



Health Declaration Form 健康申報表

Our School is committed to providing a safe and healthy environment for our students, parents, teachers and staff.

Please complete this form upon your arrival. All visitors who have any symptoms of COVID-19/have been in close contact with anyone who is a suspected, probable, confirmed or preliminary positive case of COVID-19/are under compulsory quarantine or medical surveillance order by the Department of Health of Hong Kong/now under home quarantine/living with any person under home quarantine are not allowed to enter our school. We appreciate your cooperation.

本校致力為學生、家長、老師及員工提供 健康安全環境。預請來賓到訪本校時填妥健康申報表。如出現新型冠狀病毒相關症狀、曾與任何懷疑、疑似、確認、或初步對新型冠狀病毒測試呈陽性人士有緊密接觸、或現正在接受香港衛生署的強制檢疫或醫學監察安排或正在進行家居檢疫或現在與正在家居檢疫的人士同住，均不可到訪本校。感謝閣下的配合。

A. Details of Visit 甲. 到訪詳情

*Date of Visit 到訪日期: _____ *Contact Person of Our School 本校聯絡人: _____
 *Purpose of Visit 到訪目的: _____ *Arrival Time 到訪時間: _____
 *Estimated Leaving Time 預計離開時間: _____

*For Parent 家長填寫

Full Name (as appeared in identification documents) 姓名(如身份證明文件上所顯示): _____
 Student Name and Class 學生姓名及班別: _____

*For Visitor 訪客填寫

Full Name (as appeared in identification documents) 姓名(如身份證明文件上所顯示): _____
 HKID No./ Other Identification Document (first 4 digits) 身份證編號/其他身份證明文件(頭 4 個數字): _____
 Company's Name 公司名稱: _____
 Contact Number 訪客聯絡電話: _____

B. Declaration and Disclaimer 乙. 聲明

- | | Please ✓ in appropriate box(es) | |
|--|---------------------------------|--------------------------|
| | Yes 是 | No 否 |
| 1. Do you and your family members have any of the following symptoms - fever, respiratory symptoms or sudden loss of taste or smell ?
本人及本人之家庭成員是否有以下任何徵狀，包括發燒、出現呼吸道感染徵狀或突然喪失味覺或嗅覺？ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you and your family members under compulsory quarantine (Targeted Group Testing Scheme is not included) or medical surveillance order by the Department of Health of Hong Kong now ?
本人及本人之家庭成員是否現正在接受香港衛生署的 強制檢疫(不包括特定群組指定檢測計劃)或醫學監察安排 ？ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you and your family members been in close contact (“Close contact” generally means having direct physical contact, living in the same household, travelling in the same vehicle or flight, having social contact in close proximity such as dining together. The above examples are not exhaustive.) with anyone who is a suspected, probable, confirmed or preliminary positive case of COVID-19 infection in the past 14 days ?
本人及本人之家庭成員在過去 14 日內，是否與任何懷疑、疑似、確診或初步對 新型冠狀病毒測試呈陽性人士有密切接觸 (「密切接觸」是指直接接觸、居於同一家庭、乘坐同一車輛或飛機，或有近距離社交接觸，例如一同進餐。以上僅列舉部分例子作參考。)? | <input type="checkbox"/> | <input type="checkbox"/> |

By signing this form, I declare that all the above information is true, and I consent to the uses of my personal data as described in the Personal Information Collection Statement below.

本人簽署此表格，以聲明以上申報內容全部屬實，並同意按下文之收集個人資料聲明所述使用本人的個人資料。

Signature 簽署 _____

Date 日期 _____

收集個人資料聲明: 本校向閣下收集的個人資料將用作預防任何傳染病或感染的發生或蔓延之用途。個人資料的提供純屬自願。如未能提供有關資料，閣下將可能不會獲准進入學校範圍。本校會將有關個人資料保存兩個月。閣下提供的個人資料在有需要的情況下，可能會向相關的校內部門、政府部門或機構披露，以作上述用途。除此以外，該等資料只會於閣下同意作出該種披露或作出該種披露是《個人資料(私隱)條例》所允許的情況下，才向其他人士披露。閣下有權要求查閱和更正本校持有的閣下的個人資料。如閣下希望行使這項權利，請將有關查詢電郵至 info@web.wfjpls.edu.hk。

The personal data collected from you will be used for the purpose of preventing the occurrence or spread of an infectious disease or contamination. The provision of personal data is voluntary. A failure to provide the requested data may result in you not being allowed into the school. We will retain the personal data collected from you through this form for 2 months. The personal data you provide may be disclosed to the other parties within school, Government bureaux/departments or relevant parties for the above purpose, if required. Apart from this, the data may only be disclosed to other parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance. You have a right to request access to, and correction of, your personal data held by us. If you wish to exercise this right, please email to info@web.wfjpls.edu.hk.