



訪客健康申報表 Health Declaration for Visitors

訪客姓名 Visitor Name: _____ 日期 Date: _____

1. 本人聲明沒有出現以下任何症狀：

I declare that I do not have any of the following symptoms:

- 發燒 Fever
- 咳嗽 Cough
- 喉嚨痛 Sore throat
- 流鼻涕 Runny nose
- 呼吸急促 Shortness of breath
- 腹瀉 Diarrhea

2. 本人聲明不是 2019 冠狀病毒病確診者的密切接觸者（同住成員）。

I declare that, I am not a close contact (household member) of a confirmed case with COVID-19.

到訪原因 Reasons for the visit:	簽名 Signature:
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僅限中心職員使用 For office use only:

體溫 Body temperature:	已經接種最少三劑 2019 冠狀病毒疫苗？ Has received at least three doses of COVID-19 vaccine?	是 YES	否 NO
	如否，是否持有醫學豁免證明或三個月內曾確診 2019 冠狀病毒病？ If not, does the visitor have a Medical Exemption Certificate or has he/she recovered from COVID-19 within the last three months?	是 YES	否 NO