COVID-19 – DECLARATION FORM

2019 新型冠状病毒 – 声明表

Name of Patient: **NRIC/ Fin /PP No:**

姓名 _____ **证件号码** _____

Contact No: **Signature**:

电话 _____ **签名** _____

1	**Do you have any of the following?** **您是否有以下的体征和症状？**		
a	Fever >37.5° 发烧	□Yes	□No
b	Respiratory Symptom: Cough, sore throat, running nose, breathing difficulties or loss of smell 咳嗽，喉咙痛， 流鼻水, 呼吸急促或失嗅	□Yes	□No
	If Yes, has this been prolonged for 4 days or more and not recovering? 如果有，是否延长四天以上?	□Yes	□No
2	**Have you been exposed to one or more of the following?** **您是否有下列旅行/接触过？**		
a	Travelled or resided out of Singapore in the past 30 days? 在过去30天，是否有旅行或居住国外? Country 国家 : _____ Return Date 返回日期 : _____	□Yes	□No
	Been to any hospitals/ healthcare facilities abroad in the past 30 days? 在过去30天，是否有去过任何境外的医院/医疗机构?	□Yes	□No
b	In close or frequent contact with person(s) who have travelled overseas in the past 30 days? 在过去30天，是否有与任何从国外返回的人有多次或近距离接触过？ Country 国家 : _____ Return Date 返回日期 : _____	□Yes	□No
c	Have you been in contact with anyone who is a confirmed case, suspected case or has been screened for COVID-19 in the last 30 days? 在过去30天, 是否与任何确诊或疑似新型冠状病毒患者接触过？ If Yes, please specify the date: _____ 如果有，请注明日期: _____	□Yes	□No
d	Have you been in contact with anyone who stayed in a foreign worker dormitory in the last 30 days? 在过去30天, 是否与任何住在外籍劳工宿舍接触过？ If Yes, please specify the date: _____ 如果有，请注明日期: _____	□Yes	□No
e	Have you been in contact with anyone who worked in occupations or environments with higher risk of exposure to COVID-19 cases in the last 30 days?* 在过去30天, 是否与任何在2019 年新冠病毒风险较高的职业或环境中工作的人接触过？ If Yes, please specify the date: _____ 如果有，请注明日期 : _____ **Public and private healthcare settings, Dormitories, Isolation / quarantine facilities, Community care facilities / Community recovery facilities, Ambulance and dedicated patient transport (including private hire vehicles) etc.*	□Yes	□No

Accompanying person 同伴人

Name 姓名 : _____ Contact No 电话 : _____

NRIC Fin/PP No:
证件号码 _____ Signature 签名 : _____

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Staff Name: _____ Date & Time: _____ Clinic Stamp: