

# COVID-19 Pandemic Health Declaration Form



To keep you and our staff safe from COVID-19, please complete the following declaration before reporting to our staff for your appointment. 為了保護您與診所的醫護人員，請在掛診前填寫以下的表格。

**1. Have you tested positive for COVID-19? 您是否有測試到 COVID-19 陽性?**

Yes 是 - Date tested: \_\_\_\_\_ Location: \_\_\_\_\_

No 否

**2. Do you have any of the following symptoms? 您以下的症狀嗎?**

- Cough 咳嗽 YES 是 / NO 否
- Sore throat 喉嚨痛 YES 是 / NO 否
- Shortness of breath 呼吸困難 YES 是 / NO 否
- Runny nose or sneezing 流鼻涕 或 打噴嚏 YES / NO 否
- Loss of smell 失去味覺 YES 是 / NO 否

**3. Are you a household contact of someone who has tested positive for COVID-19?**

您是否有接觸被測出COVID-19陽性的家人?

Yes 是       No 否

If you answered **NO** to **ALL** of the above, please proceed into the clinic and hand in your declaration form to the staff. 以上問卷若全答否，請提交給在職的醫護人員。

If you answer **YES** to any of the above, please do not enter the clinic and leave your declaration in the tray provided. 以上問卷若有答是，請勿進入診所並將問卷放到盒子裡。

Name 姓名: \_\_\_\_\_

Signature 簽署: \_\_\_\_\_

Email 電子郵箱: \_\_\_\_\_

Date 日期: \_\_\_\_\_

Phone 電話: \_\_\_\_\_