

## 海洋公園海洋奇觀水肺潛水體驗健康聲明

### Ocean Park Grand Aquarium Scuba Diving Programme Health Declaration

活動日期 \_\_\_\_\_ ^體溫 \_\_\_\_\_ °C  
 Date of programme: \_\_\_\_\_ ^Body temperature: \_\_\_\_\_ °C  
 (^ 請於活動當日填寫 please fill in on programme date)

#### 參加者個人資料 Participant's Personal Information

姓名 先生/小姐/太太 \_\_\_\_\_  
 Name: Mr/Ms/Mrs \_\_\_\_\_  
 緊急聯絡電話 \_\_\_\_\_ 緊急聯絡人 \_\_\_\_\_  
 Emergency Contact no. : \_\_\_\_\_ Emergency Contact Person: \_\_\_\_\_  
 年齡 \_\_\_\_\_ 上次潛水日期 \_\_\_\_\_ 性別 \_\_\_\_\_  
 Age: \_\_\_\_\_ Date of last dive: \_\_\_\_\_ Sex:  Male 男  Female 女

第一部份 你是否曾經患上，或現時患上，以下任何病症？ PART 1 Have you ever suffered, or do you now suffer from, any of the following?						
	是 Yes	否 No		是 Yes	否 No	Office use
哮喘病或氣喘 Asthma or wheezing			復發性背部毛病 Recurrent back problems			
腦·脊髓或神經系統紊亂 Brain, spinal cord or nervous disorder			需要醫療的腹瀉或脫水 Dysentery or dehydration requiring medical intervention			
長期性竇管問題 Chronic sinus condition			肺部陷落 ( 氣胸 ) Collapsed lung (pneumothorax)			
糖尿病 Diabetes mellitus (sugar diabetes)			慢性支氣管炎或長期胸部病症 Chronic bronchitis or persistent chest complaint			
腦癇症 Epilepsy			高血壓或服藥控制血壓 High blood pressure or take medicine to control blood pressure			
任何類別心臟病症 Heart disease of any kind			結核病或長期肺病 Tuberculosis or other long-term lung disease			
昏厥, 腦溢血或中風心猝發 Fainting, seizures or blackouts			眩暈或定向力障礙 Any dizziness or disorientation			
幽閉恐懼焦慮 Anxiety of Claustrophobia			在過去五年內因喪失意識而頭部受傷 Head injury with loss of consciousness in past five years			
疝氣 Hernia			在過去五年內有濫用藥物或酒精 Recreational drug use or treatment for, or alcoholism in past five years			
水上活動或飛行後耳炎復發 Recurrent ear problem when flying or during water activities			失血或其他血液疾病的病歷 Bleeding or other blood disorders			
復發性耳朵問題 Recurrent ear problems			潛水意外或減壓病 Dive accidents or decompression sickness			
耳朵疾病、聽力喪失或平衡問題 Ear disease or surgery, hearing loss or problems with balance			因手術、受傷或骨折所導致的背部、手臂或腳部問題 Back, arm or leg problems following surgery, injury or fracture			
耳道手術 Ear surgery			你有否施過任何胸腹腔手術 Have you done any chest surgery ?			
潰瘍病歷或潰瘍手術 Ulcers or ulcer surgery			心絞痛或心臟手術或血管手術 Angina, heart surgery or blood vessel surgery			
結腸造口術 ( 人工肛門 ) A colostomy or ileostomy			靜脈竇手術 Sinus surgery			
無法從事溫和的運動 ( 在 12 分鐘以內步行 1.6 公里 / 1 英里 ) Inability to perform moderate exercise (e.g. walk 1.6km / 1 mile within 12mins)						

你是否懷孕? Are you pregnant?			
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如曾患上以上任何病症，建議於參加此活動前取得醫師(最好在潛水醫學或職業醫學方面具特別經驗的醫生)的許可證明。預約時必須提交稱該許可證明。有關該許可證明，請致電 3923 2328 向本園職員查詢。  
 If you answer "yes" to any of the above, it is recommended that you obtain a medical clearance from a physician (preferably with special in underwater or occupational medicine) before undertaking this program. You must provide captioned document when making an appointment. For enquiries on medical clearance, please contact us at 3923 2328.

第二部份 PART 2	是 Yes	否 No	Office use only
你是否長期耳道排膿或感染? Are you experiencing chronic ear discharge or infection?			
你是否耳膜穿破? Do you have a perforated eardrum?			
你有否於 8 小時前曾飲用含有酒精飲品? Have you ingested any alcohol within the last eight hours prior to the programme?			

凡以上任何一項答案為「是」者，不得參加是次活動。  
 If you answered "yes" to any of the above, you will not be permitted to undertake the programme.

你有否呼吸困難? Are you feeling breathlessness or having difficulty in breathing?			
你是否患有高血壓? Do you have High blood pressure?			
你有否於過往 1 月內曾接受手術? Have you had an operation within the last month?			
你是否長期服用藥物 ( 避孕藥除外 ) ? Are you currently taking any medication or drug (excluding oral contraceptives)?			

凡以上任何一項之答案為「是」者，請先與本園潛水監督員商討。  
 If you answered "yes" to any of the above, you will need to discuss your situation with our dive leader.

本人  
 | \_\_\_\_\_  
 (全名 Full name)

確認所提供的資料為準確、屬實、有效和完整的，及明白隱瞞任何不合適潛水活動的狀況會構成健康風險或生命危險。  
 hereby assure that the information provided is correct, truthful, valid and complete and understand that concealment of any condition incompatible with safe diving might put my life or health at risk.

申請人簽署\*  
 Participant's signature\*

日期  
 Date

\*未滿 18 歲之參加者，此表格必須由家長/監護人填寫及簽署。  
 \*For participants under the age of 18, the form must be completed and signed by his/her parent/guardian.

家長/監護人簽名  
 Signature of parent/guardian

日期  
 Date

Office Use Only. Remarks:	
Dive leader's signature: _____	
Date: _____	

## 海洋公園海洋奇觀水肺潛水體驗

### 豁免責任書

本人明白及接受參與海洋奇觀水肺潛水體驗會涉及某些風險，尤其當本人不遵守海洋公園之指示情況下，可能會導致動物作出不可預測之反應，而最終影響參加者(包括本人在內)之安全。假若本人已懷孕或有任何疾病(包括，但不限於，發燒、咳嗽、傷風/感冒、作嘔、腹瀉、嘔吐、皮膚病、心臟病、心血管疾病、肺病、氣喘、血友病、腦癇症)，或在與動物有親密接觸時有暈厥、眩暈或喪失知覺等徵兆、恐水或恐怕動物、對魚類敏感、患有各種抑制細胞免疫機理)、受酒精或藥物影響或處於月經週期，本人亦明白和接受若本人堅持參與此活動或與動物有密切接觸，本人受傷或感染其他疾病之風險將較他人為高。故此，在法律許可的範圍內，本人豁免海洋公園公司及其有關人員因本人參與海洋奇觀水肺潛水體驗而引致的人身傷亡、財物損失或毀壞的所有索償。

### Ocean Park

### Grand Aquarium Scuba Diving Programme

### Liability Release

I understand and accept that participating in this Grand Aquarium Scuba Diving Programme involves some risk, particularly if I were not to follow Ocean Park's instructions as the consequences may include an unpredictable reaction by the animal(s) that may prejudice the safety of the participants including myself. I also understand and accept that if I am pregnant or if I am suffering from any form of disease (including, but not limited to fever, coughing, cold/flu, nausea, diarrhoea, vomiting, skin disease, heart disease, cardiovascular disease, lung disease, asthma, haemophilia, epilepsy), have symptoms of fainting, giddiness, lost of consciousness when having close contact with animals, phobia of water or animals, or allergy to fish or suffer depressed immune mechanisms, under the influence of medication and/or alcohol or in menstruation cycle, I would have a heightened risk of injury or infection if I participate in this programme or if I have a close encounter with animal(s). Therefore, to the fullest extent permitted by law, I waive any claim for personal injury, loss or damage of whatever nature arising from my participation in the Grand Aquarium Scuba Diving Programme against Ocean Park Corporation and its personnel.

\_\_\_\_\_  
參加者姓名 Name of participant

\_\_\_\_\_  
參加者簽署 Signature of participant

\_\_\_\_\_  
日期 Date

未滿 18 歲之參加者，須由其家長/監護人加簽，以確認同意此豁免責任書。

Participant who is under the age of 18 years, the agreement of his/her parent/guardian for this liability release shall be and is provided below:

\_\_\_\_\_  
家長 / 監護人姓名 Name of parent / guardian

\_\_\_\_\_  
家長 / 監護人簽署 Signature of parent / guardian

\_\_\_\_\_  
日期 Date

備註：簽妥後必須在活動當日將正本交回本園負責職員。

Note: After signed, the original form should be presented to responsible Ocean Park Staff on the date of programme.