

香港航空青年團
HONG KONG AIR CADET CORPS
『乘風航 - 海上歷奇兩日一夜訓練』 -
衝上雲霄樂聚天倫之四海亦是家

團員姓名

Name of Member

身份證號碼

HKIC Number

團員編號

Serial Number

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。

Neurological 神經系統

History of epilepsy, fits or blackouts 癲癇、肌肉抽搐或昏厥

History of migraine 偏頭痛

History of psychiatric illness 精神病

Otorhinolaryngological 耳鼻喉

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

Scarred ear-drum 耳膜損傷

Sinusitis 鼻竇炎

Abdomen 腹部

Abdominal operation within the last month 月內曾進行腹部手術

Colostomy 結腸造口

Other significant abdominal conditions 其他嚴重腹部毛病

Endocrine and Drugs 內分泌及藥物

Diabetes 糖尿病

Under treatment by antihistamines, tranquilizers, or
decongestant drugs, or any type of drugs with side effects

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**Respiratory 呼吸系統**

Acute respiratory conditions 嚴重呼吸系統問題

Bronchitis 支氣管炎

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：

- date of last attack 上次發作日期：

- treatment required 所需治療：

Cardiovascular 心臟及循環系統

Cardiac illness 心臟毛病

Hypertension 高血壓

Visual 視力

Acute Myopia 深度近視

Visual field limitation or unocular vision 視野障礙或單眼

Locomotor 運動系統

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

Others 其他

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 _____ / _____ / _____

補充資料(如適用) Further Information (if appropriate)

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

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

Name 姓名： _____

Address 地址： _____

Telephone 電話： _____

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： _____

Date 日期： _____

Remarks by HQ HKACC 香港航空青年團總部批註