身体状况及近期行程申报表 (2020年3月10日启用)

取证单号:

填表日期		填表时间				
姓名		性别		年龄		
 职业		手机号码		固定电话		
单位名称						
家庭住址						
体温						
过去14天是否到过中国 内地	有 口 无 口	如有此情况,请 说明				
过去14天是否到过韩国	有 口 无 口	如有此情况,请 说明				
过去14天是否到过意大利	有口无口	如有此情况,请 说明				
过去14天是否到过伊朗		如有此情况,请 说明				
过去14天是否到过日本	100000	如有此情况,请 说明				
过去14天是否接触过新冠 肺炎患者		如有,请填写详 细情况				
过去14天是否有发烧和咳 嗽等症状		如有,请填写详 细情况				
过去14天您的旅行轨迹	如未出过香港	填"无",如到过	香港以外地方请	青填报详细 竹	情况:	
其他需要说明的情况						
本人申明以上情况属实	本人签名:					

HEALTH AND TRAVEL HISTORY DECLARATION (V.20200310)

Pickup Form No:

Date		Time			
Name		Sex		Age	
Occupation	0	Contact Number (Mobile)		Contact Number (Landline)	
Company Name					
Home Address					
Body Temperature (°C)					
Have you been to China recently?	Yes □	If yes, please provide the details			
	No □				
Have you been to Korea recently?	Yes □	If yes, please provide the details			
	No □				
Have you been to Italy recently?	Yes 🗆	If yes, please provide the details			
	No □				
Have you been to Iran recently?	Yes □	If yes, please provide			
	No □	the details			
Have you been to Japan recently?	Yes 🗆	If yes, please provide the details			
	No □				
In the past 14 days, have you had close contact with people suffering from novel coronavirus infection?	Yes □	If yes, please provide the details			
	No □				
In the past 14 days, have you suffered from symptoms of fever, coughing, etc?	Yes □	If yes, please provide			
	No □	the details		9	¥
In the past 14 days, have you been travelled to other districts?	If you have never left H places	ong Kong, please fill in "	None". Please provide t	he details if you have tr	avelled to other
Additional information (if any)					
declare that the information given above is true and correct.	Signature:				