

Sai Kung Central Lee Siu Yam Memorial School
Rapid Antigen Test Negative Result Record (April and May)

Student name: _____ Class: _____ Class number: _____

1. Before class each day, parents/guardians are required to conduct a rapid antigen test for students. If the test result is negative, please sign to confirm.

In the case of recovered COVID-19 person, he/she is not required to take the test within three months from the date of recovery (except those with symptoms). Please sign to confirm.

2. If the test result is positive, parents/guardians do not need to sign. Please notify the school and relevant government department as soon as possible.
3. If there is no parents'/guardians' signature, the school will notify the parents and arrange the student to go home as soon as possible.

Date	Parents'/Guardians' signature	Date	Parents'/Guardians' signature
25/4(Mon)		16/5(Mon)	
26/4(Tue)		17/5(Tue)	
27/4(Wed)		18/5(Wed)	
28/4(Thu)		19/5(Thu)	
29/4(Fri)		20/5(Fri)	
2/5(Mon)	(The day following Labour Day)	23/5(Mon)	
3/5(Tue)		24/5(Tue)	
4/5(Wed)		25/5(Wed)	
5/5(Thu)		26/5(Thu)	
6/5(Fri)		27/5(Fri)	
9/5(Mon)	(The day following Buddha's Birthday)	30/5(Mon)	
10/5(Tue)		31/5(Tue)	
11/5(Wed)			
12/5(Thu)			
13/5(Fri)			

