

**HEALTH AND TRAVEL RECORD DECLARATION
(V.20200323)**

Pickup Form No:

Date		Time			
Date of arriving in Hong Kong					
Name		Sex		Age	
Occupation		Contact Number (Mobile)		Contact Number (Landline)	
Company Name					
Home Address					
Body Temperature (°C)					
In the past 14 days, have you been to Mainland China ?	Yes <input type="checkbox"/>	If yes, please provide the details			
	No <input type="checkbox"/>				
In the past 14 days, have you been to other countries or regions?	If you have never left Hong Kong, please fill in "None". Please provide the details if you have travelled to other places, e.g. March 10th-15th, 2020 travelled to Japan for business				
In the past 14 days, have you had close contact with people suffering from novel coronavirus infection?	Yes <input type="checkbox"/>	If yes, please provide the details			
	No <input type="checkbox"/>				
In the past 14 days, have you suffered from symptoms of fever, coughing, etc?	Yes <input type="checkbox"/>	If yes, please provide the details			
	No <input type="checkbox"/>				
Additional information (if any)					
I declare that the information given above is true and correct. Otherwise I shall bear all the legal responsibilities for the above information.	Signature:				