

**Madam Lau Kam Lung Secondary School  
of Miu Fat Buddhist Monastery  
妙法寺劉金龍中學**

**HEALTH DECLARATION FORM  
健康申報表**

Name: \_\_\_\_\_  
姓名： \_\_\_\_\_

Contact Tel.: \_\_\_\_\_  
聯絡電話： \_\_\_\_\_

**1. Travel History outside Hong Kong 外遊紀錄**

- I have not been away from Hong Kong in the past 14 days.  
本人在過去 14 天內沒有離開香港。
- I have paid visit outside Hong Kong in the past 14 days.  
本人在過去 14 天曾到訪香港境外的國家/地區。

Duration: From \_\_\_\_\_(Day)\_\_\_\_\_ (Month)(Departure) to \_\_\_\_\_(Day)\_\_\_\_\_ (Month)(Arrival)

離港時間：由 2021 年 \_\_\_\_\_月 \_\_\_\_\_日(離港日期)至 \_\_\_\_\_月 \_\_\_\_\_日(抵港日期)

Destination: (Please specify countries and cities):

外遊地點(請列明國家城市)： \_\_\_\_\_

**2. Close Contact 密切接觸**

(a) Have you been in close contact with a confirmed case of the coronavirus at the time of the onset of symptoms in the past 14 days ?

你在過去 14 天內有沒有與新型冠狀病毒確診個案於其出現病徵時有密切接觸 ?

Yes 有  No 沒有

(b) Are you living with a family member or other person under compulsory home quarantine ?

你是否正與接受強制家居檢疫的家人或其他人士同住 ?

Yes 有  No 沒有

**3. Current Health Status 健康狀況**

I have no symptoms of cough, shortness of breath, breathing difficulty and sore throat.

本人沒有咳嗽、氣促、呼吸困難或喉嚨痛等徵狀。

Date: \_\_\_\_\_  
日期： \_\_\_\_\_

Signature: \_\_\_\_\_  
簽署： \_\_\_\_\_