

Hong Kong Christian Service Pui Oi School
Health Declaration Form

In accordance with the guidelines of the Education Bureau to strengthen the prevention of the spread of influenza and other infectious diseases in school, parents are requested to fill in the Form about the health condition and traveling history of your children's and people who have "close contact" with them during holidays. Thank you for your cooperation.

Part A. Travelling history of student during holidays

- My child **did not** leave Hong Kong during holidays.
- My child **travelled** outside Hong Kong during holidays.
 - Departure period: From _____(mm) _____(dd) to _____(mm) _____(dd)
 - Location: (please specify) _____

Part B. Health condition of student during holidays

- My child **did not have** fever / upper respiratory tract infection / hand-foot-mouth disease infection / cases of pneumonia in Wuhan, Hubei Province during holidays.
- My child **was diagnosed** with fever / upper respiratory tract infection / hand-foot-mouth disease infection / cases of pneumonia in Wuhan, Hubei Province / others (please specify) _____ and healed during holidays. My child # has / hasn't stay in hospital. Period of stay: From _____(mm) _____(dd) to _____(mm) _____(dd)

Part C. Travelling history of people who have "close contact*" with student during holidays

- People who have "close contact" with my child **did not** leave Hong Kong during holidays.
- People who have "close contact" with my child **travelled** outside Hong Kong during holidays.
 - i) Person who has "close contact" (1):
 - Departure period: From _____(mm) _____(dd) to _____(mm) _____(dd)
 - Location: (please specify) _____
 - Relationship with my child (please specify) _____
 - ii) Person who has "close contact" (2):
 - Departure period: From _____(mm) _____(dd) to _____(mm) _____(dd)
 - Location: (please specify) _____
 - Relationship with my child (please specify) _____

Part D. Health condition of people who have "close contact*" with student during holidays

- People who have "close contact" with my child have **no** fever / upper respiratory tract infection / hand-foot-mouth disease infection / case of pneumonia in Wuhan, Hubei Province during holidays

People who have "close contact" with my child **were diagnosed** with fever / upper respiratory infections / hand, foot and mouth disease infections / cases of pneumonia in Wuhan City, Hubei Province / other (please specify) _____ during holidays, and are now # recovered / still in hospital. Relationship with my child (please specify) _____.

Student's name : _____

Class : _____

Parent's signature : _____

Date : _____

*"Close contact" means a person who has cared for, lives with, or has been exposed to a student's respiratory secretions and body fluids.

(Please put a "✓" on the appropriate box, # delete the inappropriate)

Note: The above declaration is based on the Education Bureau's epidemic prevention policy. To protect personal data (privacy), the information collected is only for the purpose of strengthening the prevention of the spread of influenza and other infectious diseases in school.