

CHI YUN SCHOOL
2022-2023

The latest announcement on the Epidemic

21st September, 2022

Dear Parents/Guardians :

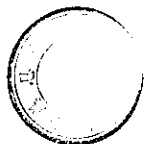
Since 5th September, three staff of our school have been confirmed with COVID-19 and twelve staff have been identified as close contact. The school has reported the cases to the Education Bureau and the Centre for Health Protection, the above cases are currently under quarantine. The school premise has been disinfected, and the entire school staff and students have undergone rapid testing, all test results have been negative. The school will notify students and their parents as soon as possible for any update.

Besides, if students are returning to school from the Mainland, please follow the latest arrangements of the Return2hk Scheme. As the epidemic situation is still raging, we will continue to implement the following measures strictly, we call on your support to comply with those measures:

1. 7 days before going to school:
 - 1.1 Consult a doctor and obtain the doctor's notice, in order to ensure no infection was found on the student;
 - 1.2 No fever, cough, or upper and lower respiratory tract infection symptoms;
 - 1.3 Perform an anterior and lateral chest X-ray;
 - 1.4 Perform CBP / CBC blood test.
2. The student must possess a negative result of a PCR-based nucleic acid test for COVID-19 in Hong Kong within 48 hours before going to school.
3. Please fill in the attached "Student Health Declaration Form" (Proforma B).
4. Please return the Proforma on or before the first day of class resumption. For those who have contracted the COVID-19 virus and have recovered, if they are still within the quarantine period, they must not go to school.
5. Take your child's temperature before he/ she goes to school every day. Fill in the record sheet (Proforma A) and sign your name on it. Your child should return the completed sheet to us daily.
6. Pay attention to the health condition of your child. He/She should stay away from school and see a doctor immediately if symptom, especially fever, is detected.
7. To prevent infection, students are required to obtain a negative result via RAT every day before going to school.

In the meantime, parents should keep in view the latest development, and pay close attention to any latest announcements of Hong Kong Government. Thank you for your attention. If you have any further enquiries, please feel free to contact our class teacher, hostel parents or nurse (Tel: 2386 2010).

Yours faithfully,



Chung Lai Kuen

Principal, Chi Yun School

Chi Yun School

Declaration form for travel history and health status of students

Name of Student : _____ Class : _____ Sex: M / F
 Please complete the below form and return to schools (Please put a "✓" in the appropriate box)

Part A - Travel history of your child outside Hong Kong in the past 14 days

- My child has NOT been away from Hong Kong in the past 14 days.
- My child has paid visit outside Hong Kong in the past 14 days.
- Duration: From ____ (Month) ____ (Day) (Departure) To ____ (Month) ____ (Day) (Arrival)
 Destination (Please specify countries and cities) : _____

Part B - Travel history of those taking care of your child, or those living with your child

- Person taking care of or living with my child has NOT away from Hong Kong during past 14 days.
- Person taking care of or living with my child has paid visit outside Hong Kong in the past 14 days.
- Duration: From ____ (Month) ____ (Day) (Departure) To ____ (Month) ____ (Day) (Arrival)
 Destination (Please specify countries and cities) : _____

Part C - Contact / clustering with confirmed cases

- My child has NOT been in contact with confirmed case of COVID-19 / person current under medical surveillance within 28 days.
- My child has been contacted with confirmed case of COVID-19 / person current under medical surveillance within 28 days.

Part D - Current health status of your child

Please specify below if the student or people with close contact with the student:		
	Student	People with close contact with the student
Fever	No / Yes* _____	No / Yes* _____
Cough	No / Yes* _____	No / Yes* _____
Diarrhea	No / Yes* _____	No / Yes* _____
Shortness of breath	No / Yes* _____	No / Yes* _____
Contact history (contact with patients of confirmed/ probable cases of COVID-19)	No / Yes* _____	No / Yes* _____
Clustering (Multiple relatives and friends in the group having the same symptoms)	No / Yes* _____	No / Yes* _____
Travelling on a cruise	No / Yes* _____	No / Yes* _____

Part E

- My residential buildings have / have not* confirmed cases of COVID-19 in the past 14 days.
- Test record on COVID-19:
Testing methods: Deep Throat Saliva / Real-time PCR Test / Nasopharyngeal Swab / Throat swabs / Nasal swab*
Date of testing: _____
Result on COVID-19 test: negative / positive*
- Vaccination record for COVID-19
My child* have not/have been vaccinated, and have completed* the first/second/third dose of vaccine injection.

* Please circle the applicable.

Name of Parent/Guardian (in Block Letter): _____

Signature of Parent/Guardian: _____

Date: _____