

**2023 年教師語文能力評核**  
**Language Proficiency Assessment for Teachers 2023**  
**參加評核者健康申報表**  
**Candidate's Declaration on Health**

參加評核者姓名 Name of Candidate: \_\_\_\_\_ 日期 Date: \_\_\_\_\_

參加評核者編號 Candidate Number: \_\_\_\_\_ 試場編號 Centre Number: \_\_\_\_\_

科目 Subject: \_\_\_\_\_ 座位編號 Seat Number: \_\_\_\_\_

本人聲明以下所有申報的資料均屬實，並明白根據教師語文能力評核的規則，提供虛假、不完整或誤導訊息將受到懲處或被取消評核資格。

*I declare that all information given below is true and correct to the best of my knowledge. I understand that according to the LPAT Assessment Regulations, I shall be subject to penalties or disqualification for giving false, incomplete or misleading information.*

我聲明以下所有陳述均屬正確：  
I declare that the following statements are true:

- (a) 我沒有感染冠狀病毒病。  
I have not infected with COVID-19.
- (b) 我沒有任何冠狀病毒病的病徵：例如發燒（體溫達 38°C 或以上）、急性呼吸道感染徵狀、突然喪失味覺或嗅覺等。  
I do not have any symptoms of COVID-19, such as a fever (body temperature at 38°C or above), symptoms of acute respiratory tract infection, or sudden loss of sense of taste or smell, etc.

我有以下特殊情況：  
I have the following special condition:

- 我有冠狀病毒病的病徵：例如發燒（體溫達 38°C 或以上）、急性呼吸道感染徵狀、突然喪失味覺或嗅覺等，而我今天（即評核當日）的冠狀病毒病快速抗原測試結果為陰性。  
I have symptoms of COVID-19, such as a fever (body temperature at 38°C or above), symptoms of acute respiratory tract infection, or sudden loss of sense of taste or smell, etc. and the result of my COVID-19 rapid antigen test today, i.e. the day of assessment was **NEGATIVE**.

參加評核者簽署 Candidate's Signature: \_\_\_\_\_

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