

Health Declaration Form

Name (English): _____

Name (Chinese): _____

HKID Card No.: _____ ()

Serial No.: _____

In order to comply with Health and Safety guidelines and ensures precautionary measures in place, we request you to complete this form.

為了遵守健康和 safety 指南並確保採取預防措施，我們要求您填寫此表格。

- 1) Have there been any confirmed or suspected COVID-19 cases in the buildings where you have lived or been to in the past 14 days?

在過去 14 天內您居住或去過的建築物中是否有任何確診或疑似 COVID-19 病例？

YES / NO

是 / 否

- 2) Have you been in close contact with anyone who has been diagnosed or is suspected to be infected with the COVID-19 Coronavirus in the past 14 days?

在過去 14 天內，您是否與任何已確診或疑似感染 COVID-19 冠狀病毒的人有密切接觸？

YES / NO

是 / 否

- 3) Have you had any of the following symptoms in the past 14 days? Fever, Dry Cough, Diarrheas, Vomiting, Difficult in Breathing, Loss of Smell/Taste, Other Respiratory symptoms.

在過去的 14 天內您是否有以下任何症狀？發燒、乾咳、腹瀉、嘔吐、呼吸困難、嗅覺/味覺喪失、其他呼吸道症狀。

YES / NO

是 / 否

- 4) Travel history in the past 14 days (Please specify the dates and city / province / country)

過去 14 天的旅行記錄（請註明日期和城市/省/國家）

I declare all information given in this form is true. 我聲明在此表格中提供的所有信息都是真實的。

Signature: _____

Date: _____