

## Health Declaration Form/個人健康申報表

Please complete the compulsory question marked (\*)/所有以(\*)標記為必須填寫

1. Name/姓名\*

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2. Department/部門\*

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3. Student ID/學生編號\*

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4. Telephone No. /電話號碼

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5. E-mail/電郵地址

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6. Have you travelled outside Hong Kong in the last 14 days? /過去 14 日內曾否離開香港? \*

Yes

No

7. Where outside Hong Kong have you been to in the last 14 days? When did you return to Hong Kong? /過去 14 日內曾離開香港到過的國家和城市? 你回到香港的日期?

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8. Do you have any of the following symptom(s)? /你是否有以下的病徵? \*

Fever/發燒

Difficulty in breathing, cough or sore throat/咳嗽, 呼吸困難或咽喉痛

Diarrhea or vomiting/腹瀉或嘔吐

Flu like symptoms/流感症狀

None of the above/以上都沒有

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Signature

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Date submitted