



EXIT/ENTRY HEALTH DECLARATION FORM
OF THE PEOPLE'S REPUBLIC OF CHINA

Dear Passengers, for your health and that of others, please fill out this *Exit/Entry Health Declaration Form* truthfully. If you conceal or falsely declare the information, you will be held accountable according to relevant laws and regulations.

EXIT ENTRY (Please tick one of the boxes with “√”)

Name: _____ Gender: Male Female.

Date of Birth: _____ Year _____ Month _____ Day Occupation: _____

Nationality and Region/City of Residence: _____

1. Passport No.: _____ Other identity document (please specify) No.: _____

Flight(ship/train) No.: _____ Seat No.: _____

Port of exit/entry: _____ Destination: _____

2. Contact phone number: Chinese mobile / landlines _____

Overseas mobile / landlines _____

Contact persons and their phone numbers in China: _____

What's your address in the next 14 days? (Please provide detailed address. For address in China, please specify the street, community, building/house/apartment number, or the address of the hotel) _____

3. Have you traveled to or stayed in China during the past 14 days? If yes, please specify the provinces/autonomous regions/municipalities and cities, including Hong Kong, Macao and Taiwan regions. If no, please answer “No”. _____

If you have visited other countries and regions during the past 14 days, please specify: _____

4. Have you had direct contact with COVID-19 cases during the past 14 days? Yes No

Have you had direct contact with people having fever and/or symptoms of respiratory infection during the past 14 days? Yes No

Has your community reported any COVID-19 cases during the past 14 days? Yes No

Have there been two or more members in your office/family having fever and/or symptoms of respiratory infection during the past 14 days? Yes No

5. Do you have the following symptoms? Yes No (If yes, please tick your symptoms with “√”)

Fever Fatigue Cough Expectoration Headache Sore throat Shortness of breath

Difficulty breathing Chest tightness Conjunctival congestion Diarrhea Others _____

Have you taken any medications for fever (antipyretics) or cold during the past 72 hours? Yes No

6. Have you been tested for COVID-19 during the past 14 days? Yes No

If yes, the result is: Positive Negative Unknown

I hereby certify that all the above information is true and correct.

Signature:

Date:

