

Union Church Hong Kong

Health Declaration Form

I hereby confirm the following:

Within the fourteen (14) days immediately preceding the date of this Health Declaration form I have **NOT:**

1. Tested positive or presumptively positive for the Coronavirus or been identified as a potential carrier of the COVID-19 virus or similar communicable illness,
2. Experienced any symptoms commonly associated with the Coronavirus,
3. Been outside of Hong Kong
4. Been in direct contact with or in the vicinity of any person I knew and/or now know to be carrying the Coronavirus or who has travelled outside of Hong Kong within the last fourteen (14) days.

[illegible]