

Hong Kong Society of Professional Training

香港專業培訓學會

Health Declaration 健康申報表

Name 姓名：_____ Date 日期：_____

1. Do you have any of the following symptoms:

閣下是否有以下不適徵狀:

SYMPTOMS 病徵	NO 無	YES 有	If Yes, number of days 如有，日數
1. Fever 發燒			
2. Chills & Rigor 發冷			
3. Cough 咳嗽			
4. Diarrhoea 肚瀉			
5. Shortness of Breath / Difficulty in Breath 呼吸急促 / 呼吸困難			
6. Other Symptoms (Please specify) 其他病徵 (請列明):			

2. Travel history to Mainland China within 14 days 十四天內的中國內地出行記錄

No 沒有 Yes 有 (如有，請填寫出行地點)

3. Related health history (Visit of hospitals or close contact with patient with significant infective disease) (Please specify) 相關健康紀錄 (曾到訪醫院或與傳染病患者有密切接觸) (請列明)

Signature 簽署: _____