

**THE UNIVERSITY OF HONG KONG
LKS FACULTY OF MEDICINE**

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

- | |
|---|
| <input type="checkbox"/> Fever (Highest temp. _____ °C Date: _____)
<input type="checkbox"/> Cough
<input type="checkbox"/> Fatigue
<input type="checkbox"/> Sputum production
<input type="checkbox"/> Shortness of breath
<input type="checkbox"/> None of the above |
|---|

Reference: Guan W., et al. Clinical Characteristics of Coronavirus Disease 2019 in China. New England Journal of Medicine [Internet]. 2020 Mar 3 [cited Mar 4, 2020]: [13p.]. Available from: <https://www.nejm.org/doi/pdf/10.1056/NEJMoa2002032?articleTools=true>

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

1.	Have you visited any of the following countries/regions ? (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: _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2.	Are you presently required by law to undergo quarantine?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3.	Have you been in contact with a person who is confirmed or suspected to have novel coronavirus ?	<input type="checkbox"/> No	<input type="checkbox"/> 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: _____