

Please tick the centre your child is attending.

- CM Central (AMK) CM Holland
 CM Ponggol Paris Ris



HEALTH DECLARATION FORM FOR CHILDREN
(To Be Completed By Parents)

IMPORTANT NOTICE

In the interest of your child and other children in the centre, we seek your cooperation to complete this Health Declaration Form on behalf of your child and return it to the centre. You are also requested not to bring your child to the centre if he/she is unwell unless he/she is certified as medically fit by a medical practitioner. **Please inform the centre immediately should there be any change in the status of your declaration, in particular if your child has a sudden onset of fever (above or equal to 38°C) and/other symptoms such as cough, malaise (feeling of unwell) , chills, headache, myalgia (muscle pain).**

Karen Chia (Ms)
Supervisor, CM Central Pte Ltd

CHILD PARTICULARS

Name as in BC:	BC NO:		
Centre Name (State Branch):	Home Tel:	Office Tel:	Handphone:

PLEASE TICK ACCORDINGLY:

<p>1 Does your child have any of the following symptoms?</p> <table border="1"> <thead> <tr> <th></th> <th>YES*</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>• Sudden onset of fever equal or above 38°C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• Cough</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• Malaise (feeling of unwell)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• Chills</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• Headaches</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• Myalgia (muscle pain)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>*If the answer is 'YES', your child can return to the Centre when certified fit by a medical practitioner.</p>		YES*	NO	• Sudden onset of fever equal or above 38°C	<input type="checkbox"/>	<input type="checkbox"/>	• Cough	<input type="checkbox"/>	<input type="checkbox"/>	• Malaise (feeling of unwell)	<input type="checkbox"/>	<input type="checkbox"/>	• Chills	<input type="checkbox"/>	<input type="checkbox"/>	• Headaches	<input type="checkbox"/>	<input type="checkbox"/>	• Myalgia (muscle pain)	<input type="checkbox"/>	<input type="checkbox"/>	<p>2 Is/are your child, any of your family members, or others living in the same house under home quarantine? YES* <input type="checkbox"/></p> <p>*If the answer is 'YES', your child can return to the Centre only upon expiry of the home quarantine order and if he/she does not develop any symptom of influenza. NO <input type="checkbox"/></p>
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<p>3a Has your child travelled to any affected countries or visited any affected areas in Singapore in the last 5 days? Please refer to the notice board at the childcare centre for an updated list.</p> <table border="1"> <tr> <td>YES</td> <td><input type="checkbox"/></td> </tr> <tr> <td>NO</td> <td><input type="checkbox"/></td> </tr> </table>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	<p>3b Has your child travelled to any other country in the last 5 days? Please give details as follows:</p> <p>Country: _____</p> <p>Duration of Stay: _____</p> <p>Date of return to Singapore: _____</p> <p>Body temperature reading upon return to centre: _____</p>
YES	<input type="checkbox"/>				
NO	<input type="checkbox"/>				

*If the answer to Q3a is 'YES', your child can return to the Centre after **5 days** from the date of return from **overseas trip to the country affected by influenza pandemic** and if he/she does not develop any symptom of influenza.

<p>4 Does your child travel out of Singapore on a regular basis?</p> <p>YES* <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>*If yes, please give details as follows:</p> <p>Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/></p> <p>Country visited: _____</p> <p>Date of last return to Singapore: _____</p> <p>Body temperature reading upon return to centre: _____</p>
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*If the answers to Q3b and Q4 are 'YES', your child can return to the centre only if he/she does not develop any symptom of influenza upon return to Singapore. Parents are also advised to provide your child's temperature reading to the centre daily for 5 days from the date of return using the health declaration forms provided by the centre.

I, the undersigned, declare all the above to be true.

Signature/Name: _____

Date: _____