



### Health Condition Declaration 健康狀況聲明

Name of Member

團員姓名

HKID Card No

身份證號碼

Serial No

團員編號

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.

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。

#### 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 external  
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 judgment 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：\_\_\_\_\_

Further Information 補充資料 (If appropriate 如適用)



社聯  
社聯總會會員



# 香港航空青年團

## HONG KONG AIR CADET CORPS

### 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。

**Additional Comments 補充資料** (If any 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 _____	Telephone 電話 _____
Address 地址 _____	

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 _____
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### If the member is under 21 years of age 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 _____
Parent's/Guardian's Name 家長/監護人姓名 _____	

Remarks by HQ HKACC 香港航空青年團總部批註