

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

THE CHURCH OF CHRIST IN CHINA KWEI WAH SHAN COLLEGE

Name of student : _____ Class : _____ Class no. : _____ Sex : M / F

Please complete the below form and return to school. (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 class resumption
- My child has paid visit outside Hong Kong in the past 14 days prior to class resumption

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 COVID-19, 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.