

St. Joseph's Primary School
Special Admission Health Declaration Form

Please download and print out this form. Complete and submit it to the teacher upon arrival.

Candidate Number : _____

Name of Candidate (Full Name in English) : _____

Name of Parent/ Guardian (Full Name in English) : _____

We declare that all of the following statements are true:

(a) We do not have any symptoms of COVID-19, such as a fever (body temperature at 38°C or above), symptoms of acute respiratory tract infection, or sudden loss of sense of taste or smell, etc.

(b) We have done the COVID-19 rapid antigen test (RAT) today at _____(time), and the result of our RAT today was **NEGATIVE**.

Remarks:

Before admission to the school premises, parents / guardians need to use the “**LeaveHomeSafe**” app to scan the venue QR code, then show the QR codes of the stored COVID-19 vaccination records, exemption certificates, or recovery records to the school staff. If the app does not contain relevant QR codes, parents / guardians will **NOT** be allowed to enter the school premises.

Parent's / Guardian's Signature : _____

Date : _____