



**2019 Coronavirus Disease (COVID-19)**  
**Declaration form for travel history and health status of students**

Annex 3

Name of Student: \_\_\_\_\_ Class: \_\_\_\_\_ Class No: \_\_\_\_\_

*Please complete the below form and return to school (Please put a "✓" in the appropriate box)*

**Part A – Travel history of your son outside Hong Kong in the past 14 days**

- My son has not been away from Hong Kong in the past 14 days prior to class resumption
- My son has paid visit outside Hong Kong in the past 14 days prior to class resumption

Duration: From \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) (Departure date)  
To \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) (Arrival date)

Destination (Please specify countries and cities) : \_\_\_\_\_

**Part B – Whether your son has confirmed infection of COVID-19**

- My son has not confirmed infection for COVID-19.
- My son has confirmed of COVID-19 infection and has already recovered. Hospitalization Period :  
From \_\_\_\_\_ (Month) \_\_\_\_\_ (Day)  
To \_\_\_\_\_ (Month) \_\_\_\_\_ (Day)

**Part C – Health status of those taking care of your son, or those living with your son**

- Person taking care of or living together with my son has not confirmed infection for COVID-19
- Person taking care of or living together with my son has confirmed infection for COVID-19, the person has recovered / is still receiving treatment in hospital / has been discharged from hospitals and taking medicine. (please delete as appropriate)

Relation with my son (please specify) \_\_\_\_\_

- Person taking care of or living together with my son, has not been classified as "close contact of an infected person"\* of COVID-19.

*\* In general, close contact means having cared for, having lived with, or having had direct contact with respiratory secretions and body fluids of a confirmed patient.*

**Part D – Current health status of your son**

- My son has no symptoms of cough, shortness of breath, breathing difficulty and sore throat.

Name of Parent/Guardian (in Block Letter) : \_\_\_\_\_

Signature of Parent/Guardian : \_\_\_\_\_

Date : \_\_\_\_\_



**2019 冠狀病毒病  
學生外遊及健康狀況申報表**

學生姓名：\_\_\_\_\_ 班別：\_\_\_\_\_ 班號：\_\_\_\_\_

請填妥下列表格交回學校(在適當方格上加上「✓」號)。

**甲部-14天內的學生外遊紀錄**

本人子弟在復課前14天內沒有離開香港

本人子弟在復課前14天曾到訪香港境外的國家／地區

離港時期：由2020年\_\_月\_\_日(離港日期)至\_\_月\_\_日(抵港日期)

外遊地點(請列明國家及城市)：\_\_\_\_\_

**乙部-學生是否曾經確診**

本人子弟沒有證實患上「2019冠狀病毒病」。

本人子弟曾證實患上「2019冠狀病毒病」，並已痊癒。

留院日期：由\_\_月\_\_日至\_\_月\_\_日

**丙部-照顧學生、或與學生同住的人士的健康情況**

照顧本人子弟、或與其同住的人士均沒有證實患上「2019冠狀病毒病」。

照顧本人子弟、或與其同住的人士中，有證實患上「2019冠狀病毒病」，現已經痊癒／仍留院醫治/出院進行藥物治療(請刪去不適用者)。

該患者和本人子弟的關係：\_\_\_\_\_

照顧本人子弟、或與其同住的人士中，並沒有被衛生署界定為2019冠狀病毒病確診個案的「密切接觸者」。

註：「密切接觸者」一般指曾經照顧患者、與患者共同居住或曾經接觸過患者的呼吸道分泌物和體液的人士。

**丁部-學生的健康狀況**

本人子弟沒有咳嗽、氣促、呼吸困難或咽喉痛等徵狀。

家長／監護人簽署：\_\_\_\_\_

家長／監護人姓名(正楷)：\_\_\_\_\_

日期：\_\_\_\_\_