

HKTA YY1 Shek Wai Kok Primary School
2019 Covid-19 Virus
Student Travel and Health Status Declaration Form (202109013)

Part A(1) – Child’s travel record within 14 days before the start of school

- My child did not leave Hong Kong within 14 days before the start of school.
- My child left Hong Kong within 14 days before the start of school. (Please provide more details below.)

Date : From _____(Departure) to _____ (Arrival)

Travel Destination (Please fill in the country name and the city name) :

Part A(2) – Family members or Guardian’s travel record within 14 days before the start of school

- Family members or Guardian did not leave Hong Kong within 14 days before the start of school.
- Family members or Guardian left Hong Kong within 14 days before the start of school. (Please provide more details below.)

Date : From _____ (Departure) to _____ (Arrival)

Travel Destination (Please fill in the country name and the city name) :

Part B – Has the student ever been diagnosed

- My child has never been diagnosed with Covid-19.
- My child was diagnosed with Covid-19 and has recovered.
Admitted to hospital from _____ to _____.

Part C(1) – Family members or Guardian’s Health Status

- Family members or Guardian has never been diagnosed with Covid-19.
- Family members or Guardian was diagnosed with Covid-19.

The patient has (recovered / been admitted to hospital / been discharged for medication)

The relationship between the patient and the child: _____

Part C(2) – Family members or Guardian’s Health Status

Family members or Guardian is not classified by the Department of Health as a "Close Contact" of a confirmed case of Covid-19.

Family members or Guardian is classified by the Department of Health as a "Close Contact" of a confirmed case of Covid-19.

Part C(3) – Family members, Guardian and Student’s Place of Residence

The building where you live in is not included in the scope of mandatory testing.

The building where you live in is included in the scope of mandatory testing.

The building name: _____

Part D – Student’s Health Status

My child has no symptoms of cough, shortness of breath, breathing difficulties or sore throat.

My child has symptoms of cough, shortness of breath, breathing difficulties or sore throat.

Parent / Guardian’s Signature: _____

Parent / Guardian’s Name: _____

Date: _____