

Declaration form on health status of student

Name of Student : _____ Student Reference Number : _____ Sex : M/F

Please complete the below form and return to the school (Please put a “✓” in the appropriate box).

Part A – Whether your child has symptoms of COVID-19

- *My child has symptoms of COVID-19, such as having a fever (body temperature at 38°C or above), symptoms of acute respiratory tract infection (such as cough or shortness of breath), sudden loss of sense of taste or smell, etc.
- My child does **NOT** have any symptoms of COVID-19 or acute respiratory tract infection.

Part B – Whether your child is undergoing mandatory quarantine or awaiting test results of COVID-19

- *My child is undergoing mandatory quarantine or still awaiting test results of COVID-19 mandatory testing today, i.e. the day of the Test.
- My child is **NOT** undergoing mandatory quarantine or still awaiting test results of COVID-19 mandatory testing today, i.e. the day of the Test.

Part C – Whether your child has done the COVID-19 rapid antigen test (RAT)

- *My child has **NOT** done the RAT today, i.e. the day of the Interview.
- *The RAT result of my child was positive today, i.e. the day of the Interview.
- My child has done the RAT today, i.e. the day of the Interview, and the result was negative.

*If you tick this box, you should not let your child go to school to take the Test.

Name of Parent/Guardian (in Block Letter) : _____

Signature of Parent/Guardian : _____

Date: _____