

Declaration of COVID-19 Vaccination

附件一

新冠病毒疫苗接種申報表

Name: _____ **Telephone No.:** _____
姓名： _____ 聯絡電話： _____

Name of Dojo: _____ **Membership No.:** _____
道場名稱： _____ 會員編號： _____

I have received COVID-19 vaccination:

本人已接種新冠病毒疫苗：

- Received first dose
已接種一劑疫苗
- Received second dose
已接種兩劑疫苗
- Received third dose
已接種三劑疫苗

Vaccination Record

Reference No.: _____
針卡參考編號： _____

I hereby declare that all the information given in this form is correct and true. I understand that if I willfully give any false information, I shall render myself liable to disciplinary action by the The Karatedo Federation of Hong Kong, China Limited.

本人謹此聲明，以上資料均正確無誤，並明白如有虛報或誤報，中國香港空手道總會有限公司將對本人作出相關紀律行動。

Signature of Student: _____ **Date:** _____
學員簽署： _____ 日期： _____