



Health Declaration Form
健康申報表

To prevent the spread of COVID-19, all visitors are required to complete this questionnaire prior to entry. **Please complete this form to the best of your knowledge and return it to the Security Staff at the Security Counter.**

為減低感染及傳播 2019 冠狀病毒病之風險，所有訪客務必在進入校園前填寫此問卷。敬請閣下如實填寫，填寫後把表格交回保安處的保安職員。

If (i) you have any of the symptoms as set out in Part A, or (ii) your answer to any of the questions under Part B or Part C is “Yes”, you may not be admitted to our school campus. 如閣下(i) 出現甲部所列出的任何一項症狀或(ii) 於乙部或丙部的任何問題的回答為「是」，閣下可能不會獲准進入本校園內。

PART A 甲部 (Please tick as appropriate 請用選取合適的答案)

Yes 是 No 否

1. Have you recently (last 3 days) experienced any of the symptoms below:		
最近 (3 天內) 閣下有否患有以下症狀：		
- fever 發燒	<input type="checkbox"/>	<input type="checkbox"/>
- cough 咳嗽	<input type="checkbox"/>	<input type="checkbox"/>
- sore throat 喉嚨痛	<input type="checkbox"/>	<input type="checkbox"/>
- shortness of breath 氣促	<input type="checkbox"/>	<input type="checkbox"/>
- breathing difficulty 呼吸困難	<input type="checkbox"/>	<input type="checkbox"/>
- other respiratory symptoms, if yes, please state 其他呼吸道感染病徵, 如有, 請填寫_____	<input type="checkbox"/>	<input type="checkbox"/>

PART B 乙部 – In the past 14 days 在過去 14 日內

Yes 是 No 否

1. Have you returned from Mainland China 閣下曾否到過內地? If yes, please state 如有, 請填寫_____	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you returned from other countries 閣下曾否從外地回港? If yes, please state 如有, 請填寫_____	<input type="checkbox"/>	<input type="checkbox"/>

PART C 丙部 – In the past 14 days 在過去 14 日內

Yes 是 No 否

1. Have you ever been under compulsory quarantine or medical surveillance order by the Department of Health of Hong Kong? 閣下曾否或現正接受香港衛生署的強制檢疫或醫學監察安排?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been in close contact# with confirmed case(s) and/or probable case(s) of COVID-19 patient(s)? 閣下曾否與 2019 冠狀病毒病的確診者及/或疑似確診者曾有或現有密切接觸#?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever lived with any person under home quarantine? 閣下是否曾經或現在與正在接受家居檢疫的人士同住?	<input type="checkbox"/>	<input type="checkbox"/>

Refers to any person who has not taken effective protection and has been in close contact with (a) probable case(s) or confirmed case(s) 2 days before the symptoms onset; or (b) asymptomatic infected person(s) 2 days before the sampling.
指從(a) 疑似病例或确诊病例症狀出現前 2 天開始; 或(b) 無症狀感染者標本採樣前 2 天開始, 未採取有效防護與其有近距離接觸之人士。

I declare that all the above information is true. 本人聲明以上申報內容全部屬實。

Date 日期: _____ Class/班 Class No 班號: _____ () Visitor Name 訪客姓名: _____