Name: University No.: Phone Contact: Email Address: Accommodation: □ Home □ Hall □ □ Others:  Part A – Symptom 病徽 (Please ✓ as appropriate 請在適當的空格內加上 ✓ ) Do you have any of the following symptoms? 閣下有沒有以下病徽?  1. Fever 發燒 □ No 沒有 □ Yes 有 2. Cough 咳嗽 □ No 沒有 □ Yes 有
Phone Contact: Email Address: Accommodation: □ Home □ Hall □ □ Others:  Part A – Symptom 病徵 (Please ✓ as appropriate 請在適當的空格內加上 ✓) Do you have any of the following symptoms? 閣下有沒有以下病徵?  1. Fever 發燒 □ No 沒有 □ Yes 有
Email Address: Accommodation: ☐ Home ☐ Hall ☐ Others:  Part A – Symptom 病徵 (Please ✓ as appropriate 請在適當的空格內加上 ✓ )  Do you have any of the following symptoms? 閣下有沒有以下病徵?  1. Fever 發燒 ☐ No 沒有 ☐ Yes 有
Accommodation: ☐ Home ☐ Hall ☐ Others:  Part A – Symptom 病徵 (Please ✓ as appropriate 請在適當的空格內加上 ✓ )  Do you have any of the following symptoms? 閣下有沒有以下病徵?  1. Fever 發燒 ☐ No 沒有 ☐ Yes 有
Part A – Symptom 病徵 (Please ✓ as appropriate 請在適當的空格內加上 ✓ )  Do you have any of the following symptoms? 閣下有沒有以下病徵?  1. Fever 發燒 □ No 沒有 □ Yes 有
Do you have any of the following symptoms? 閣下有沒有以下病徵?  1. Fever 發燒 □ No 沒有 □ Yes 有
Do you have any of the following symptoms? 閣下有沒有以下病徵?  1. Fever 發燒 □ No 沒有 □ Yes 有
<b>1. Fever 發燒</b> □ No 沒有 □ Yes 有
3. Breathing difficulty 氣促 □ No 沒有 □ Yes 有
4. Sore throat 喉嚨痛 □ No 沒有 □ Yes 有
7371 7 7 7
6. Myalgia 周身骨痛 □ No 沒有 □ Yes 有 □ No 沒有 □ Yes 有
7. Diarrhoea 腹瀉 □ No 沒有 □ Yes 有
<b>8. Recent onset of loss of smell or taste 最近開始喪失嗅覺或味覺</b> □ No 沒有 □ Yes 有
Part B – Travel and Contact History 外遊及接觸史 (Please ✓ as appropriate 請在適當的空格內加上 ✓ )
1. In the past 14 days, have you left Hong Kong?
過去 14 天內, 閣下有沒有離開香港?
a) If <b>yes</b> , please specify <b>countries visited</b> 請註明 <b>到訪國家</b> :
b) Please specify <b>cities visited</b> 請註明 <b>到訪城市</b> :
c) Please specify <b>duration of stay</b> 請註明 <b>逗留日期</b> :
from 由: to 至
2. Did you have contact with any person who is suspected of, or confirmed to
2. Did you have contact with any person who is suspected of, or confirmed to have COVID-19? □ No 沒有 □ Yes 有
2. Did you have contact with any person who is suspected of, or confirmed to
2. Did you have contact with any person who is suspected of, or confirmed to have COVID-19? □ No 沒有 □ Yes 有 閣下有沒有與疑似或證實感染 2019 冠狀病毒病的人接觸?
2. Did you have contact with any person who is suspected of, or confirmed to have COVID-19? □ No 沒有 □ Yes 有
2. Did you have contact with any person who is suspected of, or confirmed to have COVID-19? □ No 沒有 □ Yes 有 閣下有沒有與疑似或證實感染 2019 冠狀病毒病的人接觸? □ declare that all the above information provided (including medical and travel history) is true

## **Recommendations on Actions**

- When having a fever or symptoms, wear a surgical mask, do not come to campus and seek medical advice promptly.
- Inform your department or supervisor
- If you have any enquiries concerning COVID-19, you could:
  - Call CHP hotline <u>2125-1111 / 2125-1122</u> or WhatsApp Helpline: 9617 1823
  - Alternatively, call the UHS at 3917-2514 during office hours or email uhshe@hku.hk
- Regular updated information is available at following website:
  - https://www.coronavirus.gov.hk/eng/index.html (HKSAR)
- - https://covid19.hku.hk/ (HKU COVID-19 Info Hub)
  - Coronavirus Disease 2019 (COVID-19) (UHS)

Updated 3 September 2020