

ST STEPHEN'S COLLEGE
Health & Travel Declaration Form (Visitors)

Name: _____ Gender: M / F

Category: Alumni Speaker/Guest of Assembly/Talk Docent Tour Parents
 Others (Please specify: _____)

Please the appropriate boxes and fill in the required information

A. My Travel History Outside Hong Kong in the Past 28 Days

- I have **NOT** been away from Hong Kong in the past 28 days prior to my visit.
- I have **paid visit** outside Hong Kong in the past 28 days prior to my visit, where a quarantine period of **14-day** is completed / of **21-day** is completed / is **NOT** required. (please delete as appropriate)

Destination (please specify countries and cities): _____

Date: From _____ (Departure D/M/Y) to _____ (Arrival D/M/Y)

B. Whether I Have 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 (if applicable): From _____ (D/M/Y) to _____ (D/M/Y).

C. Health Status of Those Taking Care of or Living Together with me

- Persons taking care of or living together with me have **NOT** confirmed infection for COVID-19.
- Persons taking care of or living together with me have **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) Relationship with the infected person: _____
- I have **NOT** been classified as 'close contact of an infected person' of COVID-19.
- I have been **classified** as 'close contact of an infected person' of COVID-19.

D. Whether My Current Residence, Workplace or Visited Places is / are on the List of Buildings or Districts with Confirmed or Probable Cases of COVID-19

- My current residence, workplace or visited places is **NOT** on the list of buildings or districts with confirmed or probable cases of COVID-19.
- My current residence, workplace or visited places is / are **on the list** of buildings or districts with confirmed or probable cases of COVID-19. Please specify: _____

E. Receiving COVID-19 Vaccination

- I have received **one shot / both shots** of COVID-19 vaccination on the day of visit. (please delete as appropriate)
- I did **NOT** received any COVID-19 vaccination on the day of visit.

F. My Current Health Status

- I have **NO** symptoms of cough, shortness of breath, breathing difficulty and sore throat.
- I **show symptoms** of cough, shortness of breath, breathing difficulty and sore throat.

I Declare That All the Information Given Above is True.

Name of Declarer : _____

Signature of Declarer: _____

Contact Number: _____

Date: _____

聖士提反書院
外遊及健康狀況申報表(訪客適用)

姓名：_____ 性別：男 / 女
類別： 舊生 週會/講座嘉賓/講者 參觀導賞 家長
 其他(請註明：_____)

請於適當空格內填上 號及填妥本表格

甲) 二十八天內本人之外遊記錄

- 本人在過去二十八天內沒有離開香港。
- 本人在過去二十八天曾到訪香港境外地區，並已完成 14 天隔離/已完成 21 天隔離/無需隔離(請刪去不適用者)。
到訪國家及城市：_____
- 日期：由_____ (離港年/月/日) 至_____ (抵港年/月/日)。

乙) 本人是否曾經確診

- 本人沒有證實患上「2019 冠狀病毒病」。
- 本人曾證實患上「2019 冠狀病毒病」，並已痊癒。
留院日期(如適用)：由_____ (年/月/日) 至_____ (年/月/日)。

丙) 照顧本人或與本人同住之人士健康狀況

- 照顧本人或與本人同住之人士均沒有證實患上「2019 冠狀病毒病」。
- 照顧本人或與本人同住之人士中，曾證實患上「2019 冠狀病毒病」，現已痊癒/仍留院醫治/出院進行藥物治療
(請刪去不適用者)。該患者與本人之關係：_____。
- 本人沒有被衛生署界定為「2019 冠狀病毒病」確診個案的密切接觸者。
- 本人被衛生署界定為「2019 冠狀病毒病」確診個案的密切接觸者。

丁) 本人現在居住大廈、工作或到訪地區有否被列入曾有確診或疑似「2019 冠狀病毒病」個案的大廈或地區名單內

- 本人現在居住大廈、工作或到訪地區沒有被列入曾有確診或疑似「2019 冠狀病毒病」個案的大廈或地區名單內。
- 本人現在居住大廈、工作或到訪地區被列入曾有確診或疑似「2019 冠狀病毒病」個案的大廈或地區名單內。
請列明：_____

戊) 是否已接受「2019 冠狀病毒病」疫苗注射

- 本人已接受 1 劑/2 劑「2019 冠狀病毒病」疫苗注射(請刪去不適用者)。
- 本人並未曾接受任何「2019 冠狀病毒病」疫苗注射。

己) 本人現時的健康狀況

- 本人現在沒有咳嗽、氣促、呼吸困難或咽喉痛等徵狀。
- 本人現在有咳嗽、氣促、呼吸困難或咽喉痛等徵狀。

本人確認上述資料均屬實無誤。

申報人姓名：_____ 申報人簽署：_____

聯絡電話：_____ 日期：_____