

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

Name: _____ Gender: M / F

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

A. Record of visit(s) outside Hong Kong for the past 4 weeks.

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

Date: From _____ (d/m/y) to _____ (d/m/y)

Destination: _____

B. Health condition for the past 4 weeks.

- I have NOT been *confirmed as / suspected of suffering from Novel Coronavirus infection (COVID-19) during the said period.
- I have been *confirmed as / suspected of suffering from Novel Coronavirus infection (COVID-19) during the said period and has already recovered.

Hospitalization period (if applicable):

Date: From _____ (d/m/y) to _____ (d/m/y)

C. Health condition of persons who have CLOSE CONTACT with me for the past 4 weeks.

- NO persons having close contact with me has been *confirmed as / suspected of having Novel Coronavirus infection (COVID-19) during the said period.
- A person having close contact with me has been *confirmed as / suspected of suffering from Novel Coronavirus infection (COVID-19) during the said period and *has already recovered / is still under clinical treatment / Others, please specify: _____.

Relation with me / student: _____

Please the appropriate boxes, *delete as appropriate and fill in the required information (if applicable).

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 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：_____

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：_____