



**PROFORMA B Declaration form for travel history and health status of students**

Name of Student : \_\_\_\_\_ Class : \_\_\_\_\_ Sex : M/F

*Please complete and return to school (Put a "✓" in the appropriate box)*

**Part A – Travel history of your child outside Hong Kong in the past 14 days**

- My child has not been away from Hong Kong in the past 14 days prior to class resumption
- My child has paid visit outside Hong Kong in the past 14 days prior to class resumption  
Duration: From \_\_\_\_ (Month) \_\_ (Day) (Departure date)  
To \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) (Arrival date)  
Destination (Please specify countries and cities) : \_\_\_\_\_

**Part B – Whether your child has confirmed infection of COVID-19**

- My child has not confirmed infection for COVID-19.
- My child has confirmed of COVID-19 infection and has already recovered.  
Hospitalization Period: From \_\_ (Month) \_\_ (Day) To \_\_ (Month) \_\_ (Day)

**Part C – Health status of those taking care of your child, or those living with your child**

- Person/s taking care of or living together with my child has not confirmed infection for COVID-19
- Person/s taking care of or living together with my child has confirmed infection for COVID-19, the person has recovered / is still receiving treatment in hospital / been discharged from hospital and taking medicine. (delete as appropriate)  
Relation with my child (please specify)
- Person/s taking care of or living together with my child, has not been classified as "close contact of an infected person"\* of COVID-19.

**Part D – Current health status of your child**

- My child has no symptoms of cough, shortness of breath, breathing difficulty and sore throat.

Name of Parent/Guardian (in Block Letter) :

Signature of Parent/Guardian : \_\_\_\_\_ Date :

\* In general, close contact means having cared for, having lived with, or having had direct contact with respiratory secretions and body fluids of a confirmed patient.