Po Leung Kuk Tin Ka Ping Millennium Primary School 2019 Coronavirus Disease (COVID-19) Declaration form for travel history and health status of students

Name	of School _							
Name	of Student :				Class:		Sex:	M/F
Please	complete the below	w form and retur	n to schools (Ple	'ease put a '	'√" in the approp	priate box)		
Part .	A – Travel hi	story of you	r child outs	side Hon	g Kong in th	e past 14 da	ays	
	My child has not been away from Hong Kong in the past 14 days prior to class resumption							
	My child has paid visit outside Hong Kong in the past 14 days prior to class resumption							
	Duration: From (Month) (Day) (Departure date)							
		То	(Month)) (Day) (Arriva	l date)		
	Destination (Please specify countries and cities):							
	B – Whether							
Part	COVID-19 Person taking care of or living together with my child 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 child (please specify)							
	Person taking care of or living together with my child, has not been classified as "close contact of an infected person"* of COVID-19.							
<u>Par</u>	t D – Curren	ıt health sta	tus of your	<u>child</u>				
	My child has no symptoms of cough, shortness of breath, breathing difficulty and sore throat.							
Sigi	ne of Parent/C nature of Pare e:	ent/Guardian	:					

^{*} 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.