

元朗東莞同鄉會熊定嘉幼稚園

2019 冠狀病毒病

學生外遊及健康狀況申報表

學生姓名：_____ 班別：_____ 性別： 男 / 女

請填妥下列表格交回學校(請家長在適當方格加上「✓」)

甲部---14天內的學生外遊紀錄

本人子女在回校前 14 天沒有離開香港

本人子女在回校前 14 天曾到訪香港境外的國家/地區

離港時期：由 2022 年 _____ 月 _____ 日(離港)至 _____ 月 _____ 日(抵港)

外遊地點： 中國(請註明)_____

印度

印尼

菲律賓

其他(請註明)_____

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 _____ 日至由 _____ 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、或與其同住的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 冠狀病毒病確診個案的「密切接觸者」。

丁部---學生的健康情況

本人子女沒有咳嗽、氣促、呼吸困難或咽喉痛等徵狀。

家長/監護人姓名(正楷)：_____

家長/監護人簽署：_____

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和體液的人士。

Yuen Long Tung Koon District Association Hung Ting Ka Kindergarten

Coronavirus Disease 2019

Student Travel and Health Declaration form

Student Name: _____ Class: _____ Gender: M / F

Please complete the form and return it to the school. (Please give a 「✓」 in the appropriate box)

Part A - Student travel records within 14 days

- My child did not leave Hong Kong 14 days before returning to school
- My child has visited a country/region outside Hong Kong 14 days before returning to school
 Travel Period : Departure From: Date: _____ Month _____ Year 2022 Arrival on: Date: _____
 Month _____ Year 2022
 Travel Locations:
- China (please specify) _____
- India
- Indonesia
- Philippines
- Other (please specify) _____

Part B-Has the student ever been diagnosed?

- My child has not been confirmed to be suffering from the "Covid-19".
- My child has been confirmed to have contracted "Covid-19" and has recovered
 (Date of stay in hospital: From: _____ Date _____ Month To: _____ Date _____ Month)

Part C-Person taking care of the health of students or those who live with them

- 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-Student's Health

- My child has no symptoms such as cough, shortness of breath, difficulty breathing or sore throat.

Parent / Guardian name : _____
(block letters)

Parent/Guardian signature: _____

Date : _____