Health Declaration Form

Students are required to submit the Health Declaration Form to the Faculty/Department/School by the specified time on the day before a face-to-face teaching session.

Name: ____________________________
Candidate no. (if applicable): ____________________________ Department (for staff): ____________________________
Phone No.: ____________________________

(Please ✔ as appropriate)

Part A – Symptoms in the past 7 days

☐ Fever (Highest temp. _______°C Date: ____________________ )
☐ Cough
☐ Fatigue
☐ Sputum production
☐ Shortness of breath
☐ None of the above


Part B – Travel and contact history in the past 14 days

1. Have you visited any of the following countries/regions? ☐ No ☐ Yes
   (a) Mainland China
   (b) Macao
   (c) Taiwan
   (d) Any overseas countries/regions

   If ‘YES’, please specify which city(ies)/region(s) you visited within 14 days:
   __________________________________________________________________________

   Period(s) of stay: ____________________________

2. Are you presently required by law to undergo quarantine? ☐ No ☐ Yes

3. Have you been in contact with a person who is confirmed or suspected to have novel coronavirus? ☐ No ☐ Yes

I declare that all the above information provided is true to the best of my knowledge. I understand that giving false or incomplete information shall be subject to disciplinary action.

Signature: ____________________________ Date: ____________________________