

Hong Kong Christian Service Pui Oi School
2019 Coronavirus Disease (COVID-19)
Declaration form for travel history and health status of students

Name of Student: _____ Class : _____ Sex : M/F

Please complete the below form and return to schools (Please put a “✓” in the appropriate box)

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

My child has not been away from Hong Kong in the past 14 days prior returning to school premises

My child has paid visit outside Hong Kong in the past 14 days prior returning to school premises

Duration: From _____(Year) _____ (Month) ____ (Day) (Departure date)

To _____(Year) _____ (Month) ____ (Day) (Arrival date)

Destination (Please specify countries and cities) : _____

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

My child has not confirmed infection for COVID-19.

My child has confirmed of COVID-19 infection and has already recovered. Hospitalization

Period : From _____(Year) _____ (Month) ____ (Day)

To _____(Year) _____ (Month) ____ (Day)

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

Person taking care of or living together with my child has not confirmed infection for COVID-19

Person taking care of or living together with my child 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 child (please specify) _____

Person taking care of or living together with my child, has not been classified as “close contact of an infected person”^{*} of COVID-19.

Part D – Current health status of your child

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

Signature of Parent/Guardian: _____

Name of Parent/Guardian (in Block Letter): _____

Date: _____

^{*} 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.