



課程/活動名稱 Course/Activity Title

歷奇活動推廣日 2012/01 (2012-07-29)

參加者聲明

**Participant's Declaration**

團員姓名 Name of Member

團員編號 Serial No

身份證號碼 HKID Card No

本人明白，上述課程/活動可能包括體能及歷險訓練成份，如本人在參與課程/活動期間遭遇意外受傷，本人同意香港航空青年團及其安排活動的有關人士毋須負上任何責任。本人身體並無任何健康問題令本人不適宜參與上述課程/活動。

I understand that the above course/activity may involve physical exercise and adventurous training, and agree that the Hong Kong Air Cadet Corps and its members shall not be responsible for accidents or injuries, if any, occur to me during the training. I declare that I have no health problem which prevents me from participating in the above course/activity.

日期 Date

簽署 Signature X

**參加者家長/監護人或授權人聲明書  
Participant's Parent/Guardian or  
Person Authorized by Participant's  
Parent/Guardian's Declaration**

十八歲以下的參加者須由家長/監護人或經其家長/監護人授權者填寫此同意書(家長/監護人或「獲授權人」必須為十八歲或以上人士)。  
This consent form should be completed by parent/guardian of participant **under the age of 18** or by person authorized by their parent/guardian (parent/guardian or authorized person should be at 18 years of age or above)

本人同意參加者參加上述課程/活動，並聲明他/她身體並無任何疾病，令他/她不宜參加此項課程/活動。如果因參加者的疏忽或體能欠佳，以致在參加這項課程/活動時傷亡，香港航空青年團及其安排課程/活動的有關人士毋須負上任何責任。

I agree to allow the participant to participate in the above mentioned course/activity and declare that he/she does not suffer from any illness that renders him/her unfit for the course/activity. The Hong Kong Air Cadet Corps and its members shall not be liable for any injury or death which the participant may suffer in this course/activity, if the cause of injury or death is due to his/her negligence or inadequacy in health and fitness.

姓名 Name

家長/監護人或

聯絡電話號碼

獲授權人簽署

Contact Number

Parent/Guardian of

日期 Date

Signature X

**健康狀況聲明**

**Health Condition  
Declaration**

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以剔號表示，並在適當情況下提供進一步資料。

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

**神經系統 Neurological**

- 癲癇、肌肉抽搐或昏厥 History of epilepsy, fits or blackouts
- 偏頭痛 History of migraine
- 精神病 History of psychiatric illness

the last month

- 結腸造口 Colostomy
- 其他嚴重腹部毛病 Other significant abdominal conditions

**耳鼻喉 Otorhinolaryngological**

- 急性中耳或外耳炎 Acute otitis media or external
- 慢性化膿性中耳炎 Chronic suppurating otitis media
- 耳膜損傷 Scarred ear-drum
- 鼻竇炎 Sinusitis

**內分泌及藥物 Endocrine and Drugs**

- 糖尿病 Diabetes
- 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 Under treatment by antihistamines, tranquilizers, or decongestant drugs, or any type of drugs with side effects that could affect alertness and judgment

**腹部 Abdomen**

- 月內曾進行腹部手術 Abdominal operation within

**呼吸系統 Respiratory**

- 嚴重呼吸系統問題 Acute respiratory conditions



- 支氣管炎Bronchitis  
 哮喘Asthma  
 (請提供進一步資料Please provide further information)  
 發作頻率及程度Frequency and severity of attacks

上次發作日期Date of last attack \_\_\_\_\_

所需治療Treatment required \_\_\_\_\_

**心臟及循環系統Cardiovascular**

- 心臟毛病Cardiac illness  
 高血壓Hypertension

**視力Visual**

- 深度近視Acute myopia  
 視野障礙或單眼Visual field limitation or unocular vision

**運動系統Locomotor**

- 肢體或手部活動障礙Limitation of limb or hand movement

**其他Others**

- 對藥物敏感Allergic to Drugs  
 (藥物種類Type of Drug) \_\_\_\_\_  
 對食物敏感Allergic to Food  
 (食物種類Type of Food) \_\_\_\_\_  
 其他在本頁未曾敘述症況Other conditions not mentioned on this page \_\_\_\_\_

**補充資料 Further Information (如適用 If appropriate)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**聲明Declaration**

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。

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.

**家庭醫生Family Physician**

若香港航空青年團總部要求，須由家庭醫生簽署  
 If requested by HQ HKACC, Family Physician's endorsement

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。

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.

**補充資料Additional Comments (如適用If any)**

醫生姓名Name of Physician \_\_\_\_\_

電話Telephone \_\_\_\_\_

地址Address \_\_\_\_\_

日期Date \_\_\_\_\_

簽名Signature X \_\_\_\_\_

**遇上緊急事故時的聯絡人Contact Person in Case of Emergencies**

姓名Name \_\_\_\_\_

電話Telephone \_\_\_\_\_

地址Address \_\_\_\_\_

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。

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.

日期Date \_\_\_\_\_

團員簽署Member's Signature X \_\_\_\_\_

如團員為二十一歲或以下  
**If the member is under 21 years of age**

家長/監護人簽署  
 Parent's/Guardian's Signature X \_\_\_\_\_

日期Date \_\_\_\_\_

家長/監護人姓名  
 Parent's/Guardian's Name \_\_\_\_\_

Remarks by HQ HKACC 香港航空青年團總部批註