



**OUTWARD BOUND
HONG KONG**

Health Declaration 健康申報表

Name 姓名		Contact (mobile) number 聯絡(手機)電話	
Address 居住地址			

Please provide the following information: 請提供以下資料:

Symptoms within past 14 days 過去十四天內的病徵	NO 無	YES 有
1. Fever 發燒 (>37.5C)		
2. Chills & Rigor 發冷		
3. Cough 咳嗽		
4. Diarrhoea 肚瀉		
5. Shortness of Breath / Breathing difficulties 呼吸急促 / 呼吸困難		
6. Other Symptoms (Please specify) 其他病徵 (請列明)		

Travel history within past 14 days (Please specify the dates and city / province / country) 過去十四天內的旅遊紀錄 (請列明日期和城市 / 省份 / 國家)

Related health history within past 14 days 過去十四天內的相關健康紀錄 Have you had and have recovered from Coronavirus 您是否已經確診或從冠狀病毒中康復
Visit to hospitals or close contact with patient with significant infectious disease (Please specify name and address of hospital) (曾到訪醫院或與傳染病患者有密切接觸--請列明醫院名稱和地址)

I hereby confirm that the information provided herein is, to the best of my knowledge, complete and factual at the time of completion. Additionally, I agree to comply with all health protection measures that might be expected of me whilst on course at Outward Bound Hong Kong.
我在此確認，以上填寫的資料，是根據本人所知道的，最完整和真實的內容。此外，我同意在香港外展訓練課程期間，遵守所有的健康保護措施。

Signature 簽名		Date 日期	
-----------------	--	------------	--