

I hereby confirm that to the best of my knowledge, none of my family members are suffering from any contagious or infectious disease on the date of signature. I understand that the term “contagious and infectious diseases” includes, but is not limited to:

我本人在此确认，据我所知，我的家庭成员中，在签字那天均无任何传染或传染性疾病。我理解“传染和传染性疾病”包括但不限于：

Measles 麻疹	Tuberculosis 传染性非典型肺炎
Mumps 腮腺炎	Hepatitis A 甲肝
Rubella 风疹	Hepatitis B 乙肝
Chicken Pox 水痘	Whooping Cough 百日咳

I further undertake to inform the Principal of Shenyang International School if any of my family or of my domestic employees contracts such a disease, and will act according to the school’s requirements in such a case.

如果我的家人或员工患这些疾病，我会通知沈阳国际学校的校长，并配合学校的要求。

I understand that these requirements may include isolation at home of one or more infected or at-risk family members or domestic employees, in the health interests of the school community. I agree to have my family undergo medical checks to certify that return to school is safe, at the expense of the family, by a medical practitioner appointed by the school.

我理解这些要求，为了学校整体的健康考虑，可能包括让已感染者或有可能感染者或员工隔离在家。我同意由学校指定的医院，自费让我的家人进行健康检查，以确认可以健康的返回学校。

Student Name 学生姓名: _____

Grade 年级: _____

Parent / Guardian Signature 父母/监护人签字

NAME IN UPPER CASE 名字大写