

The Hong Kong Academy for Performing Arts

Travel and Health Declaration Form 旅遊及健康申報表

Part 1: Personal Information 個人資料記錄

Name 姓名	
Student/ Staff ID* 學生/ 職員編號*	
School/ Unit/ Contractor/ Guest* 學院/ 部門/ 承辦商/ 來賓*	
Contact number 聯絡電話	

* Delete where inappropriate. 刪去不適用者。

Part 2: Health history in the past 14 days 過去十四天健康記錄 (please 請 ✓)

Symptoms 病徵	No 無	Yes 有	If YES, number of days 如有，日數
1. Fever 發燒 (>37.5°C)			
2. Shortness of Breath 氣促			
3. Breathing Difficulty 呼吸困難			
4. Sore Throat 咽喉痛			
5. Cough 咳嗽			
6. Other symptoms 其他病徵			

Part 3: Other history in the past 14 days 過去十四天其他記錄

Did you travel outside Hong Kong? (If YES, please specify dates, visited city / province / country) 你是否離開過香港? (如有，請列明日期，曾到訪城市/ 省份/ 國家)

I hereby declare that all information provided above is true and accurate to the best of my knowledge. I understand that all personal information provided in this form will be kept in strict confidence and for internal use only.

本人謹此聲明，盡本人所知，以上提供的一切資料均為正確無訛。本人明白此表格內所提供的個人資料將會保密及謹供內部使用。

Signature 簽名		Date 日期	
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(Revised 2020 Sep 10)