

## CPOS Health Screening for COVID-19

Name				
Company/Institute/Department				
Visit Date & Time	Day	/Month	/Year	From To
Name of CPOS host				

Have you been in contact with suspected or confirmed case of COVID-19? NO / YES

Temperature by forehead: \_\_\_\_\_ (**NO entry if above 37.5°C**)

Do you have below symptoms...	Currently?		In past 2 weeks?	
	NO	YES^	NO	YES
Fever				
Shortness of breath				
Cough				
Sore throat				
Pneumonia				
Diarrhea				

**^NO entry if you currently have any of the above symptoms.**

For the past month, have you travelled outside of Hong Kong?

Country	NO	YES	Area/District/City	Date of return to HK dd/mm/yyyy
Mainland China				
South Korea				
Japan				
Other Asia				
Europe				
Middle East				
North America				
South America				
Africa				
Australia				

Do you have any household members returning from overseas within past 21 days? NO / YES

If YES, from which country: \_\_\_\_\_ Your entry to CPOS will be subject to approval.

Anyone undergoing compulsory quarantine required by the Hong Kong Government will **NOT be allowed to enter CPOS.**

**I agree to wear mask throughout my stay in CPOS area.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_