



## 參觀金管局資訊中心 – 健康申報表

### Health Declaration Form for Visiting the HKMA Information Centre

金管局致力為參觀資訊中心人士提供安全環境。敬請閣下如實填妥本健康申報表。如閣下未能填妥本表格，或答案中有一條或以上的問題答「是」，閣下將可能不會獲准進入資訊中心。感謝閣下配合。

The HKMA is committed to providing a safe environment for visitors of the Information Centre. Please complete this form to the best of your knowledge. **You may not be allowed into the Information Centre if you fail to complete this form or if you answer “yes” to one or more questions in this form.** We appreciate your cooperation.

\*請刪去不適用者 \*Please delete as appropriate

請在適用的方格內加上√ (Please tick the appropriate box(es))

*先生 / 小姐 / 女士 *Mr / Miss / Ms	姓： Surname :		名： Given name :	
----------------------------------	-----------------	--	--------------------	--

(請用證件內的姓名)  
(As printed in identity documents)

*身份證號碼 / 護照號碼 (只須填寫頭4單位, 包括任何英文字母) 及證件簽發地： *Identity card number / Passport number (Only enter the first 4 units, including any letters) and place of issuance of identity document :	Identity document number 證件號碼: <table border="1"> <tr> <td></td><td></td><td></td><td></td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td> </tr> </table> Place of issuance 證件簽發地:					X	X	X	X	X
				X	X	X	X	X		
聯絡電話號碼： Contact phone number :										
電郵地址： Email address :										
閣下在過去21天是否有任何新型冠狀病毒的症狀，例如發燒、氣促或呼吸困難？ Have you had any symptoms of the novel coronavirus (COVID-19) in the past 21 days, e.g. fever, shortness of breath, or breathing difficulty?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No									
閣下在過去21天曾否到訪香港以外地方？ Have you been out of Hong Kong in the past 21 days?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No									
閣下是否正在接受香港衛生署的強制檢疫或醫學監察安排？ Are you currently under compulsory quarantine or medical surveillance order by the Department of Health of Hong Kong?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No									
閣下在過去21天有否與任何懷疑或確診感染新型冠狀病毒之人士（無論在香港或在香港以外）密切接觸？ Have you been in close contact in the past 21 days with any person who is a confirmed or preliminary positive case of COVID-19 infection in Hong Kong or outside Hong Kong?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No									
閣下在過去21天有否與正在接受香港衛生署的強制檢疫或醫學監察安排的任何人士密切接觸？ Have you been in close contact in the past 21 days with any person who has been under compulsory quarantine or medical surveillance order by the Department of Health of Hong Kong?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No									

本人聲明以上申報內容全部屬實，並且授權和同意金管局根據以下收集個人資料聲明處理及使用本人所提供之資料。

I declare that all the above information is accurate to the best of my knowledge, and I authorise and consent to such information being processed and used in accordance with the Personal Information Collection Statement below.

簽名 Signature : \_\_\_\_\_ 日期 Date : \_\_\_\_\_

#### 收集個人資料聲明 Personal Information Collection Statement :

金管局向閣下收集的個人資料將用作保障公共衛生用途。個人資料的提供純屬自願。如未能提供有關資料，閣下將可能不會獲准進入資訊中心。本局會將有關個人資料保存30天。閣下所提供的個人資料在有需要的情况下，可能會向其他政府決策局/部門或相關機構披露，以作上述用途。除此以外，該等資料只會於閣下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。閣下有權要求查閱和更正本局持有的閣下的個人資料。如閣下希望行使這項權利，請將有關查詢電郵 ([publicenquiry@hkma.gov.hk](mailto:publicenquiry@hkma.gov.hk)) 至本局的「個人資料私隱主任」。

The personal data collected from you will be used for the purpose of safeguarding public health. The provision of personal data is voluntary. A failure to provide the requested data may result in you not being allowed into the Information Centre. We will retain the personal data collected from you through this form for 30 days. The personal data you provide may be disclosed to other Government bureaux/departments or relevant parties for the above purpose, 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. You have a right to request access to, and correction of, your personal data held by us. If you wish to exercise this right, please email the Data Privacy Officer of the HKMA at [publicenquiry@hkma.gov.hk](mailto:publicenquiry@hkma.gov.hk).

職員專用 For Official Use