



PATHWAYS
博思會

健康申報 Health Declaration

學生姓名 Student Name: _____ 日期 Date: _____

| 問題 Questions | 是 Yes | 否 No |
|--|----------|---------|
| <p>1. 你的子女現在是否有出現呼吸道感染病徵 (如發燒、咳嗽、肚瀉、發冷或呼吸急促/ 呼吸困難)?</p> <p>Is your child having any symptoms of respiratory infection (e.g. fever, cough, diarrhea, chills & rigor or shortness of breath/ difficulty in breath)?</p> | | |
| <p>2. 你的子女或同住家人是否現正被納入為衛生防護中心在指明場地 (包括現居住處) 或來自高風險或高接觸群組的人士而要求作出強制檢測 (COVID-19) 安排?</p> <p>Has your child or your family member(s) been under compulsory testing (COVID-19) at specified premises (including current residence) or from high risk or high exposure groups as required by the Centre for Health Protection?</p> <p>>> 如是，請回答 (2a)</p> | | |
| <p>>> 2a. 請表明是否已取得陰性結果。 If yes, please indicate if you have got a negative result. <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> | | |
| <p>3. 你的子女是否因學校有新冠肺炎確診個案而被暫停面授課堂或全校停課?</p> <p>Has your child been affected by face-to-face class suspension or school suspension due to confirmed COVID-19 at his or her school?</p> | | |

家長/監護人/照顧者簽署
Parent/Guardian/Carer Signature

正楷姓名 Name in BLOCK Letters
