

# 关于菲律宾皇家航空马尼拉中国航线核酸检测的最新通知

● **核酸检测+第一次抗体检测**（旅客自费，共计1600人民币/人）：

【检测机构】St. Luke's Medical Center Global City [MAIN ENTRANCE -正门]

【地址】Rizal Drive corner 32nd Street. and 5th Avenue Taguig

(<https://goo.gl/maps/MxUunPF6bQxuYFzf8>)

● **第二次抗体检测**（航司免费提供）

【检测机构】Safeway diagnostic laboratory center

【地址】Ground Floor, Centillion Center Bldg., 2972 Ramon Magsaysay Blvd. Sta.

Mesa, Manila, Philippines

【马尼拉联系人】LoveLy

【联系电话】：09175477843

## 重要提示\*检测时间

❖ **不是在航司指定团队监督下的检测视为无效；未能按通知预约时间到达检测的视为放弃！**

航班	核酸+抗体检测		第二次抗体检测		航班日期
	检测日期	检测时间	检测日期	检测时间	
RW368 马尼拉-无锡 09:30-13:00	11月30(周1)	0700-1100	12月1(周2)	0800-1100	2020/12/2
	12月7(周1)	0700-1100	12月8(周2)	0800-1100	2020/12/9
	12月14(周1)	0700-1100	12月15(周2)	0800-1100	2020/12/16
	12月21(周1)	0700-1100	12月22(周2)	0800-1100	2020/12/23
	12月28(周1)	0700-1100	12月29(周2)	0800-1100	2020/12/30
	1月4(周1)	0700-1100	1月5(周2)	0800-1100	2021/1/6
	1月11(周1)	0700-1100	1月12(周2)	0800-1100	2021/1/13
	1月18(周1)	0700-1100	1月19(周2)	0800-1100	2021/1/20
	1月25(周1)	0700-1100	1月26(周2)	0800-1100	2021/1/27
	2月1(周1)	0700-1100	2月2(周2)	0800-1100	2021/2/3
	2月8(周1)	0700-1100	2月9(周2)	0800-1100	2021/2/10
	2月15(周1)	0700-1100	2月16(周2)	0800-1100	2021/2/17
	2月22(周1)	0700-1100	2月23(周2)	0800-1100	2021/2/24
	3月1(周1)	0700-1100	3月2(周2)	0800-1100	2021/3/3
	3月8(周1)	0700-1100	3月9(周2)	0800-1100	2021/3/10
	3月15(周1)	0700-1100	3月16(周2)	0800-1100	2021/3/17
3月22(周1)	0700-1100	3月23(周2)	0800-1100	2021/3/24	

### 温馨提示：

- 做检测按照上表日期/时间，不用预约。三次检测结果为阴性（**抗体检测要求IGG和IGM都为阴性**）的旅客，可正常值机；检测结果为阳性的旅客，将被拒绝乘机。
- 检测当天请带笔、**护照原件和两份护照复印件**；如果旅客的护照正在移民局办理申请，必须携带移民局相关证明（必须有移民局签字和LOGO）；如果旅客没有护照，必须有证明护照是已报失。**不符合以上条件的旅客将不被允许参加检测，旅客所购机票视为放弃。**
- 核酸检测当天请在工作人员指导下加入微信群，以便旅客收取检测报告扫描件后申请HS码。乘机的旅客请在航班起飞当日在机场柜台处领取检测报告原件。**如有问题，请务必于检测当日与现场工作人员沟通。
- 在医院填表（请正确填写名字和护照号码，避免检测报告出来后有误）。
- 核酸检测和第一次抗体检测共计1600 人民币/人，第二次抗体检测由航司免费提供。
- 检测费请务必提前一天支付，检测费1600 人民币/人请汇入以下账户：  
【注意：汇款时必须备注乘机人姓名和航班号，方便核对；**如果没有备注名字或汇错账户，旅客须现场重新付款参加检测**；检测当天请把汇款截图给现场航司工作人员查看，以做证明，感谢配合。】

银行账号：6227 0012 1688 0039 098	银行账号：6226 0902 1564 7963
开户银行：建设银行上海江苏路支行	开户银行：招商银行上海曹家渡支行
收款人：李惠梅	收款人：李惠梅

# 血清和核酸检测流程

正门入口处，在保安那边拿第一张表（健康申明），  
填完给保安查看。

\* 如果大堂里有很多人，请在外面排队，  
大堂里的人少一些保安会让你进去的时候。\*



与大使馆报名

\* 写清楚中文名字 \*



正门进去后，右手边再拿第2张表格，填写清楚后交给负责人。

\* 检查付款证明（截图必须有旅客名字）\*



请稍安勿躁，等候叫名字面试。

面试后，请等候叫名字进行检测。

检测之前必须拍照，拍照完做检测（血清和核酸）



做完检测，可以回家了！

（你们要飞当天会有人把报告原件送去机场给你们）

LVH 11.13.2020

中文名必须【正楷字体】，  
一笔一划写自己的名字，  
【不要潦草字体】

序号 # No.	姓 (拼音) Surname	名 (拼音) First Name	中文名 Chinese Name	性别 Gender	出生日期 Birthdate	护照号 Passport No.
1			正楷字体， 不要潦草字体			
2						

名字看不清楚，无法审批 HS 绿码

移民局相关证明样版:



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF JUSTICE  
**BUREAU OF IMMIGRATION**  
MAGALLANES DRIVE, INTRAMUROS  
1002 MANILA

In Re:

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]

*-Applicant-*

X-----X

**ORDER**

On 04 November 2020, applicant filed a request for updating of stay and permission to leave. Records disclose:

Arrival date:	07 December 2019	No. of months requested:	11
Admission:	9a-30 days (VUA)	Months overstayed:	10
Latest authorized stay:	06 January 2020	Application filed by:	Applicant

- a. Applicant bears no derogatory record as of 04 November 2020 based on the attached Certification issued by Catalino Z. Alfonso;
- b. Applicant has **Thirty Day (30) Temporary Visitor's Visa Upon Arrival (TV-VUA)** with [REDACTED] as his travel operator;
- c. Applicant provides confirmed ticket to Wuxi via RW368 dated 18 November 2020; and
- d. Applicant failed to leave the country based on itinerary indicated without valid justification, in violation of the terms and conditions pursuant to his/her VUA order.

We note that the **Department of Justice Circular No. 001, Section 3(b)**, dated **08 January 2020**, expressly provides that "No Extension or Renewal of a TV-VUA shall be allowed".

**WHEREFORE**, premises considered, Applicant is hereby **ORDERED**:

- 1. To pay updating fees, fines, and penalties;
- 2. To secure Emigration Clearance Certificate (ECC) and NBI Clearance;
- 3. To leave on **18 November 2020**; and
- 4. To be barred from entering the country pursuant to Department of Justice Circular No. 001.

The Tourist Visa Section shall implement this Order.

**SO ORDERED.**

Recommended by: [REDACTED] 04 2020

  
**ATTY. RUBEN C. CASIBANG, JR.**  
Head, SOCU

~~APPROVED / DISAPPROVED~~

  
**JAIME H. MORENTE**  
Commissioner

PATRIOTISM • INTEGRITY • PROFESSIONALISM



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF JUSTICE  
**BUREAU OF IMMIGRATION**  
MAGALLANES DRIVE, INTRAMUROS  
1002 MANILA

In re:

DOB: [REDACTED]  
Travel Doc. N  
CHN  
Female

X-----X

**ORDER**

On 30 October 2020, Tourist Visa Section (TVS) endorsed to the Immigration Regulation Division [REDACTED] date application for Temporary Visitor Visa.

Records show: (i) On 22 January 2020, NAIA-based immigration authorities admitted [REDACTED] valid stay ended on 29 January 2020; and (iii) [REDACTED] overstayed for 10 months in the country.

To address the foregoing, we order [REDACTED] to:

1. Pay immigration fees, fines and penalties to be computed from by Tourist Visa Section (TVS);
2. Pay IARC amounting **Php15,000.00** and Express Lane Fee amounting to **Php10,000.00**;
3. Secure Emigration Clearance Certificate; and
4. **LEAVE** the Philippines via NAIA within thirty (30) days from receipt of this Order.

TVS and ARD shall insure the implementation of this Order.

Give copies of this Order to [REDACTED].

**IT IS SO ORDERED.**

Prepared by:

**RAUL A. MEDINA**  
Acting Chief, Tourist Visa Section  
Date signed: NOV 3 8 2020

Recommending Approval:

**ROGELIO D. GEVERO JR**  
Chief, Immigration Regulation Division  
Date signed: 8-3 NOV 2020

**APPROVED/DISAPPROVED**

**JAIME H. MORENTE**  
Commissioner 03 2021  
Date signed: \_\_\_\_\_

核酸检测+第一次抗体检测地址:



必须在医院大门口进去开始检测操作。  
不允许自己去急诊室做核酸测，  
必须按照我们给出的预约方式做，如有自己跑去急诊室做的不予登机！

第二次抗体检测地址:



去医院检测必须戴口罩和面罩（两种都要戴）！

下图为面罩（参考）：

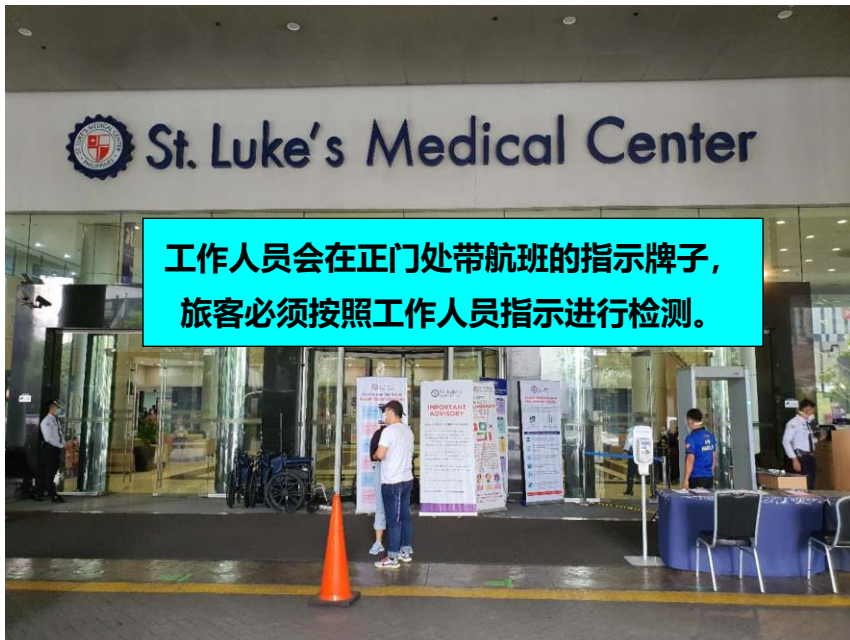


下图为口罩：



去医院检测不可以戴以下类型的口罩





正门入口处，在保安那边拿第一张表（健康申明），填完给保安查看。

**HEALTH DECLARATION 健康声明**

Due to the recent worldwide outbreak of COVID-19, St. Luke's Medical Center would like to ensure that our patients/customers and employees are safe from exposure to the disease. In line with this, we are requesting all patients, including companions and visitors, to complete this form. 因近期全球爆发新型冠状病毒，本院为确保患者/客户及员工的安全，要求所有患者及同伴和访客认真完成以下表格。您提供的信息仅供医院使用，本院会严格保密。

Name: **ZHANG, SAN** Age: **28** Sex: **M** Contact #: **09179930111**  
 姓名: 年龄: 性别: 联系方式:  
 I am a ( ) Patient ( ) Visitor ( ) Companion ( ) Others: **SWAB**  
 我是 ( ) 患者 ( ) 访客 ( ) 同伴 ( ) 其他:

Please tick an answer for every question item 以下问题请回答是或否:	是	否
Have you been recently tested for COVID-19? 近期是否做过核酸检测?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Date swabbed: 取样日期: Result (if available): 检测结果 (如有):	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you been evaluated as Probable or Suspected for COVID-19? 是否被诊断为疑似病例?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, when did your quarantine start? 如是，隔离期开始日期是:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have any travel history in the past 14 days? 近14天是否有旅行记录?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, when and where? 如有，请提供外出日期和到访地点:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you come in close contact or staying in the same close environment with someone who is a confirmed COVID-19 case? 您是否与确诊患者有密切接触或在同一密闭环境中?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you come in close contact with a Probable or Suspected patient with COVID-19? 您是否与疑似病例有过密切接触?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you experienced the following symptoms recently? 您最近是否有以下症状:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fever (>38°C) 发烧 (高于38度)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diarrhea, Nausea, or Vomiting 腹泻、恶心或呕吐	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Shortness of breath or other respiratory symptoms 呼吸急促或其他呼吸道症状	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other respiratory symptoms: 具体症状:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Headache 头痛	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Joint Pain or Muscle Pain 关节痛或肌肉痛	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Flu-like symptoms such as: 类似流感的症状, 例如:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Chills or repeated shaking with chills 畏寒或反复打寒战	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Body aches 浑身酸痛	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sore throat 咽喉痛	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Runny Nose or Sneezing 流鼻涕或打喷嚏	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cough and colds 咳嗽和感冒	<input type="checkbox"/>	<input checked="" type="checkbox"/>
New loss of smell and/or taste 近期失去嗅觉和味觉	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Eye discharge 眼睛出现分泌物	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Skin rash or discoloration of toes/fingers 皮疹或手脚颜色变化	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Loss of speech or movement 丧失语言和行动功能	<input type="checkbox"/>	<input checked="" type="checkbox"/>

I agree that the information provided in this document is true and correct to the best of my knowledge and understand that any dishonest answers may have serious legal and public health implications under RA 11332. 我保证以上申报内容正确属实，如有隐瞒或虚假填报，将会被依法追究相关法律责任。

我保证以上申报内容正确属实。  
 I declare that all information disclosed above is TRUE and CORRECT.  
 姓名: **ZHANG, SAN** 日期时间: **07/19/2020**  
 Signature: 姓名: 日期时间:  
 Approved entry by: 姓名: Referred to: 医护人员姓名和签字

SLMC-IPC-5-56 REV01 (May 14, 2020)

正门进去后，右手边再拿第2张表格，填写清楚后交给负责人。请稍安勿躁，等候叫名字面试。

Philippine Integrated Disease Surveillance and Response Case Investigation Form Coronavirus Disease (COVID-19) 模板

Disease Reporting Unit/Hospital: St. Luke's Medical Center - Global City Name of Investigator: 调查人员 Date of Interview: 日期

1. Patient Profile 出生日期 (月-日-年)

Last Name 姓	First Name 名	Middle Name	Birthdate (mm/dd/yyyy)	Age 年龄	Sex: <input checked="" type="radio"/> Male 男 <input type="radio"/> Female 女
ZHANG	SAN	N/A	01/19/1992	28	
Occupation 职业	Civil Status 婚姻状况	Nationality 国籍	Passport No./Emp. No./Gov't ID 证件号	E123456	
N/A	Single	CHINESE			

2.1. Permanent Address 2. Philippine Residence 居住地址

House No./Lot/Bldg.   门牌号	Street/Borough/ 街名	Municipality/City 城市	Province 省
UG10 VICTORIA DE MAKI	WASHINGTON AVE	MAKATI CITY	NCR
Region 区	Home Phone No. 家庭电话号码	Cellphone No. 手机号码	Email address 电子邮箱
	7218-1733	09171234567	ABCD@YAHOO.COM

2.2. Current Address 居住地址

House No./Lot/Bldg.   门牌号	Street/Borough/ 街名	Municipality/City 城市	Province 省
Region 区	Home Phone No. 家庭电话号码	Work Phone No. 工作电话	Other Email address 其他电子邮箱

3. Address Outside the Philippines (for Overseas Filipino Workers and Individuals with Residence Outside the Philippines) 海外地址

Employer's Name: 雇主名称	Occupation 职业	Place of Work: 工作地点
N/A	N/A	N/A
House No./Bldg. Name   门牌号	Street 街名	City/Municipality 城市/镇
NO. 2	QIYI ROAD	GUANGZHOU CITY
Province 省	GUANGDONG	
Country: 国家	Office Phone No. 工作电话	Cellphone No. 手机号码
China	+86 12345678	+86 87654321

4. Travel History

History of travel/trip/work in other countries with a known COVID-19 transmission 14 days before the onset of your signs and symptoms:  Yes  No Port (Country) of exit: N/A

Airline/Sea vessel:	Flight/Vessel Number:	Date of Departure (mm/dd/yyyy)	Date of Arrival in Philippines:
N/A	N/A	N/A	N/A

5. Exposure History 密切接触史

History of Exposure to Known COVID-19 Case 14 days before the onset of signs and symptoms:  Yes  No If Yes: Date of Contact with Known COVID-19 Case (mm/dd/yyyy):

是否跟确诊患者有过密切接触:  是  否 如有具体日期 (月-日-年):

Have you been in a place with a known COVID-19 transmission 14 days before the onset of signs and symptoms:  Yes  No  Unknown 不知

您是否到过出现确诊病例的地方:  是  否  未知

If Yes: Place:  Work place 公司  Health facility 医疗机构  
 地点:  Social gathering 聚会  Religious gathering 宗教集会  
 Others: specify type: 其他  
 Date when you have been in that place: 到访日期: Name of the place: 到访地点: 姓名: 电话: 联系方式:

1.	Name 名字	Contact number 电话
2.		
3.		

6. Clinical Information

Disposition at Time of Report:  Inpatient  Outpatient  Discharged  Died  Unknown

Date of Onset of Illness (mm/dd/yyyy): Date of Admission/Consultation (mm/dd/yyyy):

Asymptomatic  Fever: °C  Cough  Sore throat  Colds  Shortness/difficulty of breathing

面试后，请等候叫名字进行核酸检测。做完检测，就可以自行离开！