



香港特別行政區衛生署  
HKSAR Department of Health  
健康申報表  
Health Declaration Form

姓 Surname: \_\_\_\_\_ 名 Given Names: \_\_\_\_\_  
(請用證件內的姓名 As printed in identity documents)

性別 Sex:  男 Male  女 Female

出生日期 Date of Birth: \_\_\_\_\_ 年 yyyy \_\_\_\_\_ 月 mm      國籍 / 地區 Nationality / Region: \_\_\_\_\_

護照 / 港澳證 / 身份證號碼 Passport / Identity Card No.: \_\_\_\_\_      車次 / 船次 / 航班號 Vehicle / Ship / Flight No.: \_\_\_\_\_

車廂號 / 車牌號 Train Section No. / Car Plate No.: \_\_\_\_\_      座號 Seat No.: \_\_\_\_\_

機組人員 Crew:  是 Yes  否 No

1. 請列出過去 7 天會到訪的國家 / 地區和城市  
Please list the countries / regions and cities visited in the past 7 days \_\_\_\_\_

2. 在過去 7 天內，有否與懷疑或證實患上人類豬型流感的人士接觸過？  
Was there history of contact with any person suffering from suspected or confirmed swine flu infection in the past 7 days ?  
 有 Yes  否 No

3. 如有以下徵狀，請加上√  
Please put a √ before the symptom if you have any

i) <input type="checkbox"/> 發燒 Fever	<input type="checkbox"/> 咳嗽 Cough	<input type="checkbox"/> 腹瀉 Diarrhoea
ii) <input type="checkbox"/> 呼吸困難 Breathing difficulty	<input type="checkbox"/> 肌肉痛 Muscle pain	<input type="checkbox"/> 流鼻涕 Runny nose
<input type="checkbox"/> 頭痛 Headache	<input type="checkbox"/> 鼻塞 Stuffy nose	<input type="checkbox"/> 嘔吐 Vomiting
<input type="checkbox"/> 喉嚨痛 Sore throat		

未來 7 天的聯絡方法 Ways of contact for the next 7 days  
電話 / 流動電話號碼 Tel. / Mobile Phone No.: \_\_\_\_\_      電郵地址 Email: \_\_\_\_\_  
聯絡地址 Contact Address: \_\_\_\_\_

未來 7 天目的地及乘坐的車次 / 船次 / 航班號      日期  
Destinations and vehicle / ship / flight no. for the next 7 days:      Date: \_\_\_\_\_

我保證以上申報內容全部屬實。 I declare that all the above information is true.

日期 Date: \_\_\_\_\_      旅客簽名 Signature: \_\_\_\_\_

體溫 (如有異常，由檢疫官員/職員填寫)  
Temperature (if abnormal, to be filled in by quarantine official / staff only): \_\_\_\_\_ °C

DH 2680 (06/09)

## **收集個人資料聲明**

### **收集資料的目的**

1. 你向衛生署提供的個人資料是用於預防任何傳染病或污染的發生或蔓延。
2. 根據第 599 章《預防及控制疾病條例》，上述個人資料的提供是強制的。

### **接受轉介人的類別**

3. 你所提供的個人資料，在有需要的情況下，可能會向其他政府決策局/部門或相關機構披露，作上文第 1 段所述用途。除此以外，資料只會於你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，才向有關方面披露。

### **查閱個人資料**

4. 根據《個人資料(私隱)條例》第 18 及 22 條，以及附表 1 第 6 項原則，你有權查閱及修正你的個人資料，包括索取你在上文第 1 段所述情況下所提供的資料的副本。在索取個人資料的副本時，可能須繳交費用。

### **查詢**

5. 如欲查詢有關你所提供的個人資料，請聯絡衛生署港口衛生處文書主任 (電話：2961 8852)。

## **Personal Information Collection Statement**

### **Purpose of Collection**

1. The personal data provided will be used by the Department of Health for the purpose of preventing the occurrence or spread of an infectious disease or contamination.
2. The provision of personal data is obligatory under Cap 599, the Prevention and Control of Disease Ordinance.

### **Classes of Transferees**

3. The personal data you provide may be disclosed to other Government bureaux/departments or relevant parties for the purpose mentioned in paragraph 1 above, if required. Apart from this, the data may only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

### **Access to Personal Data**

4. You have a right of access and correction with respect to personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided by you during the occasion as mentioned in paragraph 1 above. A fee may be imposed for complying with a data access request.

### **Enquiries**

5. Enquiries concerning the personal data provided should be addressed to Clerical Officer, Port Health Office, Department of Health (Tel.: 2961 8852).