

Declaration form on health status of students

(Please return this form to school on 6/7/2021 or 7/7/2021 for applying 2021-2022 S.1 Vacant Places)

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.

*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: _____

Official Use

Entry Time: _____

Name of Staff: _____