

CTS Degree Programmes 協同神學院學位課程

Health Declaration Form 健康聲明表

(For all participants, including degree programme students and auditors.

所有學生，包括學位課程學生及旁聽生，均須填寫。)

APPROVED BY THE SEMINARY BOARD OF CONTROL ON 30 JUNE 2021 [RESOLUTION 3.8.1.1]

To be submitted directly to Concordia Theological Seminary in Hong Kong (68 Begonia Road, Yau Yat Chuen, Kowloon; email: ctslchks@gmail.com).

請把填寫好的問卷直接交回香港路德會協同神學院（地址：香港九龍又一村海棠路 68 號；電郵：ctslchks@gmail.com）。

Name of applicant 申請人姓名		
English 英文：		
Chinese 中文：		
Are you receiving any medical treatment or regular medication prescribed by a physician? 你是否正在接受任何治療或醫生處方藥物？		
Do you have any chronic illness(es)? 你有慢性疾病嗎？		
Have you ever suffered from mental health problems (anxiety, phobias, bi-polar disorders, psychosis, schizophrenia, nervous breakdown, depression, self-harm, obsessive compulsive disorder or any other personality disorders)? 你曾否患有心理健康問題（焦慮、恐懼症、躁鬱症、精神病、精神分裂症、神經衰弱、抑鬱、自我傷害、強迫症，或任何其他人格障礙）？		
Do you struggle with any impairment in the following areas? (Please use ticks to indicate your answers.) 你有沒有以下困難？（請以別號表示你的答案。）		
	Yes 是	No 否
Mobility 活動能力	<input type="checkbox"/>	<input type="checkbox"/>
Agility 敏捷	<input type="checkbox"/>	<input type="checkbox"/>
Dexterity 靈活	<input type="checkbox"/>	<input type="checkbox"/>
Physical Exertion 體力	<input type="checkbox"/>	<input type="checkbox"/>
Communication 溝通	<input type="checkbox"/>	<input type="checkbox"/>
Vision 視力	<input type="checkbox"/>	<input type="checkbox"/>
Hearing 聽力	<input type="checkbox"/>	<input type="checkbox"/>
Learning 學習	<input type="checkbox"/>	<input type="checkbox"/>

(1) Hereby I declare that the information provided above is true and accurate to my best knowledge. 我特此聲明，據我所知，以上提供的資料真實準確。

(2) Hereby I pledge to inform Concordia Theological Seminary in Hong Kong about any changes related to my health condition if I am admitted as a student. 我承諾如果我被錄取為協同神學院學生及就讀期間，如健康狀況有任何更新，將會立即通知神學院。

(3) Hereby I acknowledge that Concordia Theological Seminary in Hong Kong has the authority to revoke my student status (admission) in case any information related to my health condition proves to be concealed or distorted on my part. 我知道如我申報的健康資料有任何隱瞞或不實，協同神學院有權撤銷我的學生身份（申請）。

Signature 申請人簽署：

Place 地點：

Date 日期：