

Declaration Form for Staff Members/Performers
[The completed form is to be kept on the premises
by the responsible person of the premises for checking]

Applicable to the following staff members¹/performers:

- (1) holding COVID-19 vaccination medical exemption certificate, holding Provisional Vaccine Pass or holding Vaccine Pass (transitional); or**
- (2) had received COVID-19 vaccines outside Hong Kong.**

Please note that:

- 1. Pursuant to the directions made by the Secretary for Health (SH) under the Prevention and Control of Disease (Requirements and Directions) (Business and Premises) Regulation (Cap. 599F) and Prevention and Control of Disease (Vaccine Pass) Regulation (Cap. 599L) (the Regulations) (abbreviated hereinafter as “relevant directions”), staff members¹/performers working on catering premises must have fulfilled COVID-19 vaccination requirements of Vaccine Pass Direction.**
- 2. Under the Regulations, 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 checking by law enforcement officers.**
- 3. Under the Regulations, if a staff member¹/ performer provides false or incorrect information under the above measures, that would be regarded as non-compliance with the directions issued under Cap. 599F and Cap. 599L, would be subject to a fixed penalty of \$5,000.**

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.

Name of premises: _____

Address of premises : _____

Licence no./Permit no./ Business Registration Certificate no.* _____

¹ Staff members involved in the operation of the business on the premises include any persons who (i) serve food or drink (including intoxicating liquors) to the customers on the premises, (ii) conduct promotional or sales activity on the premises in respect of food or drink (including intoxicating liquors) supplied thereon or (iii) enter the premises for performance or rehearsal.

I am fully aware of the relevant directions made by the Secretary for Health (SH) under Cap. 599F and Cap. 599L, and confirm to the responsible person of the premises that I -

- ☐ **am holding COVID-19 vaccination medical exemption certificate printed with QR code, Provisional Vaccine Pass/Vaccine Pass (transitional)* (tick “✓” if applicable)**

I, _____ (name) (mobile phone: _____) am a staff member¹ / performer of the above premises. I am fully aware that staff members¹ / performer working on the premises must have received two doses of COVID-19 vaccines under Cap. 599F and Cap. 599L.

I have shown a COVID-19 vaccination medical exemption certificate printed with QR code, Provisional Vaccine Pass/Vaccine Pass (transitional)* to my employer. To comply with the SH's relevant directions, I will undergo a polymerase chain reaction-based nucleic acid test with combined nasal and throat swabs once every 7 days or at shorter intervals (depending on the directions in force prevailing at the time) and will work on the above premises only after obtaining a negative test result.

- ☐ **had received COVID-19 vaccines outside Hong Kong (tick “✓” if applicable)**

I, _____ (name) (mobile phone: _____) am fully aware of the directions made by the SH under Cap. 599F and Cap. 599L, and confirm having shown to the responsible person of the premises the vaccination record that I have received *the first dose of COVID-19 vaccine in _____ (name of country / place) / *the second dose of COVID-19 vaccine in _____ (name of country / place) / *the third dose of COVID-19 vaccine in _____ (name of country / place) as stipulated in the guidelines issued by the local health authority.

I will keep the above medical exemption certificate, Provisional Vaccine Pass/Vaccine Pass (transitional)* and the SMS (mobile phone text message) notification of the test result / vaccination record for checking.

* delete as appropriate

Signature: _____

Date: _____