HKSI Guests/Visitors Health Declaration Form
香港體育學院來賓/訪客健康申報表

Body Temp. 體溫: _____ (℃)

Guest/Visitor Name 來賓/訪客姓名	**Visiting Department/Purpose 到訪部門/目的**

		Yes 是	**No 否**
1	Having any of the following symptoms - fever, malaise, dry cough, shortness of breath or other flu-like symptoms now or in the past 14 days. 過去 14 日內或現時有以下任何症狀，包括發燒、乏力、乾咳、呼吸困難或感冒症狀		
2	Have been out of Hong Kong in the past 14 days. 過去 14 日內曾離開香港		
3	Have been in close contact with any person who have travelled outside Hong Kong in the past 14 days in particular family members, helpers or drivers. 曾與在過去 14 日內曾離開香港的任何人士有密切接觸，尤其是家人、家庭傭工及司機		
4	Have been in close contact with any person who is a confirmed or preliminary positive case of Coronavirus (COVID-19) infection in the past 14 days. 在過去 14 日內曾與任何新型冠狀病毒確診人士或初步確診人士有密切接觸		
5	I am not required to undergo COVID-19 testing pursuant to a compulsory testing notice or direction or I have undergone COVID-19 testing pursuant to a compulsory testing notice or direction and the result is negative. 本人無需按強制檢測公告或指示接受 2019 冠狀病毒病檢測 或 本人曾經按強制檢測公告或指示接受 2019 冠狀病毒病檢測而檢測結果為陰性。		

I confirm that the above information is accurate to my best knowledge and agree that such information will be used for preventing the occurrence or spread of an infectious disease or contamination only.
本人聲明據本人所知及所信，以上資料均屬正確無誤，並同意資料只會用於預防任何感染傳染病或感染的發生或蔓延之用途。

Signature 簽名	Date 日期

Contact / Company Telephone No. : 聯絡 / 公司電話號碼	Entry Time 進入時間	Leave Time 離開時間

(Contact/company telephone no. is applicable for the registration purpose of guest/ visitor without using the mobile app "LeaveHomeSafe" Only)
(聯絡 /公司電話號碼只適用於非使用手機應用程式 "安心出行 "之來賓/訪客作登記用途)