

Peng Chau Challenge HEALTH DECLARATION FORM

坪洲渡海泳賽健康申報表

In light of the COVID-19 outbreak, the safety of our race and staffs are of the utmost importance. It is essential that we work together to ensure the event remains as safe as possible during these challenging times.

鑒於 2019 冠狀病毒的爆發，本賽事參賽者及工作人員的安全現已變得至關重要。在這個充滿挑戰的時期，我們必須共同努力以盡力確保本會安全。

This form **MUST** be filled out on arrival by every racer.每位參賽者必須於到達時填寫此申報表。

Please stay away from the Event Venue if you are under the HKSAR Government's 14-day compulsory quarantine order or have been in close contact with anyone who has. 如果您正在接受香港特區政府規定之強制 14 日檢疫，亦或曾經或正在親密接觸任何正在接受此強制檢疫的人士，請遠離比賽區域。

INFORMATION OF RACER 參賽者資料			
Name 姓名:			
Bib Number 比賽編號:			
Contact No. 電話:			
Temperature 體溫:			
HEALTH DECLARATION 健康申報			
		YES	NO
1	Are you feeling unwell or experiencing any flu-like symptoms? 您目前是否感到身體不適或出現疑似感冒病徵?		
2	Have you been in close contact with anyone who has been infected or is presently being quarantined for the suspected virus? 您是否曾經或正在密切接觸任何已經確診感染冠狀 病毒的患者或正處於隔離期的疑似患者?		
3	Have you travelled within the last 14 days or had close contact with anyone who has? (Except those exempted from the Government's 14-day compulsory quarantine order) 您是否在過去 14 日內曾經於境外旅行或曾經密切接觸過任何在過去 14 日內有境外旅行 史的人士?(豁免政府規定之強制 14 日檢疫的人士除外)		
4	Does the building where you live have any person who has contracted the virus and lives on the same floor? 您所居住的屋苑同層是否有任何已經確診感染冠狀病毒的患者?		

I hereby sign to state that the information given on this form is, to the best of my knowledge, correct and true. I understand that the false information given on this form will be subject to disciplinary action not limited to suspension or loss of membership.

本人在此聲明此申報表所提供的信息均真實正確。本人明白提供虛假信息將受到不限於暫停或取消會籍的紀律 處分。

Signature 簽名: _____

Date 日期: _____