



蘇浙幼兒園  
*Kiangsu & Chekiang Nursery*

**2019 Coronavirus Disease (COVID-19)**

**Declaration form for travel history and health status of parent**

Name of Parent : \_\_\_\_\_

Sex : M/F

Name of Student : \_\_\_\_\_

Class : \_\_\_\_\_

Please complete the below form and return to school (Please put a “√” in the appropriate box)

**Part A – Travel history of parent outside Hong Kong in the past 14 days**

I have not been away from Hong Kong in the past 14 days

I have paid visit outside Hong Kong in the past 14 days

Duration : From \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) (Departure date)

To \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) (Arrival date)

Destination (Please specify countries and cities) : \_\_\_\_\_

**Part B – Whether parent has confirmed infection of COVID-19**

I have not confirmed infection for COVID-19.

I have 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 parent**

I have no symptoms of cough, shortness of breath, breathing difficulty and sore throat.

Name of Parent (in Block Letter) : \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

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.