## CHI YUN SCHOOL 2022-2023

### Latest arrangements on the Epidemic

10<sup>th</sup> January, 2023

#### Dear Parents/Guardians:

The Government has announced that local anti-epidemic measures will be further adjusted starting from December 29 2022, including removing the Vaccine Pass requirement, removing definition of close contacts as well as ceasing issuance of quarantine orders. In order to ensure the health and safety of our students in the school, we call on your cooperation. If your child becomes a close contact, please take the initiative to report to the school and do a COVID-19 nucleic acid test for the child before returning to school, so that the school can take appropriate epidemic prevention measures.

In addition, as the virus is still raging, our school will continue to implement the following measures strictly. If students return to school from the mainland, please ensure the following epidemic prevention measures are completed before returning to school:

- A. Consult a doctor and obtain the doctor's notice 7 days before going to school:
  - i. To ensure no infection was found on the student, including fever, cough, or upper and lower respiratory tract infection symptoms;
  - ii. Perform an anterior and lateral chest X-ray;
  - iii. Perform CBP / CBC blood test
- B. The student must possess a negative result of COVID-19 test in Hong Kong; the sample for the test should be taken within 48 hours before going to school.
- C. Please fill in the attached "Student Health Declaration Form" (Proforma B).
- D. Please return the Proforma on or before the first day of class resumption. For those who have contracted the COVID-19 virus and have recovered, if they are still within the quarantine period, they must not go to school.
- E. Take your child's temperature before he/ she goes to school every day. Fill in the record sheet (Proforma A) and sign your name on it. Your child should return the completed sheet to us daily.
- F. Pay attention to the health condition of your child. He/She should stay away from school and see a doctor immediately if symptom, especially fever, is detected.
- G. Please perform RAT every morning for the student, one should only return to school when negative result is obtained.

Thank you for your attention. If you have any further enquiries, please feel free to contact class teacher, hostel parents or nurse-in-charge (Tel: 2386 2010).

Yours faithfully,

\* 1000 \* CII

Chung Lai Kuen

Principal, Chi Yun School

Proforma A

## Chi Yun School Temperature Record Sheet

- 1. Parents/Guardians should take their children's temperature before going to school. For normal body temperature range, please refer to the "Reference Range for Temperature Screening" in the "Guidance Note on Monitoring of Body Temperature" by the Centre for Health Protection, Please browse <a href="https://www.chp.gov.hk/files/pdf/guidance\_note\_on\_monitoring\_of\_body\_temperature.pdf">https://www.chp.gov.hk/files/pdf/guidance\_note\_on\_monitoring\_of\_body\_temperature.pdf</a> When the student has fever, he/she should not attend school and should consult a doctor promptly, apply for sick leave, stay at home and take rest.
- 2. Parents/Guardians should record their children's temperature and sign on the record sheet daily. The record sheet should be returned to school staff/class teacher for checking.
- 3. Parents/Guardians should also complete the record sheet during holiday.

| Name of student :                     |                             | lass : C    | Class no.: Month:            |
|---------------------------------------|-----------------------------|-------------|------------------------------|
| Date                                  | Time for taking temperature | Temperature | Signature of Parent/Guardian |
|                                       | A.M. / P.M.                 | °F/°C       |                              |
|                                       | A.M. / P.M.                 | °F/°C       |                              |
|                                       | A.M. / P.M.                 | °F/°C       |                              |
|                                       | A.M. / P.M.                 | °F/°C       |                              |
|                                       | A.M. / P.M.                 | °F/°C       | -                            |
|                                       | A.M. / P.M.                 | °F/°C       |                              |
|                                       | A.M. / P.M.                 | F/°C        |                              |
|                                       | A.M. / P.M.                 | °F/°C       |                              |
|                                       | A.M. / P.M.                 | °F/°C       |                              |
|                                       | A.M. / P.M.                 | °F/°C       |                              |
|                                       | A.M. / P.M.                 | °F/°C       |                              |
|                                       | A.M. / P.M.                 | °F/°C       |                              |
|                                       | A.M. / P.M.                 | °F/°C       |                              |
|                                       | A.M. / P.M.                 | °F/°C       |                              |
|                                       | A.M. / P.M.                 | °F/°C       |                              |
|                                       | A.M. / P.M.                 | °F/°C       |                              |
|                                       | A.M. / P.M.                 | °F/°C       |                              |
|                                       | A.M. / P.M.                 | °F/°C       |                              |
|                                       | A.M. / P.M.                 | °F/°C       |                              |
| · · · · · · · · · · · · · · · · · · · | A.M. / P.M.                 | F/C         |                              |
|                                       | A.M. / P.M.                 | °F/°C       |                              |
|                                       | A.M. / P.M.                 | °F/°C       |                              |
|                                       | A.M. / P.M.                 | °F/°C       |                              |
|                                       | A.M. / P.M.                 | °F/°C       |                              |
|                                       | A.M. / P.M.                 | °F/°C       |                              |
|                                       | A.M. / P.M.                 | °F/°C       |                              |
|                                       | A.M. / P.M.                 | °F/°C       |                              |
|                                       | A.M. / P.M.                 | °F/°C       |                              |
|                                       | A.M. / P.M.                 | °F/°C       |                              |
|                                       | A.M. / P.M.                 | °F/°C       |                              |
|                                       | A.M. / P.M.                 | °F/°C       |                              |

# Chi Yun School Declaration form for travel history and health status of students

|   | e of Student :e<br>of entering:  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| Pleas   | e complete the below form and return   | to schools (Please put a "✓" in the app | propriate box)                             |  |  |  |  |
| <u>Part</u>   | t A - Travel history of you  | ur child outside Hong Kong              | in the past 14 days                        |  |  |  |  |
|   | My child has not been away   | r from Hong Kong in the past            | 14days                                     |  |  |  |  |
|   |  |   |  |  |  |  |  |
|   | Duration: From(Mont date)  | h) (Day) (Departure dat                 | te) To(Month) (Day) (Arrival               |  |  |  |  |
| <u>Part</u>   | t B - Travel history of the  | se taking care of your child.           | or those living with your child            |  |  |  |  |
|   | Person taking care of or living with my child has not away from Hong Kong during past 14 d |   |  |  |  |  |  |
|   | _  |   |  |  |  |  |  |
|   |  |   |  |  |  |  |  |
| Part  | t C – Current health status  |   |  |  |  |  |  |
| Ple   | ase specify below if the stud  | ent or people with close conta          | act with the student:                      |  |  |  |  |
| •   | • • •  | er, respiratory infection or gas        | •  |  |  |  |  |
| •   | had contact history with pat   |   | cases of COVID-19, within 7 days.          |  |  |  |  |
|   |  | Student                                 | People with close contact with the student |  |  |  |  |
| Fever   |  | No / Yes*                               | No / Yes*                                  |  |  |  |  |
| Co  | ugh  | No / Yes*                               | No / Yes*                                  |  |  |  |  |
| Dia   | arrhea   | No / Yes*                               | No / Yes*                                  |  |  |  |  |
| Shortness of breath                                   |  | No / Yes*                               | No / Yes*                                  |  |  |  |  |
| ļ   | ntact history (contact with  |   |  |  |  |  |  |
| patients of confirmed/<br>probable cases of COVID-19) |  | No / Yes*                               | No / Yes*                                  |  |  |  |  |
|   | stering (Multiple relatives  |   |  |  |  |  |  |
| i .   | l friends in the group   |   |  |  |  |  |  |
| hav   | ring the same symptoms)  | No / Yes*                               | No / Yes*                                  |  |  |  |  |
|   |  | nte:)                                   | child has received                         |  |  |  |  |

| (Proforma B) |  |
|--------------|--|
|              |  |

| •   4 doses of vaccine (Date:)             |   |
|--|---|
| * Please circle the applicable.            |   |
| Name of Parent/Guardian (in Block Letter): |   |
| Signature of Parent/Guardian:              | - |
| Phone number:                              |   |
| Date:                                      |   |

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