

健康聲明書 **Health Declaration Card**

Name		ID or ARC number	
Contact phone number			
1. Have you had fever, cough, or shortness of breath during the past 14 days?			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been abroad or high-risk area in the last 14 days ?			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been in contact with friends, relatives on home isolation or taking home quarantine in the last 14 days?			<input type="checkbox"/> Yes <input type="checkbox"/> No
I realized that the use of this documents is for epidemic prevention use only ,and I hereby declare that the answers to the questions given in this Health Declaration are true.			
Please sign: _____			

※ Please download, fill in the form and print it out, we will collect the form when registration on the test date.