、鼻塞、頭痛、結局 days prior to the date of activity a h, shortness of breath, nasal cor ingers or toes. rder or home quarantine order is bing medical surveillance at Co 2019 冠狀病毒病檢測而檢測結果 on / I have undergone COVID-1 is submitted prior to the day of my	iny of the ingestion, ssued by immunity 為陰性。 9 testing
**"2	·	•			•	•	•	一僅列舉部分例子以作參考。如有懷	疑,本會
in th	ne same vehicle	or flight,	having social	contact in c	lose proximity s	•		ntact, living in the same household, uples are not exhaustive. If you are	-
本人	、聲明據本人戶	所知及所'	信,以上資料	均屬正確無	無誤,並同意报 無誤,並同意扱	安下文之收集個人資	[料聲明所述使用]	本人所提供資料·包括協助應對	2019
l co use or o	onfirm that the ed as describ other work in	e above ed in th contro	information ne Personal Iling the spi	n is accura Information read of Co	ate to my bes on Collection OVID-19 and	t knowledge and Statement below related purposes	agree that such v, including the . I understand t	或誤導訊息將被取消資格。 information will be processe facilitation of any contact tra nat according to the activity ding information.	acing

收集個人資料聲明: 閣下須提供在此表格中收集的所有資料,以用於本會預防傳染病發生或傳播相關之工作。若 閣下未能提供所有資料,本會將無法評估 閣下是否適合參與是項活動,而 閣下將可能不會獲准進入活動場地。所有資料只會在 閣下同意或在《個人資料(私隱)條例》允許的情況下,向其他人士或機構作出披露。所有收集的資料將在活動結束後21 天內銷毀。 閣下有權按照《個人資料(私隱)條例》要求查閱及/或更正 閣下的個人資料,而有關要求須以書面形式向本會提出。

日期Date:

<u>Personal Information Collection Statement</u>: Your supply of all information collected in this form is required for the purpose of the Association's prevention of the occurrence or spread of Infectious Diseases. If you fail to provide the information, the Association will not be able to assess your suitability to participate in this activity and you may not be granted access to the activity venue. The information will only be disclosed to other parties or authorities with your consent or where it is permitted under the Personal Data (Privacy) Ordinance. All information collected will be destroyed in 21 days after the activity. You have the right to request access to and/or correction of your personal data in accordance with the provisions of the Personal Data (Privacy) Ordinance, and any such request should be made in writing and addressed to the Association.

Enquiries 查詢: Tel.電話:(852)28690611 Fax 傳真: (852)28690118 Email 電郵: enquiry@hksquash.org.hk Website 網址: www.hksquash.org.hk