

Health Declaration for Visitors 訪客健康申報表

Visiting Date: 到訪日期		Visiting Time: 到訪時間			
Visitor's Name: 訪客姓名		Visitor's HKID No.: (Prefix & first 4 digits) 訪客身份證號碼 (字母及首 4 個數字)			
Name	of Exchange Participant: 新參與者名稱	· 切合好切起奶嗬(十乌火)	目 4 1四安以-		
Please provide the following information: 請提供以下資料:					
A.	Do you have the following symptoms? 你是否有点				
	Symptoms	No	Yes	If Yes, number of days	
	病徵	無	有	如有,日數	
	1. Fever 發燒 (>37.5℃)				
	2. Chills & Rigor 發冷				
	3. Cough 咳嗽	·/□ / ITG/ITI 도급부A-			
	4. Shortness of Breath / Difficult of Breath 呼吸急	版/ 呼吸困難	1		
	5. Sore Throat 咽喉痛6. Diarrhoea 肚瀉				
	7. Other Symptoms (Please specify)				
	其他病徵 (請列明)				
В.	Travel history within past 14 days (Please specify the dates and city / province / country) 過去 14 天內的旅遊紀錄 (請列明日期和城市 / 省份 / 國家)				
C.	C. Related health history (Visit of hospitals or close contact with patient with significant infective disease) (Please specify name and address of hospital) 相關健康紀錄 (曾到訪醫院或與傳染病患者有密切接觸) (請列明醫院名稱和地址)				
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Visitor's Signature 訪客簽名			Date 日期		
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Visitor's Leaving Time:			Handled by		