



THE CHINESE UNIVERSITY OF HONG KONG
Committee on Health Promotion and Protection
Health Declaration Form



香港中文大學
健康促進及防護委員會
健康申報表

Name 姓名 _____ Student/Staff ID 學生/職員編號 _____
Contact Tel No (Mobile) 聯絡電話號碼 (手提) _____ Student Hostel and Room No 學生宿舍及房號 _____
Department/Programme 部門/課程 _____ College 書院 _____

請於適當空格內填✓

| A. SYMPTOMS 病徵 | NO 無 | YES 有 |
|---|---------|----------|
| 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) | | |

B. Recent Medical History or Medical Information (e.g. Close contact with COVID-19 confirmed case)
近期病歷或醫療資料 (例如: 曾與 2019 冠狀病毒病確診者有密切接觸)

Declaration 聲明

本人聲明以上申報內容全部屬實。

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

Signature 簽名 _____ Date 日期 _____