

HEALTH DECLARATION
健康狀況聲明書

Name 姓名	S/N 員工號碼
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Notes 備註：

1. Completion of this health history is required by the new recruit and all questions must be answered as accurately as possible.
新聘員工須填妥本健康狀況聲明書，並盡可能準確回答所有問題。
2. All information is Strictly Confidential and will be used for employment-related purposes.
所有資料均絕對保密，並將作為與僱傭有關的目的使用。
3. Treatment of Congenital and Pre-existing Illness will be excluded from the Company's Health Care Programme. However, deliberate withholding of such information constitutes a breach, and can lead to termination of employment with the Company. Moreover, the Company reserves the right to decline payment of the costs incurred in the treatment of such illnesses.
本公司的醫療保健計劃並不包括治療先天性及錄用前已患有的疾病。蓄意隱瞞此等資料將構成違約行為，可能因此而遭解僱。同時，本公司保留權利拒絕支付治療此等疾病的醫療費用。
4. If you have any doubt in answering this questionnaire, please ask for assistance.
如對本問卷問題有任何疑問，請要求協助。

Please tick (✓) the answers and supply details as appropriate 請在適當的答案加上剔 (✓) 號及填寫詳情	No 否	Yes 是／有	If 'Yes' please give details of treatment and dates 如答案為「是／有」，請說明治療詳情及日期
Have you ever been admitted to Hospital for treatment or observation? 你以前曾否住院接受治療或檢查？			
Have you had or are you due to have an operation? 你以前曾否接受過手術或是否即將接受手術？			
Are you at present undergoing any treatment or taking any medication for long term illness? 你目前是否正在接受治療或定期服藥，以便醫治某種長期疾病？			
Have you ever had or are you suffering from any of the following? 你以前曾否或現在是否患有下列疾病？ <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> T.B. 肺結核病（癆病） </div> <div> <input type="checkbox"/> Asthma 哮喘 </div> <div> <input type="checkbox"/> Mental Illness 精神病 </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Epilepsy 癲癇症（發羊吊） </div> <div> <input type="checkbox"/> Diabetes 糖尿病 </div> <div> <input type="checkbox"/> Heart Diseases 心臟病 </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> High Blood Pressure 高血壓 </div> <div> <input type="checkbox"/> Allergies 敏感症 </div> <div> <input type="checkbox"/> Cancer 癌病 </div> </div>			
Have you had or are you suffering from any congenital defects? 你以前曾否或現在是否因先天性的缺憾而患病？			
Have you been treated for nervousness, anxiety or any emotional condition? 你以前曾否接受過神經緊張、焦慮或任何情緒方面的治療？			
Have you received medical advice, treatment or had a blood test in connection with a viral disease such as Hepatitis? 你曾否就乙類肝炎等傳染病接受過診斷、治療或驗血？			
Have you ever had any serious illness or injuries other than those already mentioned? 除了上述疾病外，你曾否患過重病或嚴重受傷？			

I declare that the information given above is true to the best of my knowledge and understand that faulty or inadequate answers may result in termination of employment with the Company.

本人謹此聲明，就本人所知，上述資料均屬準確；本人並瞭解如有虛報或隱瞞，本人可遭公司解僱。

I understand that the Company may request me to undergo a medical examination if required.

本人瞭解公司如有需要，可要求本人接受一次體格檢查。

Date
日期

Signature (Name)
簽署（員工姓名）