

身体状况及近期行程申报表 (2020年7月21日启用)

取证单号：

填表日期		填表时间			
抵港日期					
姓名		性别		年龄	
职业		手机号码		固定电话	
单位名称					
家庭住址					
体温					
过去14天是否到过中国内地	有 <input type="checkbox"/> 无 <input type="checkbox"/>	如有此情况，请说明			
过去14天您是否去过其他国家或地区？	如过去14天未出境香港，填“无”，如到过其他国家或地区请填写详细情况（如：3月10日-15日，以经商目的访问日本）				
过去14天是否接触过新冠肺炎患者？	有 <input type="checkbox"/> 无 <input type="checkbox"/>	如有此情况，请说明			
过去14天是否有发烧和咳嗽等症状？	有 <input type="checkbox"/> 无 <input type="checkbox"/>	如有此情况，请说明			
过去14天所住大厦或屋苑是否曾有确诊新冠肺炎患者？	有，大厦 <input type="checkbox"/> 有，屋苑 <input type="checkbox"/> 无 <input type="checkbox"/>	如有此情况，请说明			
过去14天是否曾到有确诊病例的场所？	有 <input type="checkbox"/> 无 <input type="checkbox"/>	如有此情况，请说明			
其他需要说明的情况					
本人申明以上情况属实，如有不实，愿意承担一切后果。	本人签名：				

**HEALTH AND TRAVEL RECORD DECLARATION
(V.20200721)**

Pickup Form No:

Date		Time			
Date of arriving in Hong Kong					
Name		Sex		Age	
Occupation		Contact Number (Mobile)		Contact Number (Landline)	
Company Name					
Home Address					
Body Temperature (°C)					
In the past 14 days, have you been to Mainland China ?	Yes <input type="checkbox"/>	If yes, please provide the details			
	No <input type="checkbox"/>				
In the past 14 days, have you been to other countries or region?	If you have never left Hong Kong, please fill in "None". Please provide the details if you have travelled to other places, e.g. March 10th-15th, 2020 travelled to Japan for business				
In the past 14 days, have you had close contact with people suffering from novel coronavirus infection?	Yes <input type="checkbox"/>	If yes, please provide the details			
	No <input type="checkbox"/>				
In the past 14 days, have you suffered from symptoms of fever, coughing, etc?	Yes <input type="checkbox"/>	If yes, please provide the details			
	No <input type="checkbox"/>				
In the past 14 days, are there confirmed cases of COVID-19 near your residential area?	Yes, residential building <input type="checkbox"/>	If yes, please provide the details			
	Yes, residential estate <input type="checkbox"/>				
	No <input type="checkbox"/>				
In the past 14 days, have you been to places with confirmed cases visited?	Yes <input type="checkbox"/>	If yes, please provide the details			
	No <input type="checkbox"/>				
Additional information (if any)					
I declare that the information given above is true and correct. Otherwise I shall bear all the legal responsibilities for the above information.	Signature:				