



成都乐盟国际学校学生返校健康承诺书

LIS Student Health Declaration Commitment

为有效防控新型冠状病毒肺炎疫情，确保您和他人的健康，请认真阅读以下内容后认真填写相关信息，请在相应“□”中划“√”。
In order to effectively prevent and control the epidemic of COVID-19, and ensure your health and others, please read the following contents and fill in the relevant information carefully. Please mark "√" in the corresponding "□".

姓名 Full Name	性别 Gender	年龄 Age	联系电话 Contact Number	班级 Grade/Class	家庭住址 Current Residential Address

- 身体状况：健康 ☐ 不健康 ☐。 Physical condition: Healthy ☐ Unhealthy ☐
- 过去 14 天内，您是否有以下症状。 Have you ever had any of the following symptoms in the past 14 days?
发热($\geq 37.3^{\circ}\text{C}$) ☐ 咳嗽 ☐ 嗓子痛(喉咙痛) ☐ 肌肉和关节痛 ☐ 鼻塞 ☐ 头痛 ☐ 流鼻涕 ☐ 呼吸困难 ☐ 乏力 ☐ 其它症状 ☐ 无上述症状 ☐
Fever ($\geq 37.3^{\circ}\text{C}$) ☐ Cough ☐ Sore throat ☐ Muscle pain and joint pain ☐ Stuffy nose ☐ Headach ☐ Runny nose ☐
Difficult breathing ☐ Fatigue ☐ Other symptoms ☐ _____ None of these symptoms ☐
- 过去 14 天内是否有到武汉及其它疫情高发地区旅居史？是 ☐ 否 ☐ 若选择“是”，您离开疫情高发地区的时间是： 月 日
Have you traveled to Wuhan and other areas with high epidemic outbreak in the past 14 days? Yes ☐ No ☐
If yes, the date you departed the high-risk areas is: Month Day
- 过去 14 天内是否有到其它疫情中风险地区旅居史？是 ☐ 否 ☐ 若选择“是”，您离开疫情中风险地区的时间是： 月 日
Have you traveled to other areas of moderate epidemic outbreak in the past 14 days? Yes ☐ No ☐
If yes, the date you departed the moderate-risk area is: Month Day
- 假期是否有到境外地区旅居史？是 ☐ 否 ☐ 若选择“是”，您离开境外地区的时间是： 月 日
Have you traveled outside of China during the past holiday breaks? Yes ☐ No ☐
If yes, the date you departed the overseas area is: Month Day
- 过去 14 天内是否接触过武汉及其它疫情高发、中风险地区人员？是 ☐ 否 ☐ 若选择“是”，最后接触时间： 月 日
Have you had contact with people from Wuhan and/or other areas with high or moderate epidemic outbreaks in the past 14 days? Yes ☐ No ☐ If yes, the date of your last contact with them: Month Day
- 过去 14 天内是否接触过有新型冠状病毒感染的肺炎病例人员？是 ☐ 否 ☐ 若选择“是”，最后接触时间： 月 日
Have you had contact with any COVID-19 cases in the past 14 days? Yes ☐ No ☐
If yes, the date of your last contact with them: Month Day
- 近半个月来与您共同生活的人员是否到过湖北（是 ☐ 否 ☐），是否接触过湖北来蓉人员（是 ☐ 否 ☐）密切接触的亲友中是否有确诊，疑似病例等症人员。是 ☐ 否 ☐。
Have there any members who have lived with you been to Hubei in the past half month (Yes ☐ No ☐), have they had contact with people from Wuhan (Yes ☐ No ☐), and is there anyone among their closely-contact friends and/or relatives who has been diagnosed, suspected and/or had symptoms of COVID-19? (Yes ☐ No ☐)?
- 现在您是否有如下症状。 Are you currently having any of the following symptoms?
发热($\geq 37.3^{\circ}\text{C}$) ☐ 咳嗽 ☐ 嗓子痛(喉咙痛) ☐ 肌肉和关节痛 ☐ 鼻塞 ☐ 头痛 ☐ 流鼻涕 ☐ 呼吸困难 ☐ 乏力 ☐ 其它症状 ☐ 无上述症状 ☐
Fever ($\geq 37.3^{\circ}\text{C}$) ☐ Cough ☐ Sore throat ☐ Muscle pain and joint pain ☐ Stuffy nose ☐ Headach ☐ Runny nose ☐
Difficult breathing ☐ Fatigue ☐ Other symptoms ☐ _____ None of these symptoms ☐
我承诺上述填写信息真实、准确、无任何隐瞒、谎报等情况，如有因隐瞒、谎报引发的一切后果，由家长和本人承担。
I promise that the above information is authentic and accurate, without any concealment or misrepresentation.
Any consequences caused by concealment or misrepresentation shall be borne by me.

学生监护人签名 Legal Guardian Signature:

2020 年 月 日

Date: Year 2020 Month Day

学生本人签名 Student Signature:

2020 年 月 日

Date: Year 2020 Month Day