



THE CHINESE UNIVERSITY OF HONG KONG
Committee on Health Promotion and Protection
香港中文大學健康促進及防護委員會



Health Declaration 健康申報表

Name: _____ Student / Staff ID: _____
姓名 學生/ 職員編號
College: _____ Student Hostel (incl. Room No.): _____
書院 宿舍(包括房號)
Department / Programme: _____
部門 / 課程

| A. SYMPTOMS 病徵 | NO 無 | YES 有 | If Yes, number of days 如有, 日數 |
|--|---------|----------|----------------------------------|
| 1. Fever 發燒 (>37.5C) | | | |
| 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 past 14 days (Please specify the dates and city / province / country)

過去十四天內的旅遊紀錄 (請列明日期和城市 / 省份 / 國家)

C. Related health history (Visit of hospitals or close contact with patient with significant infective disease) (Please specify name and address of hospital)

相關健康紀錄 (曾到訪醫院或與傳染病患者有密切接觸) (請列明醫院名稱和地址)

Signature 簽名: _____

Contact (mobile) number 聯絡(手機)電話: _____

Date 日期: _____