

有關「疫苗通行證」及「安心出行」規定的顧客申報／提供資料指定表格

[此表格填妥後須由處所掌管人保存在處所內 31 天以供查核]

以下顧客適用：

- (1) 出示香港以外地區接種新冠疫苗紀錄(而沒有相關在香港發出的二維碼)¹；或
- (2) 12歲以下沒有成人陪同的兒童；或
- (3) 未能在進入處所前使用「安心出行」流動應用程式的指定人士

收集個人資料的目的：

你提供的資料只供協助政府應對 2019 冠狀病毒病蔓延的工作及相關的用途，本處所授權人員基於上述目的方可查閱。為流行病學調查和接觸追蹤工作以及進行違反相關法律的調查及檢控工作的目的，你提供的資料在有需要時，可提供予政府／機構／組織／人士，例如衛生署（包括衛生防護中心）、醫院管理局及獲授權的執法人員等。如你欲更改或查閱所申報的個人資料，請與【 先生 /女士】聯絡(電話:)。如你未能提供所需的個人資料，本處所有權拒絕你進入處所。

本人清楚知悉食物及衛生局局長根據《預防及控制疾病(疫苗通行證)規例》(第599L章)就「疫苗通行證」及《預防及控制疾病(規定及指示)(業務及處所)規例》(第599F章)就「安心出行」規定發出的相關指示，並向處所掌管人確認本人：

關於「疫苗通行證」規定(如適用請填上「✓」號)

- 出示香港以外地區接種新冠疫苗紀錄(而沒有相關在香港發出的二維碼)。按當地衛生當局的指引，本人是在_____ (國家／地方名稱)接種第一劑*；在_____ (國家／地方名稱)接種第二劑*；及在_____ (國家／地方名稱)接種第三劑* 新冠疫苗。本人承諾會保存上述接種紀錄，以供查核。

- 為12歲以下沒有成人陪同的兒童

關於「安心出行」規定(如適用請填上「✓」號)

為(i) 15歲或以下並沒有成年人陪同，或65歲或以上；或(ii) 殘疾人士；或(iii) 其他就上述替代安排獲政府或政府授權機構認可為合資格的人士。

*刪去不適用者

¹ 在香港以外地方接種了新冠疫苗而該疫苗載列於政府 2019 冠狀病毒病專題網站的名單上：https://www.coronavirus.gov.hk/pdf/list_of_recognised_covid19_vaccines.pdf

顧客須填寫資料

姓名：	
聯絡電話：	
到訪處所日期：	
到訪處所時間：	

簽名： _____ 日期： _____

**Specified Declaration / Information Collection Form for Persons in relation to the
“Vaccine Pass” and “LeaveHomeSafe” requirements**

[The completed form is to be kept on the premises by the person-in-charge of the
premises for 31 days for checking.]

Applicable to the following patrons:

- (1) Holding a vaccination record of having received COVID-19 vaccine(s) outside Hong Kong¹, without a relevant QR code issued in Hong Kong; or**
- (2) Children aged below 12 not accompanied by an adult; or**
- (3) Specified person not required to use “LeaveHomeSafe” mobile application before entering the premises.**

Purposes of collecting personal data:

The information provided by you will only be used to facilitate the work of the Government in controlling the spread of COVID-19 and for related purposes. Only persons authorised by this premises will have access to such information for the aforesaid purposes. For the purposes of epidemiological investigation, contact tracing, and investigation and prosecution in relation to breaches of the relevant legislation, where necessary, the information supplied by you may be provided to the Government/other organisations/associations/persons, such as the Department of Health (including the Centre for Health Protection), the Hospital Authority and authorised law enforcement officers. If you wish to amend or access the personal information provided, please contact Mr/Ms _____ at _____. It is the premises' right to deny your entry should you fail to provide the required personal information.

I am fully aware of the relevant directions made by SFH under the Prevention and Control of Disease (Vaccine Pass) Regulation (Cap. 599L) in respect of the “Vaccine Pass” and the Prevention and Control of Disease (Requirements and Directions) (Business and Premises) Regulation (Cap. 599F) in respect of the “LeaveHomeSafe” requirements, and confirm to the person-in-charge of the premises that I am –

Regarding the “Vaccine Pass” requirement (please tick “✓” if applicable)

- holding a vaccination record of having received COVID-19 vaccine(s) outside Hong Kong, without a relevant QR code issued in Hong Kong.** I have received the first dose of COVID-19 vaccine in _____ (name of country / place), the second dose* of COVID-19 vaccine in _____ (name of country / place), and the third dose* of COVID-19 vaccine in _____ (name of country / place) as stipulated in the guidelines issued by the local health authority. I undertake to keep the aforesaid vaccination record for checking.
- a child aged below 12 not accompanied by an adult**

Regarding the “LeaveHomeSafe” requirement (please tick “✓” if applicable)

(i) aged 15 or below and not accompanied by an adult or aged 65 or above; or (ii) a person with disability; or (iii) other persons recognized by the Government or organization(s) authorized by the Government as eligible for the above-mentioned alternative arrangement.

* delete as appropriate

¹ Receiving COVID-19 vaccines outside Hong Kong means having received in places outside Hong Kong of the relevant COVID-19 vaccine, subject to the vaccine used being included on the list of vaccines recognised for this purpose as published on the Government’s COVID-19 Thematic Website. (https://www.coronavirus.gov.hk/pdf/list_of_recognised_covid19_vaccines.pdf)

Particulars required to be filled in by patron

Name:	
Telephone number:	
Date of visit:	
Time of visit:	

Signature: _____ Date: _____