

2019 Coronavirus Disease (COVID-19)  
 Declaration form for travel history and health status of student

Name of School: \_\_\_\_\_

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 outside Hong Kong in the past 14 days**

My Child has not been away from Hong Kong in the past 14 days prior to class resumption

My Child has paid visit outside Hong Kong in the past 14 days prior to class resumption

Duration: From \_\_\_\_\_(Month)\_\_\_\_\_(Day) (Departure date)

To \_\_\_\_\_(Month)\_\_\_\_\_(Day) (Arrival date)

Destination (Please specify countries and cities): \_\_\_\_\_

**Part B (1) – 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 \_\_\_\_\_(Month)\_\_\_\_\_(Day)

To \_\_\_\_\_(Month)\_\_\_\_\_(Day)

**Part B (2) – Whether your child has been classified as "Close Contact Person"**

My child has NOT been classified as "close contact of an infected person"\* of COVID-19.

My child has been classified as "close contact of an infected person"\* of COVID-19.

**Part C (1) – 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 COVID19, 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) \_\_\_\_\_

**Part C (2) – Whether those taking care of your child, or those living with your child has been classified as "Close Contact Person"**

Person taking care of or living together with my child has NOT been classified as "close contact of an infected person"\* of COVID-19.

Person taking care of or living together with my child has 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.

My child has symptoms of cough, shortness of breath, breathing difficulty and sore throat.

Name of Parent/Guardian (in Block Letter) : \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ 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.