

Please be reminded to refer to the official government website on the latest Covid-19 information

Name : _____ Company/ Department : _____
 Aircraft Base : _____ Contact : _____
 (If applicable) number

Please provide the following information:

A. Have you travelled outside Hong Kong in the last 14 days?

- Yes, please state the Country/Countries visited
- Country: _____ City: _____
- Country: _____ City: _____
- Country: _____ City: _____

No

B. Have you visited any hospitals or come into close contact with anyone suffering from any of the symptoms stated below within the last 14 days?

- Yes, please state hospital name: _____
- No

C. Suffered from any of the following symptoms in the last 14 days? (Please tick the appropriate box)

Symptoms	YES	NO	If YES, date occurred
Fever			
Sore throat			
Cough			
Diarrhoea			
Shortness of Breath			
Difficulty in breathing			
Other Symptoms (Please specify)			

I hereby declare that the information provided is true and correct, and agree to comply with the Covid-19 precautions required by Flight Training Resources.

Signature : _____ Date : _____