



香港特別行政區衛生署
Department of Health,
Hong Kong Special Administrative Region of China

出境健康申報表
Health Declaration on Departure

姓名 Name: _____ 性別 Sex: 男 Male 女 Female

出生日期
Date of Birth: _____ 年 yy _____ 月 mm 國籍 Nationality: _____

護照／身分證號碼
Passport/Identity Card no.: _____ 職業
Occupation: _____

航班號／車(船)次
Flight/ship/vehicle no.: _____

目的地 Destination: _____ 途經地區 Via: _____

聯絡住址和電話 Contact address and telephone number: _____

1. 請列出在過去十日內你到過的國家和城市
Please list the countries and cities that you visited in the past 10 days _____

2. 在過去十日內你有否與嚴重急性呼吸系統綜合症(非典型肺炎)病人接觸?
Have you had contact with people with SARS in the past 10 days?

有 Yes 否 No

3. 如有以下症狀，請在症狀前劃
Please mark before the symptom if you have any

i) 發熱 Fever

ii) 咳嗽 Cough 氣喘 Shortness of breath 呼吸困難 Breathing difficulty

我已閱知本申報表所列事項，並保證以上申報內容正確屬實。

I hereby declare that all the information given above is true and correct.

日期
Date: _____ 旅客簽名
Signature: _____