

明愛_____ (單位名稱)

健康申報表格及聲明
(適用於 18 歲以上之參加者)

A. 參加課程/活動：_____

B. 參加者資料：

姓名：_____ (英文姓名：_____) 性別：_____

出生日期：_____ 身份證／護照號碼(首四個字連英文字母)：_____

緊急事故聯絡人：_____ 關係：_____ 緊急聯絡電話：_____

C. 參加者健康記錄：

(i) 曾患重病及/或長期病患名稱：_____

(ii) 敏感項目名稱：

(a) 藥物：_____

(b) 食物：_____

(c) 其他：_____

(iii) 其他補充資料 (需要導師注意的事項)：_____

活動須知

參加者必須理解是次活動所涉及的風險及所需之體能負荷，同時有責任確保參加者身體狀況在不需要醫療輔助或其他輔助下，適合參與並能完成活動。

本中心在得悉或懷疑的情況下，保留取消任何不適宜參加是次活動的人士的參加資格。[本表格並非用作為參加者進行身體狀況評估，如對身體狀況有懷疑，本中心建議參加者在活動前徵詢醫生建議及檢查，以確保其身體狀況適合參加是次活動。]

如身體出現任何變化，參加者請重新填寫健康申報表予中心存檔。

聲明

本人謹此聲明本人適合及自願參加是次活動，清楚明白並願意承擔參與是次活動的風險及責任。

本人謹此聲明及確認在本表格上所填報之資料完整及確實無誤，同意接受及會遵守香港明愛為是次活動不時訂立的所有條款、規則及其導師的指示。

本人同意香港明愛有權根據《個人資料(私隱)條例》收集、保存及使用本人在本表格上所填報之個人資料以作是次活動相關的用途(包括但不限於活動之籌備、舉行、緊急事故安排等)。本人亦同意香港明愛可將這類資料發放予當值職員、導師、及任何救護員及醫護人員參考及在遇有緊急事故時作緊急聯絡之用。本人同意該等收集、保存及使用是合法及實屬公平。本人理解本人有權查閱及更改香港明愛所保存有關本人的個人資料，並同意就任何相關查閱及/或更改個人資料的申請支付合理費用。

簽署：_____ 姓名：_____ 日期：_____

Caritas _____(Unit Name)

Health Declaration Form

(For participants aged 18 or above)

- A. Course/ Programme Enrolled: _____
- B. Particulars of Participant
- Chinese Name: _____ (if applicable)
- English Name: _____ Sex: _____
- Date of Birth: _____
- HKID/ Passport number (Initial letter and the subsequent four digits): _____
- Name of Emergency Contact Person: _____
- Relationship: _____
- Tel. No. of Emergency Contact: _____
- C. Personal Health Record
- (i) History of severe illness and/or chronic disease (if any):

- (ii) Allergy(ies)(if any):
- (a) Medication: _____
- (b) Food: _____
- (c) Others: _____
- (iii) Supplementary Information (Remarks for instructor)

Programme Note

The participant needs to understand the possible risks and the physical requirements of the activity(ies) involved in the programme. The participant is responsible for ensuring that s/he is physically fit to join and complete the activity(ies) involved in the programme without medical assistance or assistance of other kinds.

With the knowledge or suspecting that the participant is unfit for participating in the programme, (Centre's Name) reserves the right to disqualify the person concerned in participating in the programme. (This form is not for the purpose of assessment of the health condition of the participant. If you have any concerns about your health condition, our centre recommends that you seek medical consultation and check-up prior to joining the programme to ensure that you are physically fit for joining.)

Should there be any change in the participant's health condition, the participant needs to fill in the Health Declaration Form again for record.

Declaration

I hereby declare that I am fit for and voluntary to join the aforementioned programme. I am aware of and willing to undertake the possible risks and responsibility involved in participating in the programme.

I hereby declare and confirm that the information submitted in this form is complete and true. I agree to accept and will abide by all terms, rules and instructions set by Caritas – Hong Kong and the responsible instructors for the programme.

I give my consent to Caritas – Hong Kong for collecting, retaining and using the personal data collected in this form for the aforementioned programme and related purposes (including but not limited to the preparation and the operation of the programme, arrangement in case of emergency, etc.) in accordance with the Personal Data (Privacy) Ordinance. I also agree that Caritas – Hong Kong could transfer the personal data concerned to duty officers, instructors, ambulance(wo)man and medical officers for reference and for contact in case of emergency. I agree that such collection, retention and use is legal and fair. I understand that I am entitled to access and amend my personal data kept by Caritas – Hong Kong and agree to pay reasonable fee(s) for any access and/or amendment of such personal data.

Signature: _____

Name: _____

Date: _____