

United College
The Chinese University of Hong Kong
Health Declaration 健康申報表

Name: _____ Student ID: _____
姓名 學生編號
Hostel: _____ Room No.: _____
宿舍 房號

| 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)

D. Compulsory quarantine conducted in HK (Please specify the dates, name and address of hostel)
在香港接受強制檢疫 (請列明檢疫日期, 酒店名稱和地址)

E. If you need to undergo self-monitoring after mandated quarantine in HK, please specify the dates.
如在香港接受強制檢疫後仍須進行自我監測, 請列明自我監測期

Signature 簽名: _____

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

Date 日期: _____