



## MCPF(CWB) Health Declaration Form

*It is the University's policy that if someone returns from overseas (irrespective of countries and territories, but not including Macao SAR and Taiwan), that person must self-quarantine at home/quarters for 14-days. Any person under self-quarantine is prohibited to access MCPF(CWB) laboratories.*

A. Symptoms 病徵 (Please tick)	Yes	No
1. Fever 發燒 (>37.0°C)*		
2. Chills & Rigor 發冷		
3. Cough 咳嗽		
4. Sore throat 喉嚨痛		
5. Diarrhoea 肚瀉		
6. Shortness of Breath / Difficulty in Breath 呼吸急促 / 呼吸困難		
7. Other Symptoms (Please specify) 其他病徵 (請列明)		



*\*Measured by the IR thermometers available in MCPF(CWB) labs.*

**If you have any of the above symptoms, you will not be allowed to access the MCPF(CWB) labs. You should seek medical care as soon as possible.**

B. Travel history (Please tick)	Yes	No
1. Did you travel outside Hong Kong within the last 14 days? If No, no need to answer questions (a) and (b)		
(a) Where did you travel?		
(b) When did you return to Hong Kong? (dd/mm/yy)		
2. Did you have close contact with confirmed or suspected COVID-19 patient in the past 14 days?		

### C. Working at MCPF(CWB) laboratories

I will follow the requirement of MCPF(CWB):

1. To wear a surgical mask, clean lab coat and gloves at all times.
2. To observe University and MCPF(CWB) safety guidelines.
3. To follow MCPF(CWB) regulations.
4. Not to bring other colleagues/students during operation.

Name: \_\_\_\_\_

MCPF(CWB) login: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Department: \_\_\_\_\_

Signature: \_\_\_\_\_

Date (dd/mm/yy): \_\_\_\_\_