

Declaration Form

For persons who are unable to receive vaccination in accordance with the directions issued under the Prevention and Control of Disease (Requirements and Directions) (Business and Premises) Regulation (Cap. 599F)

[The completed form is to be kept on the premises by the responsible person of the premises for 31 days for checking]

Please note that:

- 1. A person aged 16 or above who wishes to participate in a banquet held on catering premises under Type D Mode of Operation is required to provide this duly completed form to the responsible person of the premises if, prior to entry into the premises for holding the banquet, he/she is unable to receive the first dose of COVID-19 vaccination as directed by the Secretary for Food and Health (SFH) under the Prevention and Control of Disease (Requirements and Directions) (Business and Premises) Regulation (Cap. 599F) (the Regulation) due to health reason; and at the same time, he/she is required to show to the responsible person of the premises a medical certificate and a negative result proof of a polymerase chain reaction-based nucleic acid test for COVID-19 obtained within 3 days prior to, or on, the day of holding the banquet.**

- 2. Under the Regulation, the responsible person of the premises is liable to inspect whether this form as provided by a person is duly completed, and keep the form on the premises for 31 days for checking by law enforcement officers.**

- 3. Under the Regulation, if the above person provides false or incorrect information under the above measures, that would be regarded as non-compliance with the directions issued under Cap. 599F and would be subject to a fixed penalty of \$5,000.**

Particulars of person

Name:	
Contact number:	
Date of banquet:	
Time of banquet:	

I _____ (name) am fully aware of the prevailing directions issued by the Secretary for Food and Health, and confirm having shown to the responsible person of the premises a medical certificate and proof of a negative result proof of a polymerase chain reaction-based nucleic acid test for COVID-19 obtained 3 days prior to, or on, the day of holding the banquet.

I will keep the above medical certificate and the the SMS (mobile phone text message) notification of the test result for 31 days for checking.

Signature: _____

Date: _____

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. This restaurant will ensure that the personal data provided by you will be destroyed after 31 days. If you wish to amend or access the personal information provided, please contact Mr/Ms _____ at _____. It is the restaurant's right to deny your entry should you fail to provide the required personal information.