The Chinese University of Hong Kong

S.H. Ho College

Health Declaration Form (S.H. Ho College New Student Orientation Camp)

Student Name: _____ **Student No.:** _____

1. Student Health

If the student has ever had the following medical condition(s), please mark "✓" in the appropriate box and specify the details in both English and Chinese.

Diagnose	Tick (✓) if applicable	Details of Disease	On Medication
G6PD deficiency (六磷酸葡萄糖脫氫酵素缺乏症)			
Asthma(哮喘)			
Epilepsy (羊癇)			
Fits due to fever (因高熱引致抽搐)			
Kidney disease (腎病)			
Heart disease (心臟病)			
Diabetes mellitus (糖尿病)			
Hearing defect (聽覺不健全)			
Blood disease (血病)			
Allergic to drug/ vaccines/ food/ others (藥物/疫苗/食物/其他敏感)			
Tuberculosis (肺結核)			
Minor operation (曾進行小型手術)			
Major operation (曾進行大型手術)			
Others (其他)			

2. Emergency Contact :

Name: _____ Relationship: _____ Number: _____

Name: _____ Relationship: _____ Number: _____

A personal contact number (local) : _____

A personal contact number (roaming) : _____

I have completed this form and filled all the information needed for the purpose of S.H. Ho College New Student Orientation Camp 2018, all information collected will be obliterated after the camp.

Student's Signature: _____ Date: _____

THE CHINESE UNIVERSITY OF HONG KONG
香港中文大學

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 病徵	NO 無	YES 有	If Yes, number of days 如有，日數
1. Fever 發燒			
2. Chills & Rigor 發冷			
3. Cough 咳嗽			
4. Diarrhoea 肚瀉			
5. Shortness of Breath / Difficulty in Breath 呼吸急促 / 呼吸困難			
6. Other Symptoms (Please specify) 其他病徵 (請列明)			

B. Health condition for the past one week including history of fever and respiratory symptoms 過去一星期內有上呼吸道病徵及發燒

_____

C. Travel history in the past 14 days 過去 14 天的旅遊記錄

_____

D. Contact with poultry or camels in the past 14 days 過去 14 天曾接觸家禽或駱駝

_____

Date 日期 : _____

Contact number 聯絡電話 : _____

Signature 簽名 : _____

UHS Fax number: 2603 5598

(rev 6/2015)