

LINGNAN UNIVERSITY
2nd Term Examination 2020-21

Health Declaration Form

Students who indicate 'Yes' in any of the statements should **NOT** come back to campus.

Student Name: _____ Date: _____

Student No: _____ Venue: _____

Course Code: _____ Seat Number: _____

I declare that all information given below is true and correct to the best of my knowledge.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a) I have symptoms of COVID-19, such as having a fever (body temperature at 38°C or above), symptoms of acute respiratory tract infection (e.g. cough or shortness of breath) or sudden loss of sense of taste or smell, etc. | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I am, or my home-mate is, undergoing mandatory quarantine or still awaiting test results of COVID-19 mandatory testing today (i.e. the day of examination). | <input type="checkbox"/> | <input type="checkbox"/> |

Signature: _____

Important Point to note:

Students who indicate 'Yes' in any of the statements above should **NOT** come back to campus.