



Travel & Health Declaration Form

外遊及健康申報表

* Please tick or circle as appropriate 請在合適地方加✓或圈起

Child's Name 兒童名字: _____

Relationship with Child 與兒童關係: Parent 父母 / Accompanying family member 陪同家屬/
Domestic helper 家庭傭工

Arrival Date 抵達中心日期: _____

PART A The CHILD has / had the following conditions at present and/or within the past 14 days
兒童現在及過往 14 天內曾出現以下狀況

	NO 沒有	YES 有	If Yes, please specify dates or details 如有, 請註明日數或內容
Symptoms 病徵			
1. Fever 發燒			
2. Chills & Rigor 發冷			
3. Cough 咳嗽			
4. Sore throat 喉嚨痛			
5. Runny nose / frequent sneezing 流鼻水/經常打噴嚏			
6. Diarrhoea 肚瀉			
7. Shortness of Breath /Difficulty in Breath 呼吸急促/呼吸困難			
8. Other Symptoms, please specify 其他病徵 (請註明)			
Travel history 外遊記錄			
9. Have travelled to areas with active Community Transmission of Covid-19 * 曾到訪冠狀病毒活躍社區傳播的地區*			
10. Have family members under the same roof travelled to countries that required 14 days of quarantine 同住家人曾到訪需隔離 14 天的國家			please specify family member 請註明家人: _____ Travelled country 國家: _____
11. Visited other Country 到訪其他國家			
12. Have physically contacted 曾與下列人士有密切接觸:			
➤ persons from areas with active Community Transmission of Covid-19 *來自冠狀病毒活躍社區傳播地區人士			
➤ persons who have fever or show symptoms of respiratory infections 有發燒及呼吸道感染病徵人士			
➤ suspected/ diagnosed patient(s) of Novel Coronavirus 懷疑及確診新型冠狀病毒人士			

PART B PERSON FILLING THE FORM has / had the following conditions at present and/or within the past 14 days 填表者現在及過往 14 天內曾出現以下狀況

	NO 沒有	YES 有	If Yes, please specify dates or details 如有, 請註明日數或內容
Symptoms 病徵			
1. Fever 發燒			
2. Chills & Rigor 發冷			
3. Cough 咳嗽			
4. Sore throat 喉嚨痛			
5. Runny nose / frequent sneezing 流鼻水/經常打噴嚏			
6. Diarrhoea 肚瀉			
7. Shortness of Breath /Difficulty in Breath 呼吸急促/呼吸困難			
8. Other Symptoms, please specify 其他病徵 (請註明)			
Travel history 外遊記錄			
9. Have travelled to areas with active Community Transmission of Covid-19 * 曾到訪冠狀病毒活躍社區傳播的地區*			
10. Visited other Country 到訪其他國家			
11. Have physically contacted 曾與下列人士有密切接觸：			
➤ persons from areas with active Community Transmission of Covid-19 * *來自冠狀病毒活躍社區傳播地區人士			
➤ persons who have fever or show symptoms of respiratory infections 有發燒及呼吸道感 染病徵人士			
➤ suspected/diagnosed patient(s) of Novel Coronavirus 懷疑及確診新型冠狀病毒人士			

I declare that information given above is true and correct to the best of my knowledge and understand that I will take all responsibilities for the consequences caused by false and incorrect information.

Name 填表者名字: _____ Signature 簽名: _____

Date 日期: _____