



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



14 Days Self-medical Surveillance Form 14天自我醫療監察表

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

According to the recommendation of The Committee on Health Promotion and Protection (CHPP), CUHK, during the medical surveillance period students / staff 依照大學健康促進及防護委員會指引，在自我醫療監察期間學生 / 職員

- can monitor their body temperature daily and record in the surveillance form 可每日量度體溫並記錄在監察表。
- should wear surgical mask and maintain good personal hygiene 應佩戴口罩並保持良好個人衛生。
- should report to their warden / supervisor immediately for arranging medical intervention when they have fever or any signs and symptoms of respiratory disease 若出現發燒或呼吸道感染症狀，應立即通知舍監 / 上司以安排醫療介入。

* Please delete as appropriate 請刪去不適用者

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)

@ 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)

Date	Fever 發燒 (>37.5C)	Cough 咳嗽	Sore throat 喉嚨痛	Other respiratory symptoms 其他呼吸道病徵	#Travel history within past 14 days 過去十四天內的旅遊紀錄	@Related health history 相關健康紀錄	Signature 簽名
1	*No / Yes	*No / Yes	*No / Yes				
2	*No / Yes	*No / Yes	*No / Yes				
3	*No / Yes	*No / Yes	*No / Yes				
4	*No / Yes	*No / Yes	*No / Yes				
5	*No / Yes	*No / Yes	*No / Yes				
6	*No / Yes	*No / Yes	*No / Yes				
7	*No / Yes	*No / Yes	*No / Yes				
8	*No / Yes	*No / Yes	*No / Yes				
9	*No / Yes	*No / Yes	*No / Yes				
10	*No / Yes	*No / Yes	*No / Yes				
11	*No / Yes	*No / Yes	*No / Yes				
12	*No / Yes	*No / Yes	*No / Yes				
13	*No / Yes	*No / Yes	*No / Yes				
14	*No / Yes	*No / Yes	*No / Yes				