

基督教崇真中學  
2019 冠狀病毒病  
學生外遊及健康狀況申報表

表格 B

學生姓名：\_\_\_\_\_ ( ) 班別：\_\_\_\_\_ 性別：男/女

請填妥下列表格交回學校(在適當方格上加上「✓」號)。

甲部 – 14 天內的學生外遊紀錄

本人子女在復課前 14 天內沒有離開香港

本人子女在復課前 14 天內沒有離開香港

本人子女在復課前 14 天曾到訪香港境外的國家/地區

離港時期：由\_\_\_\_\_年\_\_\_\_\_月\_\_\_\_\_日(離港日期)\_\_\_\_\_月\_\_\_\_\_日(抵港日期)

外遊地點(請列明國家及城市)：\_\_\_\_\_

乙部 – 學生是否曾經確診

本人子女沒有證實患上「2019 冠狀病毒病」。

本人子女曾證實患上「2019 冠狀病毒病」，並已痊癒。

留院日期：由\_\_\_\_\_月\_\_\_\_\_日至\_\_\_\_\_月\_\_\_\_\_日

丙部 – 照顧學生、或與學生同住的人士的健康情況

照顧本人子女、或與其同住人士均沒有證實患上「2019 冠狀病毒病」。

照顧本人子女、或與其同住的人士中，有證實患上「2019 冠狀病毒病」，  
現已經痊癒 / 仍留院醫治 / 出院進行藥物治療(請刪去不適用者)。

該患者和本人子女的關係\_\_\_\_\_

照顧本人子女、或與其同住的人士中，並沒有被衛生署界定為 2019 冠狀病毒確  
診個案的「密切接觸者」。

丁部 – 學生的健康狀況

本人子女沒有咳嗽、氣促、呼吸困難或咽喉痛等徵狀

家長/監護人簽署：\_\_\_\_\_

家長/監護人姓名(正楷)：\_\_\_\_\_

日期：\_\_\_\_\_

註：「密切接觸者」一般指曾經照顧患者、與患者共同居住或曾經接觸過患者的呼吸道分泌物和體液的人士。

2019 Coronavirus Disease (COVID-19)  
Declaration form for travel history and health status of students

Name of School: \_\_\_\_\_

Name of Student : \_\_\_\_\_ Student Reference Number : \_\_\_\_\_ Sex : M/F

Please complete the below form and return to schools (Please put a “✓” in the appropriate box)

**Part A – Travel history of your child outside Hong Kong in the past 14 days**

My child has not been away from Hong Kong in the past 14 days prior to the Test Day

My child has paid visit outside Hong Kong in the past 14 days prior to the Test Day

Duration : From \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) (Departure date)

To \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) (Arrival date)

Destination (Please specify countries and cities) : \_\_\_\_\_

**Part B – Whether your child has confirmed infection of COVID-19**

My child has not confirmed infection for COVID-19.

My child has confirmed of COVID-19 infection and has already recovered. Hospitalization

Period : From \_\_\_\_\_ (Month) \_\_\_\_\_ (Day)

To \_\_\_\_\_ (Month) \_\_\_\_\_ (Day)

**Part C – Health status of those taking care of your child, or those living with your child**

Person taking care of or living together with my child has not confirmed infection for COVID-19

Person taking care of or living together with my child has confirmed infection for COVID19, the person has recovered / is still receiving treatment in hospital / has been discharged from hospitals and taking medicine. (please delete as appropriate)

Relation with my child (please specify) : \_\_\_\_\_

Person taking care of or living together with my child, has not been classified as “close Contact of an infected person” \*of COVID-19.

**Part D – Current health status of your child**

My child has no symptoms of cough, shortness of breath, breathing difficulty and sore throat.

Name of Parent/Guardian (in Block Letter) : \_\_\_\_\_

Signature of Parent/Guardian : \_\_\_\_\_

Date: \_\_\_\_\_

\* In general, close contact means having cared for, having lived with, or having had direct contact with respiratory secretions and body fluids of a confirmed patient