

**Specified Declaration / Information Collection Form for Persons in relation to the “LeaveHomeSafe” requirement**

**[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) 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 the Secretary for Health under 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 –

- (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.**

Particulars required to be filled in by patron

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_