

New anti-epidemic measures on COVID-19

17th March, 2020

Dear Parents / Guardians:

In view of the fact that the epidemic situation of COVID-19 in Hong Kong has not been eased yet, the school needs to formulate stricter anti-epidemic measures in order to protect our students, staff and parents. The new measures are as follows:

1. For students had been to Mainland China or countries with Black or Red OTA (Outbound Travel Alert) issued by the Government, or students with close contact with people who are asked to self-isolate:
 - 1.1 Self-quarantine for at least 14 days after returning to Hong Kong;
 - 1.2 7 days before going to school:
 - 1.2.1 Consult a doctor and obtain the doctor's notice, in order to ensure no infection was found on the student:
 - 1.2.1.1 No fever, cough, or upper and lower respiratory tract infection symptoms;
 - 1.2.1.2 Perform an anterior and lateral chest X-ray;
 - 1.2.1.3 Perform CBP / CBC blood test.
 - 1.2.1.2 Perform an anterior and lateral chest X-ray;
 - 1.2.1.3 Perform CBP / CBC blood test.
 - 1.3 If the student had been to epidemic areas, such as Hubei, a testing on COVID-19 should be performed.
2. Please fill in the attached "Student Health Declaration Form" (revised version).

Thank you for your attention. If you have any further enquiries, please feel free to contact nurse, warden, class teacher or hostel parents (Tel: 2386 2010).

Yours faithfully,



Chung Lai Kuen
Acting Principal, Chi Yun School



Chi Yun School

Student Health Declaration Form

Student Name: _____

A. Record of travelling abroad of the student:

- Student *did / did not travel abroad in the past 14 days.

Period: ____ / ____ / 2020 to ____ / ____ / 2020

Place: _____ (please specify)

B. Record of travelling abroad of the people with close contact with the student:

- People with close contact with student

*did / did not travel abroad in the past 14 days.

Period: ____ / ____ / 2020 to ____ / ____ / 2020

Place: _____ (please specify)

C. The health condition of the student and people with close contact with the student:

Please specify below if the student or people with close contact with the student:		
1. are having symptoms of fever, respiratory infection or gastrointestinal discomfort, and		
2. had contact history with patients of confirmed/ probable cases of COVID-19:		
	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* _____

* Please circle the applicable.

Name of Parent / Guardian

Signature of Parent / Guardian

Date
