

**ST STEPHEN'S COLLEGE**  
**Health & Travel Declaration Form (Visitor)**

Name: \_\_\_\_\_ Gender: M / F

Category:  Alumni     Speaker/Guest of Assembly/Talk     Docent Tour     Parents  
 Others (Please specify: \_\_\_\_\_)

**A. Record of Travel History outside Hong Kong in the past 4 weeks**

- I have **NOT** been away from Hong Kong during the said period.  
 I have **paid visit** outside Hong Kong in the following period:

Date: from \_\_\_\_\_ (departure d/m/y) to \_\_\_\_\_ (arrival d/m/y)

Destination: \_\_\_\_\_

**B. Health condition for the past 4 weeks**

- I have **NOT** confirmed infection for COVID-19 during the said period.  
 I have **confirmed** of COVID-19 infection and has already recovered.

Hospitalization period (if applicable): from \_\_\_\_\_ (d/m/y) to \_\_\_\_\_ (d/m/y)

**C. Health Status of those Taking Care of or Living Together with me for the past 4 weeks**

- Persons taking care of or living together with me have **NOT** confirmed infection for COVID-19 during the said period.  
 Persons taking care of or living together with me have **confirmed** infection for COVID-19, the person **\*has recovered / is still receiving treatment in hospital / has been discharged from hospitals and taking medicine.**

Relation with me: \_\_\_\_\_

- I have **NOT** been classified as 'close contact of an infected person' of COVID-19.  
 I have **been classified** as 'close contact of an infected person' of COVID-19.

**D. Whether My Current Residence, Workplace or Visited Places is / are on the List of Buildings or Districts with Confirmed or Probable Cases of COVID-19**

- My current residence, workplace or visited places is **NOT** on the list of buildings or districts with confirmed or probable cases of COVID-19.  
 My current residence, workplace or visited places is / are **on the list** of buildings or districts with confirmed or probable cases of COVID-19.

Please specify: \_\_\_\_\_

**E. Arrangement for Taking COVID-19 Test / Quarantine at Home or Hotel**

- I took the **\*Compulsory / Targeted Groups / Voluntary** COVID-19 test on \_\_\_\_\_ (d/m/y) and the result is **\*Negative / Positive**.  
 I had been arranged for quarantine at **\*home / hotel** from \_\_\_\_\_ (d/m/y) to \_\_\_\_\_ (d/m/y)

**F. My Current Health Status**

- I have **NO** symptoms of cough, shortness of breath, breathing difficulty and sore throat.  
 I **show symptoms** of cough, shortness of breath, breathing difficulty and sore throat.

\*please delete as appropriate

**I declare that all the information given above is true.**

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Contact no.: \_\_\_\_\_ Date: \_\_\_\_\_

聖士提反書院  
健康及外遊申報(訪客)

姓名：\_\_\_\_\_ 性別：男 / 女

類別：  舊生     週會/講座嘉賓/講者     參觀導賞     家長  
 其他(請註明：\_\_\_\_\_)

**甲 過去四星期之外遊記錄**

- 本人並未於上述日期離開香港  
 本人曾於上述日期離開香港並於以下目的地逗留  
日期：由 \_\_\_\_\_ (年/月/日) 至 \_\_\_\_\_ (年/月/日)  
目的地： \_\_\_\_\_

**乙 過去四星期之健康狀況**

- 本人並未於上述日期\*確診 / 懷疑染上新冠狀病毒肺炎  
 本人曾於上述日期\*確診 / 懷疑染上新冠狀病毒肺炎，現已痊癒  
留院日期(如適用)：  
日期：由 \_\_\_\_\_ (年/月/日) 至 \_\_\_\_\_ (年/月/日)

**丙 過去四星期與本人有緊密接觸之人士**

- 與本人有緊密接觸之人士並未於上述日期\*確診 / 懷疑染上新冠狀病毒肺炎  
 與本人有緊密接觸之人士曾於上述日期\*確診 / 懷疑染上新冠狀病毒肺炎，現已\*痊癒 / 留院治療 / 其他(請註明： \_\_\_\_\_ )  
與本人之關係： \_\_\_\_\_  
 本人**沒有**被衛生署界定為「2019 冠狀病毒病」確診個案的密切接觸者。  
 本人**被衛生署**界定為「2019 冠狀病毒病」確診個案的密切接觸者。

**丁 本人現在居住大廈、工作或到訪地區有否被列入曾有確診或疑似「2019 冠狀病毒病」個案的大廈或地區名單內**

- 本人現在居住大廈、工作或到訪地區**沒有**被列入曾有確診或疑似「2019 冠狀病毒病」個案的大廈或地區名單內。  
 本人現在居住大廈、工作或到訪地區**被列入**曾有確診或疑似「2019 冠狀病毒病」個案的大廈或地區名單內。  
請列明： \_\_\_\_\_

**戊 本人曾經接受「2019 冠狀病毒病」檢測 / 安排家居或酒店隔離**

- 本人曾接受「2019 冠狀病毒病」\*自願性檢測 / 強制檢測 / 特定群組檢測 (請刪去不適用者)。  
檢測日期： \_\_\_\_\_ (年/月/日)，結果為\*陰性 / 陽性。  
 本人曾被安排\*家居 / 酒店隔離，日期由 \_\_\_\_\_ (年/月/日) 至 \_\_\_\_\_ (年/月/日)

**己 本人現時的健康狀況**

- 本人現在**沒有**咳嗽、氣促、呼吸困難或咽喉痛等徵狀。  
 本人現在**有**咳嗽、氣促、呼吸困難或咽喉痛等徵狀。

請於適當空格內填上☐號，於 \* 刪去不適用者及填妥本表格。

本人確認上述資料均屬實無誤。

簽署： \_\_\_\_\_ 姓名： \_\_\_\_\_

聯絡電話： \_\_\_\_\_ 日期： \_\_\_\_\_