

協恩中學附屬小學

Student Health Declaration 學生健康申報表

Student Name 學生姓名： _____ () Class 班別： _____

A. SYMPTOMS 病徵	NO 無	YES 有	If Yes, number of days 如有,日數
1. Fever 發燒			
2. Chills & Rigor 發冷			
3. Cough 咳嗽			
4. Diarrhoea 肚瀉			
5. Shortness of Breath / Difficulty in Breath 呼吸急促 / 呼吸困難			
6. Other Symptoms (Please specify) 其他病徵 (請列明)			

Please provide the following information: 請提供以下資料:

B. Travel history within 14 days (Student and Parents are inclusive)

十四天內的旅遊記錄(包括學生及其家人)

Please put a "✓" into the box provided where appropriate 請在適當的方格內加上「✓」

NO 無

If Yes, 如有, Please provide the information 請列明:

Travel Date 外遊日期: _____ - _____

Place (Country and City) 地點 (國家及城市): _____

C. Related health history (Visit of hospitals or close contact with patient with significant infective disease) (Please specify) 相關健康紀錄 (曾到訪醫院或與傳染病患者有密切接觸) (請列明)

Parent's Signature 家長簽名: _____

Contact number 聯絡電話: _____ Date 日期: _____