



## 2019 Coronavirus Disease (COVID-19)

### Declaration Form for Travel History and Health Status of Students

Name of School:                 Diocesan Boys’ School                

Name of Student: \_\_\_\_\_ Class: \_\_\_\_\_

*Please complete the below form 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**

My son has not been away from Hong Kong in the past 14 days prior to class resumption

My son has paid visit outside Hong Kong in the past 14 days prior to class resumption

Duration: From \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) *(Departure date)*

To \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) *(Arrival date)*

Destination *(Please specify countries and cities):* \_\_\_\_\_

#### **Part B – Whether your son has confirmed infection of COVID-19**

My son has not confirmed infection for COVID-19.

My son has confirmed of COVID-19 infection and has already recovered.

Hospitalization Period: From \_\_\_\_\_ (Month) \_\_\_\_\_ (Day)

To \_\_\_\_\_ (Month) \_\_\_\_\_ (Day)

#### **Part C – Health status of those taking care of your son, or those living with your son**

Person taking care of or living together with my son has not confirmed infection for COVID-19.

Person taking care of or living together with my son has 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)*

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 COVID-19” \*.

#### **Part D – Current health status of your son**

My son has no symptoms of cough, shortness of breath, breathing difficulty and sore throat.

Name of Parent/Guardian *(in Block Letters):* \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

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.*