

Caritas \_\_\_\_\_ Community Centre- Kowloon \_\_\_\_\_ (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: \_\_\_\_\_