

## 赴华旅客健康状况申报书 V2

本人，姓名：\_\_\_\_\_，护照号：\_\_\_\_\_，  
将在未来 2 天内前往中国，现按中国防疫要求进行新冠病毒核酸、血清特异 IgM 抗体检测（“双检测”）。本人现如实回答以下问题，申报本人健康状况：

1、是否曾确诊患有新冠肺炎？		<input type="checkbox"/> 是 <input type="checkbox"/> 否	
2、是否有核酸、IgM 抗体检测任一项为阳性的检测记录？		<input type="checkbox"/> 是 <input type="checkbox"/> 否	
3、在过去 14 日内，是否有（过）咳嗽、头痛、咽痛、气促、呼吸困难、胸闷、结膜充血、腹泻或其它症状？		<input type="checkbox"/> 是 <input type="checkbox"/> 否	
4、在过去 14 日内，所在办公室或住所，是否有人出现过第 1-3 条所列情况？		<input type="checkbox"/> 是 <input type="checkbox"/> 否	
5、在过去 72 小时内，是否服用过退烧药、感冒药等药品？		<input type="checkbox"/> 是 <input type="checkbox"/> 否	
6、在采样机构现场测量的体温是多少摄氏度？			
7、我接种过新冠肺炎疫苗	疫苗种类	接种次数	
	最近一次接种日期	/ / (年/月/日)	

本人声明，本人系亲自到指定采样机构采样，保证以上信息属实，并愿意承担由此引起的一切责任。

申报人签字：\_\_\_\_\_ 日期：\_\_\_\_/\_\_\_\_/\_\_\_\_(年/月/日)

## Health Declaration Form V2

I, name: \_\_\_\_\_, passport number: \_\_\_\_\_, will travel to China within the next 2 days and am taking Covid-19 RT-PCR and IgM-Serology test according to epidemic prevention requirements of China. I hereby answer the following questions truthfully to declare my health conditions:

1. Have you been diagnosed with COVID-19 by a medical institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you taken a COVID-19 RT-PCR or IgM-Serology test and one of the result is positive?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. In the past 14 days, have you experienced fever, sputum expectoration, headache, sore throat, shortness of breath, dyspnea, chest tightness, conjunctival congestion, diarrhea or any other symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. In the past 14 days, in your office or residence, is there anyone who has fallen into one of the situations listed above in item 1-3?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you taken any anti-inflammatory drug, cold medicines, etc. in the past 72 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. What Celsius degrees is your body temperature measured at the sampling facility site?	
7. I have taken _____dose(s) of Covid-19 Vaccination of _____ (brand) . The latest vaccination has been taken on_____/_____/_____(yy/mm/dd).	

I declare that I personally come to this designated institute for covid-19 sampling, all statements above are true and correct and will bear all the responsibilities arising therefrom.

Signature: \_\_\_\_\_ Date:\_\_\_\_/\_\_\_\_/\_\_\_\_(yy/mm/dd)