

Health Declaration Form

I (Full name: _____, Passport number: _____) hereby declare that I have had none of the following situations in the 14 days immediately preceding the date on this Health Declaration Form:

1. Being confirmed or suspected of COVID-19 infection by any medical institution;
2. Running a fever at or above 37.3°C or showing respiratory symptoms;
3. Coming into contact with confirmed or suspected COVID-19 cases;
4. Coming into contact with patients with a fever or respiratory symptoms;
5. Staying in a community or hotel reporting confirmed or suspected COVID-19 cases;
6. At least two persons in my office or family running a fever or showing respiratory symptoms;
7. Taking medicine for fever or cold;
8. Visiting public spaces like hospitals, theaters, restaurants and leisure facilities or taking part in group activities without taking protective measures like wearing a mask.

I declare the truthfulness and veracity of the statements above and the COVID-19 negative certificate I have provided. If any of the above-mentioned situations happens to me before leaving for China, I shall cancel the trip.

I acknowledge and accept the responsibilities under this Declaration pursuant to the relevant laws and regulations of the People's Republic of China should I conceal any health condition that might cause the spread of quarantinable infectious diseases or give rise to serious risks of such spread.

Signature: _____

Date: ____/____/____(Day/Month/Year)

To be completed by consular officers of the Chinese Embassy or Consulate:

The Chinese Embassy/Consulate has examined the COVID-19 negative certificate (No. _____, Issuance date: ____/____/____) provided by the declarant. Used for the sole purpose of pre-boarding screening by airlines, this health declaration form is valid until ____/____/____.

Seal: _____

Date: ____/____/____(Day/Month/Year)

[中文翻译仅供参考, 请使用英文版填写并签名]

健康状况声明书

本人(姓名: *****, 护照号: *****) 承诺, 过去 14 日内无以下情况:

1. 被医疗机构确诊为新冠肺炎或疑似病例;
2. 出现发热 (37.3°C 及以上) 或呼吸道症状;
3. 接触新冠肺炎确诊或疑似病例;
4. 接触有发热或呼吸道症状的患者;
5. 所居住的社区或宾馆报告有新冠肺炎确诊或疑似病例;
6. 所在办公室或家庭等有 2 人及以上出现发热或呼吸道症状;
7. 服用退烧药、感冒药;
8. 在无防护措施 (如未佩戴口罩等) 的情况下去过医院、剧院、餐厅、娱乐场所等公共场所或参加过聚集性活动。

本人承诺以上内容及提供的核酸检测阴性证明真实准确, 如前往中国前出现上述情况, 我将取消赴华行程。

本人已知悉, 隐瞒本人健康状况, 如引起检疫传染病传播或者有传播严重危险的, 将按照中华人民共和国有关法律规定, 承担相应责任。

声明人签字: ***

日期: ***

以下由中国使领馆领事官员填写:

本馆已查验声明人所持核酸检测阴性证明 (编号: *******, 出具日期: ***年*月*日**)。本健康状况声明书仅供航空公司在声明人登机前查验使用, 有效期截至***年*月*日**。

盖章: ***

日期: ***