Delia Memorial School (Hip Wo)
2019 Coronavirus Disease (COVID-19)
Declaration form for travel history and health status of students

Name of Student: _____ Class: _____ Class No.: _____ Sex: M/F

Please complete the below form and return to schools (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 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 – 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.**