

# 健康聲明申報表

## Health Declaration Form

\* 為使中心職員了解閣下的健康狀況是否適合參與戶外活動，請閣下務必在參與活動前填寫此表。閣下所提供的資料，其內容絕對保密。

Please fill in this form before applying any outdoor activities in order to let our staff access whether your health condition is suitable for joining. All information provided would be kept confidential.

### 參加者資料 General Information

參加者姓名：  
Name of participant \_\_\_\_\_

會員編號： ICY  
Membership no. \_\_\_\_\_

### A 個人健康資料 Personal Health Information

為閣下個人的安全設想，敬請誠實作答及填寫資料。請以  表示。  
 For the sake of your safety, please honestly answer the following questions. Please  to indicate your answer.

① 閣下是否曾經/現時患有以下列舉之疾病：  
 Did / Do you have following diseases:

心臟病 Heart Disease	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
高血壓 High Blood Pressure	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
哮喘病 Asthma	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
羊癇症 Epilepsy	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
其他(請註明) Others (please specify) _____	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No

② 閣下是否需要長期/定期服食藥物?(請註明)  
 Do you have to take medicine regularly? (please specify) \_\_\_\_\_  是 Yes  否 No

③ 閣下在過去一年內，是否曾經入住醫院?(請註明)  
 Have you been administered to hospital in recent year? (please specify) \_\_\_\_\_  是 Yes  否 No

④ 閣下在過去一個月內是否經常感到暈眩而失去平衡，或失去知覺?  
 Did you feel dizzy often, or had you ever loss of balance or unconsciousness?  是 Yes  否 No

⑤ 閣下有否關節或骨骼病症(如:玻璃骨)或曾有嚴重創傷?  
 Do you have any skeleton or joints problem (eg. Osteogenesis imperfecta) or experienced serious trauma?  是 Yes  否 No

⑥ 閣下有否對接觸或進食某種食物(或物質)導致身體出現敏感症狀?  
 Do you have any allergy touching or eating certain foods (or substance)?  是 Yes  否 No  
 (請註明)(please specify) \_\_\_\_\_

⑦ 除上述各項外，閣下是否有其他健康狀況致未能參與是次活動?  
 Besides mentioned, any other health problem causing you unable to join the activity?  是 Yes  否 No  
 (請註明)(please specify) \_\_\_\_\_

### B 健康聲明 Health Declaration \*請刪除不適用者 Please delete where inappropriate

本人證明填寫在此表上的資料正確無誤。並在此作出聲明，證明本人/敝子女\*(參加者姓名: \_\_\_\_\_) 身體並無任何疾病以致不適宜參與貴中心舉辦之活動。如遇上意外，本人及其家長/監護人願意負上全部責任。

I hereby certify that all information given above is true and correct. Declaring that I / my child\* (Name of Participant: \_\_\_\_\_) will participate the activity. I / He or She\* , am / is healthy, physically fit and suitable for general outdoor activity. Our centre and all other co-organizers will not be liable for any injury or death during his/her participation in the event.

本人/敝子女\*願意遵守活動規則及服從職員及工作人員之指示，以保障個人安全及健康。  
 For the sake of safety, I / my child\* am / is willing to follow all rules and regulations by Baptist Oi Kwan Social Service and co-organizations.

參加者簽署：  
Participant's signature \_\_\_\_\_

(18歲以下)  
家長/監護人簽署：  
Guardian's signature \_\_\_\_\_

日期：  
Date \_\_\_\_\_

緊急聯絡人姓名：  
Emergent contact person \_\_\_\_\_

(關係)  
(Relationship) \_\_\_\_\_

緊急聯絡人電話  
Emergent contact no. \_\_\_\_\_