



## Health Declaration

Player Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

Player Contact Number: \_\_\_\_\_

Have you felt unwell, had any feelings of fever, cough, shortness of breath etc?

Yes  No

Have you had travelled outside Hong Kong in the last 14 days?  Yes  No

If so, please list which country you visited \_\_\_\_\_

Have you undertaken compulsory quarantine as required by DOH?  Yes  No

Have any of your family members been under mandatory home quarantine?

Yes  No

Have you had any close contact with anybody diagnosed with covid-19?  Yes  No

Have you been fully vaccinated within the last 14 days?  Yes  No

By signing this, you understand that playing basketball competitively that you agree to comply with all the requirements as outlined by HKDBL and declare this information to be true.

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

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

### Personal Collect Information Statement:

This information is collected for the purpose of HKDBL to ascertain whether you can play in the league. If you fail to provide this information, you will not be allowed into the venue.

The information collected will only be disclosed to other parties or authorities with your consent or where it is permitted under the Personal Data (Privacy) Ordinance. You have the right to request access to, correction and/or erasure of your personal data in accordance with the provisions of the Personal Data (Privacy) Ordinance, and any such request should be made in writing and addressed to Hong Kong DBL Limited, 1401, 14/F Hermes Commercial Centre, 4-4A Hillwood Road, Tsim Sha Tsui, Kowloon, Hong Kong.