

Carmel Secondary School / 迦密中學  
2019 Coronavirus Disease (COVID-19) / 2019 冠狀病毒病  
Declaration form for travel history and health status of students / 學生外遊及健康狀況申報表

Name of Student / 學生姓名：

Student Reference No. on Admission Slip / 入學註冊証上的學生編號：

Gender / 性別：M/F (男 / 女)

*Please complete the below form and return to schools (Please put a “✓” in the appropriate box) / 請填妥下列表格交回學校 (在適當方格上加上「✓」號)。*

**Part A – Travel history of your child outside HK in the past 14 days / 學生 14 天內的外遊紀錄**

My child has not been away from Hong Kong in the past 14 days.  
本人子女在過去 14 天內沒有離開香港

My child has paid visit outside Hong Kong in the past 14 days.  
本人子女在過去 14 天曾到訪香港境外的國家 / 地區

Departure date / 離港時期: From / 由 \_\_\_ (Month / 月) \_\_\_ (Day / 日)

Arrival date / 抵港日期: To / 至 \_\_\_ (Month / 月) \_\_\_ (Day / 日)

Destination / 外遊地點 (countries and cities / 國家及城市): \_\_\_\_\_

**Part B – Whether your child has confirmed infection of COVID-19 / 學生是否曾經確診**

My child has no confirmed infection for COVID-19.  
本人子女從未確診「2019 冠狀病毒病」。

My child was confirmed of COVID-19 infection and has already recovered.  
本人子女曾確診「2019 冠狀病毒病」，並已痊癒。

Hospitalization Period / 留院日期: From / 由 \_\_\_ (Month / 月) \_\_\_ (Day / 日)

To / 至 \_\_\_ (Month / 月) \_\_\_ (Day / 日)

**Part C – Health status of those taking care of your child, or those living with your child / 照顧學生、或與學生同住的人士的健康情況**

Person taking care of or living together with my child has no confirmed infection for COVID-19  
照顧本人子女或與其同住的人士均沒有確診「2019 冠狀病毒病」。

Person taking care of or living together with my child has confirmed infection for COVID-19. The person has recovered / is still receiving treatment in hospital / has been discharged from hospital and taking medicine. (please delete as appropriate)  
照顧本人子女或與其同住的人士中，有確診「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)。

Relation with my child (該患者和本人子女的關係)

- Person taking care of or living together with my child has not been classified as “close contact of an infected person”<sup>\*</sup> of COVID-19.  
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 冠狀病毒病」確診個案的「密切接觸者」。

**Part D – Current health status of your child / 學生的健康狀況**

- My child has no symptoms of cough, shortness of breath, breathing difficulty or sore throat.  
本人子女沒有咳嗽、氣促、呼吸困難或咽喉痛等徵狀。

Name of Parent/Guardian (in Block Letter) / 家長或監護人姓名：

Signature of Parent/Guardian / 家長或監護人姓名：

Date / 日期：

<sup>\*</sup> 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.

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