**West Kowloon Cultural District Authority**

**西九文化區管理局**

Health Declaration For Visitor to WKCDA’s Venues and Offices

西九場地及辦公室訪客健康申報表

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name  姓名 | : |  |  | Company Name  公司名稱 | : |  |
| WKCDA Contact Person  西九管理局接洽人 | : | Elaine Ling |  | Department  所屬部門 | : | DFS |
| Venue / Office  場地 / 辦公室 | : | WKCDA Tower | | | | |
| Visiting Location  到訪位置 | : | 9/F WKCDA Tower | | | | |

Please provide the following information:

請提供以下資料：

Please tick (✓) YES or NO in the box below

請在以下空格填寫 “✓” (有 / 沒有)

|  |  |  |
| --- | --- | --- |
|  | YES  有 | NO  沒有 |
| Do you have any fever or respiratory symptoms?  你有否出現發燒或呼吸道感染徵狀？ |  |  |
| Are you under the compulsory quarantine?  你是否正接受強制檢疫？ |  |  |
| Any contact with suspected / confirmed cases of Novel Coronavirus?  你有沒有曾經與新型冠狀病毒的懷疑或確診個案人士接觸？ |  |  |

I declare that all information given in this form is true to the best of my knowledge and belief.

本人在本表格內所填報的資料，據本人所知及所信，均屬真確無訛。

|  |  |  |
| --- | --- | --- |
| Signature 簽名 | : |  |
| Contact number 聯絡電話 | : |  |
| Date 日期 | : |  |