Diocesan Boys' School Temperature Record Sheet

(Monthly Record)

1. Parents/Guardians should take their children's temperature before going to school. For normal body temperature range, please refer to the "Reference Range for Temperature Screening" in the "Guidance Note on Monitoring of Body Temperature" by the Centre for Health Protection, please browse

https://www.chp.gov.hk/files/pdf/guidance note on monitoring of body temperature.pdf

When the student has fever, he should not attend school and should consult a doctor promptly, apply for sick leave, stay at home and take rest.

2. Parents/Guardians should record their children's temperature and sign on the record sheet daily. The record sheet should be returned to school staff/class teacher for checking.

Name of student: _____ Class: ____ Class no.: ____ Month: ____

3. Parents/Guardians should also complete the record sheet during holiday.

Date	Time for Taking Temperature	Temperature	Signature of Parent/Guardian
	A.M. / P.M.	°F/°C	
	A.M. / P.M.	°F/°C	
	A.M. / P.M.	°F/°C	
	A.M. / P.M.	°F/°C	
	A.M. / P.M.	°F/°C	
	A.M. / P.M.	°F/°C	
	A.M. / P.M.	°F/°C	
	A.M. / P.M.	°F/°C	
	A.M. / P.M.	°F/°C	
	A.M. / P.M.	°F/°C	
	A.M. / P.M.	°F/°C	
	A.M. / P.M.	°F/°C	
	A.M. / P.M.	°F/°C	
	A.M. / P.M.	°F/°C	
	A.M. / P.M.	°F/°C	
	A.M. / P.M.	°F/°C	
	A.M. / P.M.	°F/°C	
	A.M. / P.M.	°F/°C	
	A.M. / P.M.	°F/°C	
	A.M. / P.M.	°F/°C	
	A.M. / P.M.	°F/°C	
	A.M. / P.M.	°F/°C	
	A.M. / P.M.	°F/°C	

2019 Coronavirus Disease (COVID-19)

Declaration Form for Travel History and Health Status of Students

Name of School:	<u>Diocesan Boys' School</u>
Name of Student:	Class:
Please complete the below for	rm and return to school. (Please put a "√" in the appropriate box)
Part A - Travel history of	your son outside Hong Kong in the past 14 days
<u> </u>	away from Hong Kong in the past 14 days prior to class resumption
\equiv '	outside Hong Kong in the past 14 days prior to class resumption
	(Month) (Day) (Departure date)
	(Month) (Day) (Departure date)
	pecify countries and cities):
Destination (Please's	pecify countries and cities)
Part B – Whether your so	n has confirmed infection of COVID-19
-	med infection for COVID-19.
<u> </u>	of COVID-19 infection and has already recovered.
_	: From (Month) (Day)
	To(Month)(Day)
Part C – Health status of t	those taking care of your son, or those living with your son
	or living together with my son has not confirmed infection for COVID-19.
Person taking care of o	or living together with my son has confirmed infection for COVID-19, the person
# has recovered / is stil	Il receiving treatment in hospital / has been discharged from hospitals and taking
medicine. (# please dele	ete as appropriate)
Relation with my son ((please specify)
Person taking care of	or living together with my son, has not been classified as "close contact of an
infected person of COV	VID-19" *.
Part D – Current health st	atus of your son
My son has no sympto	oms of cough, shortness of breath, breathing difficulty and sore throat.
Name of Parent/Guardian	(in Block Letters):
Signature of Parent/Guard	dian:
Date:	

^{*} In general, close contact means having cared for, having lived with, or having had direct contact with respiratory secretions and body fluids of a confirmed patient.