

THE CHINESE UNIVERSITY OF HONG KONG  
UNIVERSITY HEALTH SERVICE  
香港中文大學保健處

Health Declaration  
健康申報表

Name : \_\_\_\_\_ Student/Staff ID : \_\_\_\_\_  
姓名 學生/職員編號

College : \_\_\_\_\_ Hostel : \_\_\_\_\_  
書院 宿舍

A. SYMPTOMS 徵狀	NO 無	YES 有	If Yes, No. of days 如有, 日數
1. Fever 發燒 .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Chills & Rigor 發冷 .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Cough 咳嗽 .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Diarrhoea 肚瀉 .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Shortness of Breath/Difficulty in Breath 呼吸急速/呼吸困難	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Other Symptoms (Please specify) 其他病狀 (請列明)			_____

B. Health Condition for the Past 2 Weeks Including History of Fever & Respiratory Symptoms  
過去二星期內有上呼吸道病徵及發燒

\_\_\_\_\_  
\_\_\_\_\_

C. Travel Places in the Past 2 Weeks  
過去二星期內曾到何地

\_\_\_\_\_  
\_\_\_\_\_

D. Contact with Poultry in the Past 2 Weeks  
過去二星期內曾經接觸家禽

\_\_\_\_\_  
\_\_\_\_\_

UHS Fax No. : 2603 5598

Date 日期 : \_\_\_\_\_