



佛 教 黃 鳳 翎 中 學
BUDDHIST WONG FUNG LING COLLEGE

香港佛教聯合會主辦 SPONSORED BY THE HONG KONG BUDDHIST ASSOCIATION

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Student Health Declaration Form

1、Personal Information (Please write your name in Chinese and English in block letters, exactly as it appears on your ID card. All fields must be filled in.)

Name in Chinese :	Name in English :		
Class :	Gender :	ID card number :	
Mobile phone number :	Date of birth :	(dd/mm/yyyy)	Age :

2、Health Declaration Form (Please answer the following questions according to your personal health conditions)

1. Have you ever suffered or been suffering from serious diseases (e.g. heart disease, kidney disease, lung disease)? Ans : <input type="checkbox"/> Yes (please specify : _____) <input type="checkbox"/> No
2. Do you suffer from diseases that require long-term medication (e.g. asthma, epilepsy, diabetes)? Please list the name of the medicine. Ans : <input type="checkbox"/> Yes (please specify : _____) <input type="checkbox"/> No
3. Do you have the habit of taking medicines (e.g. gastric medicine, sleeping pills) for a long time? Please list the name of the medicine. Ans : <input type="checkbox"/> Yes (please specify : _____) <input type="checkbox"/> No
4. Have you ever had surgery? Please elaborate the situation. Ans : <input type="checkbox"/> Yes (please specify : _____) <input type="checkbox"/> No
5. Have you ever had a fracture or dislocation? Please specify the location. Ans : <input type="checkbox"/> Yes (please specify : _____) <input type="checkbox"/> No
6. Are you allergic to any medicine? Please list the name of the medicine. Ans : <input type="checkbox"/> Yes (please specify : _____) <input type="checkbox"/> No
7. Are you allergic to certain foods or other things (e.g. pollen, cats, dogs)? Ans : <input type="checkbox"/> Yes (please specify : _____) <input type="checkbox"/> No
8. Are you fit for exercise? If no, please state the reasons. Ans : <input type="checkbox"/> Yes <input type="checkbox"/> No (please specify : _____)

3、Emergency Contact Information

Contact person (1)	Contact person (2)
Name: Relationship :	Name: Relationship :
Emergency contact number :	Emergency contact number :

(Note: All information collected in this form will only be used for this event, and will be disposed of when the event ends)