

Medical Surveillance Form for Home Quarantine (4 Days)

家居檢疫人士醫學監測表（4天）

Please monitor your health **daily** and undergo Rapid Antigen Test on **Day 1, Day 2 and Day 4** of the home quarantine period, and record the health monitoring information and test results in the table below. Please retain the photos of the RAT results and this medical surveillance form for inspection when requested by personnel from the Centre for Health Protection.

請在家居檢疫期間**每天**監測健康狀況，於檢疫期**第一天、第二天及第四天**自行進行快速抗原檢測，並將相關健康監測資料及檢測結果記錄在下列表格之適當位置。請保留所有快速測試檢測結果的照片及此醫學監測表，以供衛生防護中心人員作不定期核查。

1. Personal and Contact Information 個人及聯絡資料

Name in full (English)		Age (年齡)		Gender (性別)	男 M / 女 F
姓名(中文全名)		Contact Telephone No. 聯絡電話號碼		Quarantine start date 開始檢疫日期	

2. Health Monitoring Checklist and Test Results 健康檢查記錄及檢測結果

Date 日期	Quarantine Day 檢疫期	Body Temperature 體溫 (°C)		If you have the following symptoms, please put a “√” in the corresponding box below 如有以下病徵，請在適當位置加上 “√”				Rapid Antigen Test (RAT) Result (please put a “√” in the corresponding box below)# 快速抗原檢測結果 (請在適當位置加上 “√”)	
		A.M. 上午	P.M. 下午	Fever 發燒 (>=38°C)	Shortness of Breath 氣促	Chest pain 心胸痛	Palpitation 心悸	Positive 陽性	Negative 陰性
	Day 1 第一天								
	Day 2 第二天								
	Day 3 第三天								
	Day 4 第四天								

If the result is invalid, please repeat the test with correct sample type, sample collection method and testing method according to the instructions provided by the manufacturer with a new test kit. 如結果顯示為無效，請按照製造商指示的樣本類別、樣本採集過程和進行測試的方法，用新的測試套件重新進行測試。