

香港考試及評核局 – 健康申報表  
HONG KONG EXAMINATIONS AND ASSESSMENT AUTHORITY – Health Declaration Form

姓名 Full Name: \_\_\_\_\_ 日期 Date: \_\_\_\_\_  
(與香港身份證相同 Same as shown on HKID card)

聯絡電話 Contact No.: \_\_\_\_\_

注意事項：

- (1) 本人聲明以下所有申報均屬實。  
(2) 如來訪者在下述任何聲明剔選「是」，將不可進入考評局辦公室。

Point to note:

- (1) I declare that all information given below is true and correct to the best of my knowledge.  
(2) Visitor indicating 'Yes' in any of the statements above will NOT be admitted to the office of the HKEAA.

- |   | 是 True / 否 False         |                          |
|---|--------------------------|--------------------------|
| (a) 我今天有新型冠狀病毒的症狀，例如發燒、氣促、呼吸困難、傷風、咳嗽、喉嚨痛或頭痛等<br>I have had symptoms of the novel coronavirus (COVID-19) today, e.g. fever, shortness of breath, breathing difficulty, cold, cough, sore throat, or headache | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) 今天，我在接受政府的強制檢疫或接受2019冠狀病毒強制檢測<br>I am undergoing mandatory quarantine or taking compulsory test for COVID-19 today  | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) 我曾在過去14天到訪過香港以外地方<br>I have been out of Hong Kong in the past 14 days   | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) 我在過去5日內曾與2019冠狀病毒病確診個案及／或疑似個案的患者有密切接觸<br>I have been in close contact with confirmed case(s) and /or preliminarily tested positive case(s) COVID-19 in the past 5 days                                  | <input type="checkbox"/> | <input type="checkbox"/> |

簽署 Signature: \_\_\_\_\_



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