**PEEM 2023 Infection Control Announcement**

Owing to the global and local outbreak of COVID-19, the College would like to announce the following infection control measures:

* Candidates, examiners, admin staff and helpers are required to declare their health status prior to the Examination by signing a declaration form (Please see the attached form).
* Candidates are required to observe the infection control requirement of the examination venue.
* All personnel need to have a negative rapid antigen test for COVID-19 on the morning of the examination.
* All personnel must have temperature measurement prior entering the examination venue on the day of the exam. A forehead temperature more than 37 degrees Celsius will be subjected to a tympanic temperature confirmation. Personnel with a tympanic temperature of more than 38 degrees Celsius will not be allowed to take the exam or enter the examination venue. There will be no make-up examination for fever candidates this year and refund will be arranged.
* Candidates, examiners, admin staff and helpers are expected to wear a surgical mask all the time during the examination and perform hand hygiene as necessary. Limited amount of surgical mask and alcohol hand-rub will be provided in the examination venue.
* **Candidates or staffs who are tested positive for COVID-19, under compulsory quarantine or medical surveillance ordered by the Department of Health of Hong Kong are required to inform the College staffs as soon as possible (Tel: 2871 8875).**

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**PEEM 2023 Infection Control declaration form**

**Please circle**

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| --- | --- | --- |
| **I am having a fever** | Yes | No |
| **I am having chest infection** | Yes | No |
| **I am having a new onset of ILI symptom / acute diarrhoea** | Yes  | No |
| **I have travelled outside Hong Kong in the past two weeks.**  | Yes | No |
| **I have unprotected close contact with a confirmed / suspected COVID-19 case in the past 2 weeks.**  | Yes | No |
| **I am currently under compulsory quarantine or medical surveillance ordered by the Department of Health of Hong Kong.** | Yes | No |

**Concerning COVID-19 testing and vaccination, please circle**

|  |  |  |
| --- | --- | --- |
| **I have received full vaccination for COVID-19 for more than 14 days** | Yes | No |
| **I have a negative rapid antigen test for COVID-19 this morning** | Yes | No |

**Name of the candidate/examiner/admin staff/helper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Please circle)**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: 9 March 2023**