

# STUDENTS HEALTH STATEMENTS

Dear parents, on behalf of your child and in order to prevent and control the Covid-19 and ensure a safe environment, we kindly ask you to fill in (circle and write) this document and hand it in on the first day when your child return to school.

- 1. Has your child (Newton student) been diagnosed or suspected with Covid-19? Yes No
- 2. Or been in close contact with a person infected with Covid-19? Yes No
- 3. Within 14 days, did he/she travel to Wuhan? Yes No
- 4. Within 14 days, did he/she travel to Hubei (except for Wuhan)? Yes No
- 5. Within 14 days, did he/she travel to high-risk and medium risk area? Yes No
- 6. Within 14 days, did he/she meet with people from Wuhan? Yes No
- 7. Within 14 days, did he/she meet with people from Hubei((except for Wuhan))? Yes No
- 8. Within 14 days, did he/she meet with people from high-risk / medium risk area? Yes No
- 9. Within 14 days, did he/she return from overseas? Yes No
- 10. Within 14 days, did he/she contact with people who returned from overseas? Yes No
- 11. Within 14 days, has your child's (Newton student's) temperature been normal? Yes No

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|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Date        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Temperature |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

12. Other information related to child's (Newton student's) health

Please inquire the list of high-risk and medium risk area from the State Council website, Link:

<http://bmfw.www.gov.cn/yqfxdjc/index.html>

**Attention Please: According to the laws, if you hide the information above or refuse to cooperate with school when doing the statement, you will bear the legal responsibility.**

I hereby acknowledge above statements and information to be true and honest.

Class :                      Student's name :                      ID number :

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Parent signature / Date