

Coronavirus Disease (COVID-19)
Declaration of travel history and health status of students

Name of School: Norwegian International School Kindergarten Playgroup

Name of Student
(as on application): _____ Age: _____ Sex: M / F

Part A- Travel history of your child outside Hong Kong in prior 14 days

- My child has not been away from Hong Kong in the past 14 days prior to entering school premises
- My child has paid visit outside Hong Kong in the past 14 days prior to entering school premises

Duration: From _____ (Month) _____ (Day) (Departure date)

To _____ (Month) _____ (Day) (Arrival date)

Destination (Please specify countries and cities): _____

Part B -Whether your child has confirmed infection of COVID-19

- My child has not confirmed infection for COVID-19.
- My child has confirmed of COVID-19 infection and has already recovered. Hospitalization

Period: From _____ (Month) _____ (Day)

To _____ (Month) _____ (Day)

Part C – Health status of those taking care of your child, or those living with your child

- Person taking care of or living together with my child has not confirmed infection for COVID-19
- Person taking care of or living together with my child has confirmed infection for COVID-19: the person has (delete as appropriate): recovered / is still receiving treatment in hospital / has been discharged from hospitals and taking medicine.

Relationship with my child (please specify) _____

- Person taking care of or living together with my child has not been classified as having had "close contact" * with an infected person of COVID-19.
- Person taking care of or living together with my child, has been classified as having had "close contact" * with an infected person of COVID-19.

Part D – Current health status of your child

- My child has no symptoms of fever, cough, shortness of breath, breathing difficulty, or sore throat.
- My child has symptoms has any of the above symptoms (please describe below):

Name of Parent/Guardian (in Block Letters): _____

Declaration Signature of Parent/Guardian: _____ Date: _____

*In general, "close contact" means having cared for, having lived with, or having had direct contact with respiratory secretions and body fluids of a confirmed patient.