



Health Declaration

Name : _____ Room No. : _____
College : New Asia College Hostel : Grace Tien / Daisy Li Hall

A. Please measure and record your body temperature 7 days prior to your departure for Hong Kong

	Day 1 (Date:)	Day 2 (Date:)	Day 3 (Date:)	Day 4 (Date:)	Day 5 (Date:)	Day 6 (Date:)	Day 7 (Date:)
Body Temperature							

Please complete the sections **B** to **E** after landing in Hong Kong and submit it when checking-in to the hostel

B. SYMPTOMS	NO	YES	If Yes, No. of days
	1. Fever	<input type="checkbox"/>	<input type="checkbox"/>
2. Chills & Rigor	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Cough	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Shortness of Breath/Difficulty in Breath	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Other Symptoms (Please specify) _____			

C. Health Condition for the Past 2 Weeks Including History of Fever & Respiratory Symptoms

D. Travel Places in the Past 2 Weeks

E. Contact with Poultry in the Past 2 Weeks

Date : _____