**HONG KONG AIR CADET CORPS**

Proficiency on Map Reading, CampCraft and Orienteering 2020

Personal Application Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Chinese Name: |  | English Name: |  |  | Photo |
| Age: |  | Gender: |  |  |
| Contact No (Home): |  | Contact No (Mobile): |  |  |
| Email: |  | | |  |
| Unit: |  | Serial No: |  |  |
| First Aid Certificate (Type, Issuing Authority, Valid Until): | | | | | |
| Declaration by Applicant  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of applicant), hereby declare that all the information provided in the form is complete and true to the best of my knowledge. I understand that PMCO 2020 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 problems, apart from those stated in the “Health Condition Declaration”, which prevents me from participating in the above activity. | | | | | |
| Signature of applicant: | | |  | | |
| Name of applicant (in BLOCK LETTERS): | | |  | | |
| Date: | | |  | | |
| Declaration by Applicant’s Parent or Guardian, or Person Authorized by the Parent or Guardian  This part is to be completed by ALL cadet members. The parent, guardian or authorized person must be at the age of 18 or above.  I agree to allow the participation of this applicant in PMCO 2020 and declare that he/she does not suffer from illness, apart from those stated in the “Health Condition Declaration”, that renders him/her unfit for the activity. The Hong Kong Air Cadet Corps and its members shall not be liable for any injury or death which the participant may suffer from the activity, if the cause of injury or death is due to his/her negligence or inadequacy in health and fitness.  I also agree be the contact person in the case that the applicant has any accident or incident which requires immediate attention in the course of the activity. | | | | | |
| Signature of parent, guardian or authorized person: | | |  | | |
| Name of parent, guardian or authorized person: | | |  | | |
|  | | | (in BLOCK LETTERS) | | |
| Contact number: | | |  | | |
| Date: | | |  | | |

**香港航空青年團**

**HONG KONG AIR CADET CORPS**

AS/001/706

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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神經系统 | | | Respiratory 呼吸系统 |
|  | | |  |
| 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 |
|  | | |  |
| **Abdomen 腹部** | | | **Visual 視力** |
|  | | |  |
| 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 | | |  |
|  | | |  |
| Endocrine and Drugs 內分泌及藥物 | | | **Locomotor 運動系统** |
|  | | |  |
| 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 | / / |

|  |
| --- |
| **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： |  |

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

**野外鍛鍊活動適應能力問卷與你（個人報名表）**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 是 | 否 | |  | | |
| 🞏 | 🞏 | | 1. 醫生曾否說過你的心臟有問題，以及只可進行醫生建議的體能活動？ | | |
| 🞏 | 🞏 | | 2. 你進行體能活動時會否感到胸口痛？ | | |
| 🞏 | 🞏 | | 3. 過去一個月內，你曾否在沒有進行體能活動時也感到胸口痛？ | | |
| 🞏 | 🞏 | | 4. 你曾否因感到暈眩而失去平衡，或曾否失去知覺？ | | |
| 🞏 | 🞏 | | 5. 你的骨骼或關節(例如脊骨、膝蓋或髖關節)是否有毛病，且會因改變體能活動而惡化？ | | |
| 🞏 | 🞏 | | 6. 醫生現時是否有開血壓或心臟藥物（例如water pills）給你服用？ | | |
| 🞏 | 🞏 | | 7. 是否有其他理由令你不應進行體能活動？ | | |
| 如果  你的  答案  是： | | 一條或以上答「是」 | | | |
| 在開始增加運動量或進行體能評估前，請先致電或親身與醫生商談，告知醫生這份問卷，以及你回答「是」的問題。 | | | |
| 你可以進行任何活動，但須在開始時慢慢進行，然後逐漸增加活動量；又或你只可進行一些安全的活動。告訴醫生你希望參加的活動及聽從他的意見。 | | | |
| 找出一些安全及有益健康的社區活動。 | | | |
| 全部答「否」 | | | | → | 延遲增加運動量： |
| 如果你對這份問卷的全部問題誠實地答「否」，你有理由確信你可以：  開始增加運動量 – 開始時慢慢進行，然後逐漸增加，這是最安全和最容易的方法。 | | | | 如果你因傷風或發燒等暫時性疾病而感到不適   * 請在康復後才增加運動量； * 或如果你懷孕或可能懷孕 – 請先徵詢醫生的意見，然後才決定是否增加運動量。 |
| 參加體能評估 – 這是一種確定你基本體能的好方法，以便你擬定最佳的運動計劃。此外，亦主張你量度血壓；如果讀數超過144/94，請先徵詢醫生的意見，然後才逐漸增加運動量。 | | | |  |  |
| 請注意：如因健康狀況轉變，致使你隨後須回答「是」的話，便應告知醫生或健身教練，看看應否更改你的體能活動計劃。 |

經常進行體能活動不但有益身心，而且樂趣無窮，因此，愈來愈多人開始每天多做運動。對大部分人來說，多做運動是很安全的。不過，有些人則應在增加運動量前，先行徵詢醫生的意見。如果你計劃增加運動量，請先回答下列7條問題。如果你介乎14至69歲之間，這份體能活動適應能力問卷會告訴你應否在開始前諮詢醫生。如果你超過69歲及沒有經常運動，請徵詢醫生的意見。普通常識是回答這些問題的最佳指引。請仔細閱讀下列問題，然後誠實回答：

如閣下之病歷曾經與心臟有關或有對身體有任何懷疑，請進行身體檢驗及附上醫生証明才可參與挑戰活動。

註：如一名人士在參加體能活動或進行體能評估前已獲得這份問卷，本部分可作法律或行政用途。

本人已閱悉、明白並填妥本問卷。本人的問題亦已得到圓滿解答。

|  |  |  |  |
| --- | --- | --- | --- |
| 簽署： |  | 日期： |  |
| 姓名： |  | 身份證明文件號碼： |  |

備註：你提供的資料，只作處理活動報名事宜之用。遞交問卷後，如欲更正或查詢個人資料，請與接受報名的總部職員聯絡。此問卷由填寫當天起計12個月內有效。如因健康狀況轉變，致使你隨後對上述的任何問題答「是」的話，則本問卷即告無效。