

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 天內有否外遊?

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

有 Yes (請註明曾到訪地方及回港日期)

Please specify place(s) and date of returning to Hong Kong:

_____)

註: 如有, 學生於最後回港日期起計 **14** 天後才能於博思會復課。

Remarks: If yes, students can resume lessons in Pathways **at least 14 days** after 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: _____