

Declaration Form for Customers entering Catering Premises of Type D Mode of Operation
[The completed form is to be kept on the premises
by the responsible person of the premises for 31 days for checking]

Applicable to the following customers :

- (1) Aged below 12 and not accompanied by an adult; or**
- (2) Holding a COVID-19 vaccination medical exemption certificate without a QR code;**
or
- (3) Holding a vaccination record of having received COVID-19 vaccine(s) outside Hong Kong, without a relevant QR code.**

Please note that:

- 1. Pursuant to the directions issued 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) (abbreviated hereinafter as “relevant directions”): all customers must have received the first dose of COVID-19 vaccine¹ before entering this premises. Customers who are: (1) aged below 12 and not accompanied by an adult; or (2) holding a COVID-19 vaccination medical exemption certificate without a QR code; or (3) holding a vaccination record of having received COVID-19 vaccine(s) outside Hong Kong², without a relevant QR code, have to provide this duly completed form to the responsible person of the premises.**
- 2. Under the relevant directions, the responsible person of the premises has the responsibility to examine whether this form as provided by a customer has been duly completed, and keep the form on the premises for 31 days for checking by law enforcement officers.**
- 3. Under the Regulation, if the customer 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.**

¹ “Having received the first dose of COVID-19 vaccine” means having received the first dose of Comirnaty vaccine or the first dose of CoronaVac vaccine, or having received, in places outside of Hong Kong, one dose of 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).

² 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).

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.

Please tick the appropriate box and fill in the information

I am fully aware of the relevant directions made by SFH under Cap. 599F, and confirm to the responsible person of the premises that I am -

☐ **aged below 12 and not accompanied by an adult**

☐ **holding a COVID-19 vaccination medical exemption certificate without a QR code**

☐ **holding a vaccination record of having received COVID-19 vaccine(s) outside Hong Kong, without a relevant QR code.** I have received the first dose of COVID-19 vaccine / completed the COVID-19 vaccination course* 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.

* delete as appropriate

Particulars required to be filled in by customer

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

Signature: _____

Date: _____