**香港航空青年團**

AS/001/706

**HONG KONG AIR CADET CORPS**

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| **團員姓名****Name of Member** |  |
| **身份證號碼****HKID Number** |  | ( ) | **團員編號****Serial Number** |   |

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| **健 康 狀 況 聲 明****HEALTH CONDITION DECLARATION** |

If it cannot be confirmed and declared that the Member is free from any medical concerns, please circle one or more of the following choices that best describe the relevant medical concerns, and feel free to provide further information you consider appropriate.

若閣下不能確認及聲明上述團員並沒有任何健康問題，請在以下一項或多項最能描述上述團員健康狀況的選擇上打圈，並在適當情況下提供進一步資料。

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| Neurological神經系统 | Respiratory 呼吸系统 |
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| History of epilepsy, fits or blackouts癲癎、肌肉抽搐或昏厥 | Acute respiratory conditions 嚴重呼吸系统問題 |
| History of migraine 偏頭痛 | Bronchitis 支氣管炎 |
| History of psychiatric illness精神病  | Asthma 哮喘 (please provide further information請提供進一步資料) |
|  | - frequency and severity of attacks發作頻率及程度 : |
| Othorhinolaryngological 耳鼻喉 | - date of last attack上次發作日期 : |
|  | - treatment required所需治療 : |
| Acute otitis media or externa 急性中耳或外耳炎 |  |
| Chronic suppurating otitis media 慢性化膿性中耳炎 | **Cardiovascular 心臟及循環系统** |
| Scarred ear-drum 耳膜損傷 |  |
| Sinusitis 鼻竇炎 | Cardiac illness 心臟毛病 |
|  | Hypertension 高血壓 |
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| **Abdomen 腹部** | **Visual 視力** |
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| Abdominal operation within the last month 月內曾進行腹部手術 | Acute Myopia 深度近視 |
| Colostomy 结腸造口 | Visual field limitation or uniocular vision 視野障礙或單眼 |
| Other significant abdominal conditions 其他嚴重腹部毛病 |  |
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| Endocrine and Drugs 內分泌及藥物 | **Locomotor 運動系统** |
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| Diabetes 糖尿病 | Limitation of limb or hand movement肢體或手部活動障礙 |
| Under treatment by antihistamines, tranquilizers, or  |  |
|  decongestant drugs, or any type of drugs with side effects | **Others 其他**  |
| that could affect alertness and judgement |  |
| 正接受抗組織胺、鎮靜劑或通鼻塞藥物，或其他影響警覺性及  判斷藥物的治療 | Allergic to Drugs對藥物敏感 (Type of Drug藥物種類):Allergic to Food 對食物敏感 (Type of Food食物種類):Other conditions not mentioned on this page其他在本頁未曾敘述症況: |
|  |  |
| 日期Date  |  / / |

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| **補充資料(如適用) Further Information (if appropriate)** |
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**DECLARATION聲明**

I/We hereby declare that to the best of my/our knowledge and belief the information contained in this *Health Condition Declaration* is true and complete in every aspect. The Hong Kong Air Cadet Corps is authorized to contact the Member’s physician for further verifications if necessary.

本人/我們謹此聲明就本人/我們所知本*健康狀況聲明*上所提供的資料乃正確齊全。香港航空青年團有權就上述資料向上述團員的醫生要求核實。

**FAMILY PHYSICIAN 家庭醫生**

If requested by HQ HKACC, Family Physician’s endorsement

若香港航空青年團總部要求，須由家庭醫生簽署:

I certify that, to the best of my knowledge, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (member’s name) does / does not \* suffer from any of the diseases or disabilities listed in this Declaration.

就本人所知，\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_﹝團員姓名﹞患有 / 沒有 \* 本聲明上所述疾病或殘障，特此核實。

\*Delete as appropriate 刪去不適用

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| Additional Comments (if any) 補充資料﹝如適用﹞： |  |
|  |
| Name of Physician醫生姓名： |  | Signature簽名： |  |
| Address 地址： |  |
| Telephone 電話： |  | Date日期： |  |

 **CONTACT PERSON IN CASE OF EMERGENCIES遇上緊急事故時的聯絡人**

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| --- | --- |
| Name姓名： |  |
| Address地址： |  |
| Telephone電話： |  |

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| I/We understand and accept that the information given in this Health Condition Declaration will be used by the Hong Kong Air Cadet Corps and other authorized persons or entities related to the running of its activities and administration of its affairs. 本人/我們明白並同意香港航空青年團及其授權的人仕及單位，有權使用以上提供的資料，作為舉辦該團隊活動及處理該團隊事務之用途。 |
| Member’s Signature團員簽署： |  | Date日期： |  |

Parent’s/Guardian’s name (if the member is under 21 years of age)

家長/監護人姓名〈如團員為二十一歲或以下〉：

|  |  |
| --- | --- |
| Parent’s/Guardian’s Signature家長/監護人簽署： |  |

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| --- | --- |
| Date日期： |  |

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| **Remarks by HQ HKACC 香港航空青年團總部批註** |