

**The Hong Kong Girl Guides Association**

**2019 Coronavirus Disease (COVID-19)**

**Declaration form for travel history and health status of Girl Guides**

**(For Brownies/ Guides/ Rangers aged under 18)**

Name of Girl Guide: \_\_\_\_\_ Unit: \_\_\_\_\_

Please complete the below form and return to Guider (Please put a “✓” in the appropriate box).

**Part A – Travel History of the member outside Hong Kong in the past 14 days**

My daughter has not been away from Hong Kong in the past 14 days prior to the resumption of unit meetings

My daughter has paid visit outside Hong Kong in the past 14 days prior to the resumption of unit meetings

Duration: From \_\_\_\_ (Month) \_\_\_\_ (Day) (Departure date)

To \_\_\_\_ (Month) \_\_\_\_ (Day) (Arrival date)

Destination (Please specify countries and cities): \_\_\_\_\_

**Part B – Whether your daughter has confirmed infection of COVID-19**

My daughter has not confirmed infection for COVID-19.

My daughter has confirmed of COVID-19 infection and has already recovered.

Hospitalization Period: From \_\_\_\_ (Month) \_\_\_\_ (Day)

To \_\_\_\_ (Month) \_\_\_\_ (Day)

**Part C – Health status of those taking care of your daughter, or those living with your daughter**

Person taking care of or living together with my daughter has not confirmed infection for COVID-19.

Person taking care of or living together with my daughter has confirmed infection for COVID-19, the person has recovered / is still receiving treatment in hospital / has been discharged from hospitals and taking medicine. **(please delete as appropriate)**

Relation with my daughter (please specify): \_\_\_\_\_

Person taking care of or living together with my daughter, has not been classified as “close contact of an infected person”\* of COVID-19.

**Part D – Current health status of your daughter**

My daughter has no symptoms of cough, shortness of breath, breathing difficulty and sore throat.

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

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

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

\*Remarks:

In general, “close contact” means having cared for, having lived with, or having had direct contact with respiratory secretions and body fluids of a confirmed patient.

**The Hong Kong Girl Guides Association**  
**2019 Coronavirus Disease (COVID-19)**  
**Declaration form for travel history and health status of Girl Guides**  
**(For Guiders/ Rangers/Golden Guides aged 18 or above)**

Name of Guider/Ranger/Golden Guide: \_\_\_\_\_ Unit: \_\_\_\_\_

Please complete the below form and return to Guider (Please put a “✓” in the appropriate box).

**Part A – Travel History of the member outside Hong Kong in the past 14 days**

- I have not been away from Hong Kong in the past 14 days prior to the resumption of unit meetings
- I have paid visit outside Hong Kong in the past 14 days prior to the resumption of unit meetings  
Duration: From \_\_\_\_ (Month) \_\_\_\_ (Day) (Departure date)  
To \_\_\_\_ (Month) \_\_\_\_ (Day) (Arrival date)  
Destination (Please specify countries and cities): \_\_\_\_\_

**Part B – Whether you have confirmed infection of COVID-19**

- I have not confirmed infection for COVID-19.
- I have confirmed of COVID-19 infection and has already recovered.  
Hospitalization Period: From \_\_\_\_ (Month) \_\_\_\_ (Day)  
To \_\_\_\_ (Month) \_\_\_\_ (Day)

**Part C – Health status of those taking care of you, or those living with you**

- Person taking care of or living together with me has not confirmed infection for COVID-19.
- Person taking care of or living together with me has confirmed infection for COVID-19, the person has recovered / is still receiving treatment in hospital / has been discharged from hospitals and taking medicine. **(please delete as appropriate)**  
Relation with me (please specify): \_\_\_\_\_
- Person taking care of or living together with me, has not been classified as “close contact of an infected person”\* of COVID-19.

**Part D – Your current health status**

I have no symptoms of cough, shortness of breath, breathing difficulty and sore throat.

Name of Applicant (in Block Letter): \_\_\_\_\_

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

\*Remarks:

In general, “close contact” means having cared for, having lived with, or having had direct contact with respiratory secretions and body fluids of a confirmed patient.