

The Hong Kong Academy for Performing Arts

Travel and Health Declaration Form 旅遊及健康申報表

Part 1: Personal Information 個人資料記錄

Name 姓名	
Student/ Staff ID 學生/ 職員編號*	
School/ Unit/ Contractor/ Guest 學院/ 部門/ 承辦商/ 來賓*	
Contact number 聯絡電話	

* Delete where inappropriate. 刪去不適用者。

Part 2: Travel history in the past 14 days 過去十四天旅遊記錄

Where have you travelled (Please specify the dates and city / province / country) 你曾到訪那個地區 (請列明日期和城市/ 省份 / 國家)	
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Part 3: Health history in the past 14 days 過去十四天健康紀錄

Symptoms 病徵	Please <input checked="" type="checkbox"/> 請 <input checked="" type="checkbox"/>	If Yes, number of days 如有, 日數	Symptoms 病徵	Please <input checked="" type="checkbox"/> 請 <input checked="" type="checkbox"/>	If Yes, number of days 如有, 日數
Fever 發燒 (>37.5°C)	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 無		Cough 咳嗽	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 無	
Shortness of Breath 氣促	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 無		Breathing Difficulty 呼吸困難	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 無	
Sore Throat 咽喉痛	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 無		Other symptoms (Please specify) 其他病徵 (請列明)		

Part 4: Other history in the past 14 days 過去十四天其他紀錄

Other history 其他紀錄	
Have you or your family members who are living with you visited the hospital? 你或與你同住的家人是否到過醫院?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Have your family members who are living with you travelled in and / or out of Hong Kong? If yes, please specify the dates and city / province / country 與你同住的家人是否及/或離開香港? 如有, 請列明日期和城市/省份/國家	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 _____
Have your family members who are living with you have respiratory symptoms? 與你同住的家人是否有呼吸道感染病徵?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Have you or your family members who are living with you have close contact with someone who is a confirmed or preliminary positive case of respiratory diseases such as COVID-19? 你或與你同住的家人是否有密切接觸過已確診或初步對呼吸系統的傳染病測試呈陽性的人士, 例如2019冠狀病毒病?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Does your current residential address fall into the list of buildings with confirmed / probable cases of COVID-19? 你現時的居住地址是否在確診或疑似個案的大廈名單中?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

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Part 4: Other history in the past 14 days 過去十四天其他紀錄

Other history 其他紀錄	
Have you or your family members who are living with you visited the places / premises with confirmed or probable cases during incubation period? 你或與你同住的家人是否前往過確診或疑似個案在潛伏期內身處的場所？	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否
Others (Please specify) 其他 (請列明)	

I hereby declare that all information provided above is true and accurate to the best of my knowledge. I understand that all personal information provided in this form will be kept in strict confidence and for internal use only. The form will be destroyed as soon as applicable.

本人謹此聲明，盡本人所知，以上提供的一切資料均為正確無訛。本人明白此表格內所提供的個人資料將會保密及謹供內部使用。所有表格將會被盡快銷毀。

Signature 簽名		Date 日期	
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(Revised 2020 July 15)