

## Health Declaration Form

In order to do a better in epidemic prevention, control and protect public safety, please fill in the truth for the following health declaration:

Name:	Contact No.:
Correspondence address:	
Travel history within past 14 days :	( <input type="checkbox"/> Yes <input type="checkbox"/> No) If yes, please specify the dates:_____ and city/province/country:_____
Related people living with the child(ren) has the travel history within past 14 days:	( <input type="checkbox"/> Yes <input type="checkbox"/> No) If yes, indicate the relation with the child(ren) : _____
Confirmed cases in the household:	( <input type="checkbox"/> Yes <input type="checkbox"/> No) If yes, indicate the confirmed cases dates: _____ and the relation with the child(ren) : _____
Body temperature:	
My current health conditions:	<input type="checkbox"/> Cough <input type="checkbox"/> Expectoration <input type="checkbox"/> Runny nose <input type="checkbox"/> Sore throat <input type="checkbox"/> Chest pain/tightness <input type="checkbox"/> Other symptom(s) <input type="checkbox"/> None of the above symptoms

**I undertake that the information provided above is true and accurate, or I shall be responsible for all consequences and legal liabilities arising therefrom.**

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

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## 健康申報表

為進一步做好疫情防控，保障公眾安全，敬請閣下如實填寫以下健康申報：

名稱:	聯繫電話:
通訊地址:	
過去14天內的外遊紀錄:	( <input type="checkbox"/> 有 <input type="checkbox"/> 無) 如果有，請列明日期_____及城市/省份/國家：_____
與孩子同住的相關人士在過去14天內有外遊紀錄:	( <input type="checkbox"/> 有 <input type="checkbox"/> 無) 如果有，請說明與孩子的關係：_____
家庭確診病例:	( <input type="checkbox"/> 有 <input type="checkbox"/> 無) 如果有，請指明已確診病例日期: _____ 以及與孩子的關係：_____
體溫:	
我目前的健康狀況:	<input type="checkbox"/> 咳嗽 <input type="checkbox"/> 排痰 <input type="checkbox"/> 流鼻涕 <input type="checkbox"/> 喉嚨痛 <input type="checkbox"/> 胸痛/緊繃 <input type="checkbox"/> 其他症狀 <input type="checkbox"/> 以上症狀均無

**我保證以上提供的資料是真實準確的，否則我將對由此產生的所有後果和法律責任負責。**

簽名：\_\_\_\_\_日期：\_\_\_\_\_