

SHANGHAI AMERICAN SCHOOL

Student Health Information Registration Form

Year Month Day

Student Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
School Name:	Division:	Grade:
	Student ID:	
Nationality:	Passport No.:	
Residence (temporary) address in Shanghai:		
Guardian Name:	Guardian Phone No:	
Student Phone No:	Emergency Phone No:	
Did student travel out of Shanghai during the campus closure period: Yes <input type="checkbox"/> (If "Yes" continue below) No <input type="checkbox"/> (If "No" go to Body Temperature below) <input type="checkbox"/> Stayed in/passed through Wuhan, Hubei Province (Date:) or traveled to Wuhan, Hubei Province (Date:) <input type="checkbox"/> Stayed in/passed through Hubei Province (except Wuhan) (Date:) or traveled to Hubei Province (except Wuhan City) (Date:) <input type="checkbox"/> Stayed in/passed through another region (except Hubei Province), or traveled to another region (except Hubei Province) (Date:) If you travelled to other countries or areas, please complete the right column.	List all destinations (City/Country/Dates): 	

Date of Return to Shanghai: Month Day Year			Transport: <input type="checkbox"/> Flight (Note No:) <input type="checkbox"/> Train (Note No:) <input type="checkbox"/> Bus (Note Departure Time:) <input type="checkbox"/> Private Car <input type="checkbox"/> Other:
Did your return journey go through Hubei: <input type="checkbox"/> Yes. Note location: Date: <input type="checkbox"/> No Did your return journey go through other city/country: <input type="checkbox"/> Yes. Note location: Date: <input type="checkbox"/> No			
Names and contact information of the travelers accompanied:			
Fourteen (14) days prior to arrival in Shanghai, the student: <input type="checkbox"/> Was in close contact with patients with fever and respiratory symptoms from Hubei Province especially from Wuhan (Date:) <input type="checkbox"/> Was in close contact with a patient with suspected/confirmed new coronary pneumonia (Date:) <input type="checkbox"/> Other special circumstances (Date:) <input type="checkbox"/> None of the above situations			
Body Temperature (in °C):			
Has the student had any of the following situation(s) in the last 2 weeks: <input type="checkbox"/> Had close contact with new coronary pneumonia suspected/confirmed patients (Date:) <input type="checkbox"/> Had close contact with new coronary pneumonia patients in observation period or close contact of suspected patients (Date:) <input type="checkbox"/> Had close contact with a person arrived from out of Shanghai who hasn't passed 14 days (Date:) <input type="checkbox"/> Has travelled outside of Shanghai (Date:) <input type="checkbox"/> None of the above situations			

Student self-health status during campus closure period:

- ☐ Healthy
- ☐ Confirmed with COVID-19
- ☐ Suspected with COVID-19

Students current health status (multiple choice):

- ☐ fever ☐ cough ☐ runny nose ☐ sore throat ☐ wet cough ☐ chest pain
- ☐ muscle soreness/joint pain ☐ shortness of breath ☐ diarrhea ☐ fatigue
- ☐ conjunctiva congestion ☐ chills ☐ None of the above

I promise that the information provided above is true and accurate. In case of anything false, I am willing to bear all the consequences and legal liabilities therefrom.

Name of the person completing this form:

Government ID number of the person completing this form:

Is the person who fills in this form a guardian of the student? _____Yes _____No

Relationship with the student:

Signature:

Complete date:

Quarantine or Health Observation Commitment Letter

I promise that I have completed fourteen days ☐ Home Quarantine, ☐ Centralized Quarantine, or ☐ Self Health Observation prior to campus re-open date. I am in good health and the persons in quarantine together with me have shown no signs of discomfort. Meanwhile, I will pay further attention to personal protection when I return to campus.

Student Name:

Passport No.:

School:

Campus:

Grade:

Guardian Phone No.:

Guardian Name:

Relationship with the Student:

Period of Quarantine or Health Observation: _____

Place of Quarantine or Health Observation: _____

Fellows in Quarantine (if home quarantine or centralized quarantine):

Additional Statement: _____

(Signature)

Year Month Day