

Health Declaration Form

Owing to safety concerns, you are requested to provide information on your health conditions and medical history. Your provision of accurate information will help secure the safety of you and other WIE participants. In the event that you terminate the internship before the scheduled date due to undeclared health conditions and medical history, you shall be liable for all the evacuation and medical expenses.

The information provided in this form will be used for administrative purpose for the WIE Programme, and will not be disclosed to any third party who is not related to the Programme. Please refer to the [Privacy Policy Statement of PolyU](#).

Medical History (Please tick the appropriate box(es) and provide further information as appropriate and necessary.)

| | |
|--|---|
| Abdomen 腹部 <input type="checkbox"/> Abdominal operation within the last month 月內曾進行腹部手術 <input type="checkbox"/> Colostomy 結腸造口 <input type="checkbox"/> Other significant abdominal conditions 其他嚴重腹部狀況 | Allergy 過敏性 <input type="checkbox"/> Allergic to Drugs 對藥物敏感 (Types of Drugs 藥物種類: _____) <input type="checkbox"/> Allergic to Food 對食物敏感 (Types of Food 食物種類: _____) |
| Cardiovascular 心臟及循環系統 <input type="checkbox"/> Cardiac illness 心臟疾病 <input type="checkbox"/> Hypertension 高血壓 | Endocrine and Drugs 內分泌及藥物 <input type="checkbox"/> Diabetes 糖尿病 <input type="checkbox"/> Under treatment with antihistamines, tranquilisers, or decongestant drugs, or any type of drugs with side effects that could affect alertness and judgement 正接受抗組織胺、鎮靜劑、通鼻塞，或其他影響警覺性及判斷力藥物的治療 |
| Locomotor 運動系統 <input type="checkbox"/> Limitations of limb movement 肢體活動障礙 | Neurological 神經系統 <input type="checkbox"/> Epilepsy, fits or blackouts 癲癇、肌肉抽搐或昏厥 <input type="checkbox"/> Migraine 偏頭痛 |
| Otorhinolaryngological 耳鼻喉 <input type="checkbox"/> Acute otitis media or externa 急性中耳或外耳炎 <input type="checkbox"/> Chronic suppurating otitis media 慢性化膿性中耳炎 <input type="checkbox"/> Scarred ear-drum 耳膜損傷 <input type="checkbox"/> Sinusitis 鼻竇炎 | Respiratory 呼吸系統 <input type="checkbox"/> Acute respiratory conditions 嚴重呼吸系統狀況 <input type="checkbox"/> Bronchitis 支氣管炎 <input type="checkbox"/> 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: _____ - Date of last attack 上次發作日期: _____ - Treatment required 所需治療: _____ |
| Visual 視力 <input type="checkbox"/> Acute Myopia 深度近視 <input type="checkbox"/> Visual field limitation or uniocular vision 視野障礙或單眼 | |

Health Conditions (Please answer all the questions and provide further information as appropriate and necessary.)

1. Do you have any symptoms of fever and/or acute respiratory illness (such as fever, chills and rigor, cough, diarrhoea, shortness of breath, difficulty in breath, etc.) in the past 5 days? 你過去五天內是否曾出現發燒和/或急性呼吸系統的症狀（例如：發冷、咳嗽、肚瀉、呼吸急促、呼吸困難等）？
☐ No 否 ☐ Yes 是 (Please specify the symptom(s) 請列明症狀: _____)
2. Are you currently, or on an ongoing basis, experiencing any seriously negative feelings (such as severe anxiety, chronic insomnia, grief, nightmares, severe stress, depression, etc.)? 你是否正在或持續經歷任何嚴重負面情緒（例如焦慮、持續失眠、悲傷、噩夢、高壓力、抑鬱等）？
☐ No 否 ☐ Yes 是 (Please specify 請註明: _____)
3. Have you ever sought treatment for a mental, psychological or emotional condition? 你是否曾因精神、心理或情緒狀況尋求治療？
☐ No 否 ☐ Yes 是 (Please specify 請註明: _____)
4. Are you currently receiving treatment for a mental, psychological, or emotional condition? 你是否正在因精神、心理或情緒狀況而接受治療？
☐ No 否 ☐ Yes 是
5. If you are currently receiving treatment for a mental, psychological, or emotional condition,
 - a) have you discussed a plan with your doctor/counsellor/therapist to continue treatment while doing an internship abroad? 如果你目前正在因精神、心理或情緒狀況而接受治療，你是否曾與醫生／顧問／治療師討論過在國外實習期間繼續接受治療的計劃？
☐ No 否 ☐ Yes 是
 - b) has your doctor/counsellor/therapist given approval for you to do an internship abroad? 你的醫生／顧問／治療師是否批准你到國外實習？
☐ No 否 ☐ Yes 是
6. Do you have any special needs that we should be aware of?
☐ No 否 ☐ Yes 是 (Please specify 請註明: _____)

I confirm that the information provided in this declaration form is true and correct.

Full Name: _____ Student ID Number: _____

Signature: _____ Date: _____

For access to or correction of the above personal data, please email to wie.nonlocal@polyu.edu.hk.