



Union Church Reception Log Sheet

Full Name:	Date:	Time:
Do you have symptoms of fever?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have symptoms of flu or cold?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have frequent coughing?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have frequent sneezing?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have runny nose?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have sore throat?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have diarrhoea?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If the answer to any of the above questions is YES, you are requested to leave the Church immediately.		
Have you travelled outside of Hong Kong within the last 14 days?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, you are requested to leave the Church immediately.		
Were you required to complete a 14-day quarantine upon returning to Hong Kong?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you completed the required 14-day quarantine?	<input type="checkbox"/> YES <input type="checkbox"/> N/A <input type="checkbox"/> NO	
If the answer to the above question is NO, you are requested to leave the Church immediately.		