

Name of School \_\_\_\_\_

*(Please put a "✓" in the appropriate box. Student is requested to return this proforma to school on the first day of class)*

Name of Student : \_\_\_\_\_ Class : \_\_\_\_\_ Sex : M/F

**Part A – Record of Student’s Visit outside Hong Kong during holidays/Class Suspension Period**

My child has not been away from Hong Kong during holidays/the class suspension period

My child has paid a visit outside Hong Kong for sightseeing/visiting relatives

Duration : From \_\_\_\_\_ (Month) \_\_\_\_ (Day) To \_\_\_\_\_ (Month) \_\_\_\_ (Day)

Destination : (please specify) \_\_\_\_\_

**Part B – Health Condition of Student during holidays/Class Suspension Period**

My child has not confirmed/suspected of having contracted Severe Acute Respiratory Syndrome during holidays/the class suspension period

My child has confirmed/suspected of having contracted Severe Acute Respiratory Syndrome during holidays/the class suspension period and has already recovered. Hospitalization Period : From \_\_\_\_\_ (Month) \_\_\_\_ (Day) To \_\_\_\_\_ (Month) \_\_\_\_ (Day)

**Part C – Health Condition of Person having Close Contact with Student during holidays/Class Suspension period**

Person having close contact\* with my child has not confirmed/suspected of having contracted Severe Acute Respiratory Syndrome

Person having close contact with my child has confirmed/suspected of having contracted Severe Acute Respiratory Syndrome and has recovered / is still under clinical treatment

Others (please specify) \_\_\_\_\_

Relation with student (please specify) \_\_\_\_\_

Name of Parent/Guardian (in Block Letter) : \_\_\_\_\_

Signature of Parent/Guardian : \_\_\_\_\_

Date : \_\_\_\_\_

\* Close contact means having cared for, having lived with, or having had direct contact with respiratory secretions and body fluids of a person with Severe Acute Respiratory Syndrome.