



P A T H W A Y S

博 思 會

健康申報

Health Declaration

學生姓名 Student Name: _____

1. 你的子女或同住家人在過去 14 天內有否曾返回內地?

Did your child or your family members travel to the Mainland in the last 14 days?

有 Yes (請註明回港日期 Please specify date of returning to Hong Kong:

_____)

沒有 No

2. 你的子女現在有沒有出現呼吸道感染病徵 (如發燒、咳嗽、肚瀉、發冷或呼吸急促/ 呼吸困難)?

Is your child having any symptoms of respiratory infection (e.g. fever, cough, diarrhea, chills & rigor or shortness of breath/ difficulty in breath)?

有 Yes

沒有 No

家長/監護人/照顧者簽署

Parent/Guardian/Carer Signature:

家長/監護人/照顧者姓名 (正楷)

Name of Parent/Guardian/Carer (in BLOCK Letters):

日期 Date: _____