

Po Leung Kuk Centenary Li Shiu Chung Memorial College

保良局百周年李兆忠紀念中學

Health Declaration Form

健康申報表

In the view of the health risks arising from the COVID-19 outbreak, visitors to our school are required to fill in and sign the health declaration form about the personal health conditions and travel history for the sake of maintaining healthy and hygienic environment of our school. Information collected will be kept safely and be solely used for preventing the occurrence or spread of an infectious disease or contamination only.

鑑於全球新型冠狀病毒感染疫情近期趨嚴重，為保障本校的安全環境，煩請訪客到訪本校時填妥及簽署健康申報表，以申報有關身體健康狀況及外遊紀錄。本校承諾會保障訪客所提供的個人資料及該資料只會用於預防任何傳染病或感染的發生或蔓延之用途。

Full Name (as appeared in identification documents):

姓名(如身份證明文件上所顯示): _____

Contact Number 聯絡電話: _____

If you have any of the symptoms as set out in Part A, or your answer to any of the questions under Part B is “Yes”, you may not be admitted to our school campus.

如閣下出現甲部所列出的任何一項症狀或於乙部的任何答案為 [是]，閣下可能不會獲准進入本校園。

Part A. 甲部

	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 - Sore throat 喉嚨痛 - Cough 咳嗽 - Breathing difficulty 呼吸困難 - Other respiratory symptoms 其他呼吸道感染症狀	<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 My family members and I have not been out of Hong Kong in the past 14 days. 本人及本人之家庭成員在過去 14 日內，並無離開香港。	<input type="checkbox"/>	<input type="checkbox"/>
2. My family members and I have not been in close contact with someone who has been out of Hong Kong in the past 14 days. 本人及本人之家庭成員，在過去 14 天內並沒有與曾離港人士有密切接觸。	<input type="checkbox"/>	<input type="checkbox"/>
3. My family members and I have not been in close contact with someone who is a confirmed or preliminary positive case of COVID-19 infection in the past 14 days. 本人及本人之家庭成員在過去 14 日內，並未曾與任何確診或初步對新型冠狀病毒測試呈陽性人士有密切接觸。	<input type="checkbox"/>	<input type="checkbox"/>

Please tick as appropriate 請用選取合適的答案

Signature 簽署 : _____

Date 日期: _____