

United College
The Chinese University of Hong Kong

Health Declaration 健康申報表

Name: _____
姓名 _____

Student ID: _____
學生編號 _____

Mobile No.: _____
手提電話號碼 _____

Hostel & Room No.: _____
宿舍及房號 _____

Please put a \surd in the appropriate box
請於適當空格內填 \surd

A. SYMPTOMS 病徵	NO 無	YES 有	If Yes, number of days 如有，請列明日數
1. Fever 發燒 (>37.5C)			
2. Chills & Rigor 發冷			
3. Sore Throat 咽喉痛			
4. Cough 咳嗽			
5. Running Nose 流鼻水			
6. Diarrhoea 肚瀉			
7. Shortness of Breath / Difficulty in Breath 呼吸急促/ 呼吸困難			
8. 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. Recent Medical History or Medical Information (e.g. a COVID-19 confirmed case and recovered / close contact with COVID-19 confirmed case)

近期病歷或醫療資料(例如：曾是 2019 冠狀病毒病確診者並已康復 / 曾與 2019 冠狀病毒病
確診者有密切接觸)

Declaration 聲明

I declare that all the above information is accurate to the best of my knowledge.

本人聲明以上申報內容全部屬實。

Signature 簽名: _____

Date 日期: _____