



訪客 - 健康申報表
Visitor - Health Declaration

Full Name 姓名 _____

HKID 身份證號碼 () _____ (首 4 個數字 only the first 4 digits)

Purpose of visit 到訪目的 HSUHK Information Day 2020 (21 Nov 2020)

Specific venue of visit 地點 HSUHK Campus 恒太校園

Inviting Department/Office (if any) 邀請單位(如有) N/A

HSUHK Contact person's name and phone no. 大學聯絡人姓名及電話 ...N/A.....

Please fill in the table below 請填寫下列表格	NO 無	YES 有	If Yes, please give details 如有, 請提供詳情
1. Respiratory symptoms (e.g. Fever >37.5°C, Sore Throat, Cough, Shortness of Breath, Breathing Difficulty) 呼吸道感染病徵 (如: 發燒 >37.5°C, 咽喉痛, 咳嗽, 氣促, 呼吸困難)			
2. Have travelled outside Hong Kong in the past 14 days 過去 14 天曾有外遊			
3. Under the "Compulsory Quarantine" 正接受"強制檢疫"			
4. Have close contact with patient(s) of Covid-19 in the past 14 days 過去 14 天內曾與 2019 冠狀病毒病患者有密切接觸			
5. Living in a building with confirmed case(s) of Covid-19 in the past 14 days 居住的樓宇過去 14 天內曾有確診 2019 冠狀病毒病個案			

Signature 簽名 _____ Phone number 聯絡電話 _____

Date 日期 21 Nov 2020