**Novel Coronavirus Health Declaration**

**During the past 14 days,**

1. Have you had fever, cough, or shortness of breath? (if take medications, please answer "Yes")

□ YES □ Fever □ Cough □ Shortness of breath

□ NO

2. TRAVEL HISTORY

Have you been to (including transfers)?

□ China, Province

□ Hong Kong

□ Macao

□ Other Countries or cities

□ None of the above

1. CONTACT HISTORY

Have you been in contact with

□ Fever or flu-like symptoms persons

□ Birds, ducks, etc.

□ Livestock such as pigs, cats, dogs, etc.

□ None of the above

4. CLUSTER HISTORY

(1) Living with family members who is/are

□ Home isolation □ Home quarantine

□ Independent health management (Due Date: )

□ None of the above

(2) Family / friends / colleagues status

□ Family also has fever or flu-like symptoms

□ Friends also have fever or flu-like symptoms

□ Colleagues also have fever or flu-like symptoms

□ None of the above

**\*Be sure to wear a mask in public places during following 14 days.**

Signature

Date