

Health Declaration Form

Surname : _____ Given name : _____

HKID number
(Letter and first 3 digits) : _____ Mobile number : _____

Date of visit : _____ Time of visit : _____

Place to visit / Invited by : _____

Please check the appropriate box.

*1. In the past 14 days, have you had any of the following symptoms:

- | | | |
|--|------------------------------|-----------------------------|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Cough/ Sore throat/ Shortness of breath | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Runny Nose/ Sneezing/ Nasal congestion | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Diarrhea/ Vomiting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Malaise/ headache | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Loss of Taste / Smell | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*2. Have you been in close contact with confirmed case/ person(s) of COVID-19 in the past 14 days or living in the same building of local confirmed case/ person(s) with mutant strain in the past 21 days? Yes No

*3. Are you currently under the compulsory quarantine? Yes No

* **NOTE:** No entry should be allowed if the answer to any of the above questions is "Yes".

4. Will you stay on EdUHK campus for 4 hours or more on this visit? Yes No

If the answer to Question 4 is "Yes", please indicate your current COVID-19 vaccination/test status:

- Have completed the COVID-19 vaccination for at least 14 days [Remark: Two doses for age 18 or above or at least one dose for age 12 to 17]
- Have undergone the COVID-19 test using the combined nasal and throat swabs within the past 7 days and received a negative test result
- Under the age of 12
- None of the above **

** **NOTE:** No entry should be allowed if the visitor will stay on campus for 4 hours or more but do not comply with the COVID-19 vaccination/testing requirements of EdUHK.

5. Are you currently under the medical surveillance or compulsory testing direction issued by the Centre for Health Protection/ Department of Health/a registered medical practitioner? Yes No

6. In the past 21 days, have you travelled outside Hong Kong? Yes No

If the answer to Question 6 is "Yes", please specify the country(ies)/city(ies) you have visited:

Personal Information Collection Statement (PICS): (1) The collected personal data will be used by the University for the purpose of preventing the occurrence or spread of an infectious disease or contamination; (2) The University may transfer or disclose the personal data collected to other parties within the University, Government bureau / departments or relevant parties; (3) Subject to exemption under the Personal Data (Privacy) Ordinance, you have the right of access to and correction of the personal data provided in this form.

I confirm that (1) I have read and understood the PICS stated above, (2) the above information is true, and (3) I agree to comply with the guidelines currently in force on the campus.

Signature: _____ Date: _____

姓氏 : _____ 名字 : _____

香港身份證號碼
(字母及首 3 位數字) : _____ 手提電話號碼 : _____

到訪日期 : _____ 到訪時間 : _____

到訪地點/ 邀請人 : _____

請在適當方格內填上「✓」。

*1. 在過去 14 日內，你是否有以下徵狀：

- | | | |
|-------------------|----------------------------|----------------------------|
| ❖ 發燒 | <input type="checkbox"/> 是 | <input type="checkbox"/> 否 |
| ❖ 咳嗽 / 喉嚨痛 / 呼吸困難 | <input type="checkbox"/> 是 | <input type="checkbox"/> 否 |
| ❖ 流鼻水 / 打噴嚏 / 鼻塞 | <input type="checkbox"/> 是 | <input type="checkbox"/> 否 |
| ❖ 腹瀉 / 嘔吐 | <input type="checkbox"/> 是 | <input type="checkbox"/> 否 |
| ❖ 乏力 / 頭痛 | <input type="checkbox"/> 是 | <input type="checkbox"/> 否 |
| ❖ 喪失味覺 / 嗅覺 | <input type="checkbox"/> 是 | <input type="checkbox"/> 否 |

*2. 你是否在過去 14 日內與 2019 冠狀病毒病確診個案 / 人士有緊密接觸或在過去 21 日內與涉及變異病毒株的 2019 冠狀病毒病確診個案 / 人士居於同一大廈? 是 否

*3. 你是否正在接受強制檢疫隔離? 是 否

* **注意:** 如以上任何答案為「是」，則不允許進入校園。

4. 是次到訪，你會否在教大校園逗留 4 小時或以上? 是 否

如問題 4 答案為「是」，請說明你現時的 2019 冠狀病毒病疫苗接種/測試狀態：

- 已完成 2019 冠狀病毒病疫苗接種至最少 14 天 [備註: 18 歲或以上需接種兩劑疫苗; 12 至 17 歲則需接種至少一劑疫苗]
- 在過去 7 日內已進行鼻腔和咽喉合併拭子核酸的 2019 冠狀病毒病測試，並收到陰性檢測結果
- 12 歲以下
- 以上皆不是**

** **注意:** 如訪客將逗留校園 4 小時或以上，但未能符合教大的 2019 冠狀病毒病疫苗接種/測試要求，則不應允許進入校園。

5. 你是否正在接受由衛生防護中心 / 衛生署 / 註冊醫生的醫學監察或強制檢測指示? 是 否

6. 在過去 21 日內，你是否曾到訪香港以外的地方? 是 否

如問題 6 答案為「是」，請列出你最近到訪的國家/城市：

收集個人資料聲明: (1) 校方將所收集的個人資料用於防止傳染疾病或病毒感染的發生或傳播; (2) 校方或會將所收集的個人資料向相關的校內部門、政府部門或第三方轉移或披露; (3) 除個人資料(私隱)條例所訂明的豁免外，你有權查閱及更正在本表格上所提供的個人資料。

本人確認 (1) 已閱讀及明白上述的指引及收集個人資料聲明; (2) 以上所填報的內容真確無訛; 及 (3) 承諾遵守現時校園的所有守則。

簽署: _____ 日期: _____