



强大的空中联手

美国航空与日本航空
联手带您飞跃北美超过240个目的地



Pacific Joint Business – CN Network Update ~SEP'21



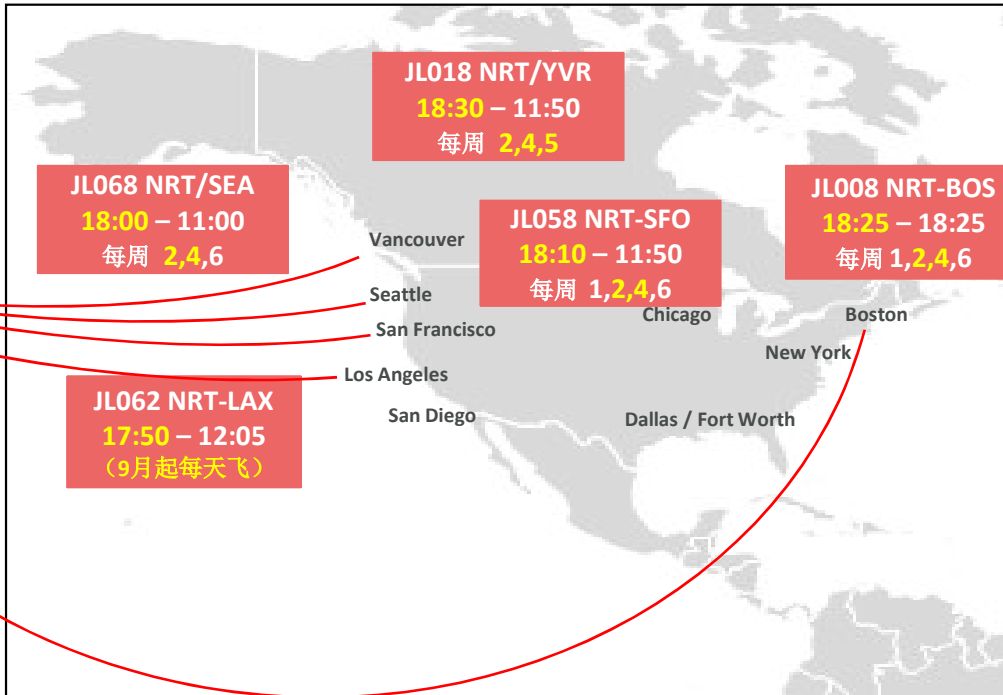
大连出发 当天东京转飞北美航线！

PVG/PEK/CAN/DLC – TYO – US/CA



JL820 DLC/NRT
13:00 – 17:00, 16:50
每周 2,3,4,5

NRT (东京成田转机)



JL068 NRT/SEA
18:00 – 11:00
每周 2,4,6

JL018 NRT/YVR
18:30 – 11:50
每周 2,4,5

JL058 NRT-SFO
18:10 – 11:50
每周 1,2,4,6

JL008 NRT-BOS
18:25 – 18:25
每周 1,2,4,6

JL062 NRT-LAX
17:50 – 12:05
(9月起每天飞)

JL088 CAN/NRT
14:55 – 20:10
(周五)

温馨提示！
其他城市出发的旅客可
自行选择国内移动达到
大连（前日或当日）





Notes on transfer in NRT (东京转机注意事项)



- Same day connection only, no overnight stay in airport
(限当日转机, 机场不过夜)
- No land transfers allowed (could not enter Japan to another airport)
(由于不能入境日本, 需要同一机场转机)
- Checked-in baggage could be checked through to first arrived airport in U.S.
(需要持联程机票, JL/AA航班行李可直挂)
- After deplane in NRT, go through security check then proceed to the gate for flight to U.S.
(在成田机场下飞机后, 通过转机安检通道之后直接前往下个赴美航班的登机口)



大连机场转机（中国其他城市 → 大连）



航班来连

日航出发时刻 13:00，办理乘机手续时间：AM 11:00 ~ 12:20 从其它城市（上海，北京等）航班来连，**【国内达到出口】→【国际出发口】，步行只需10分钟。**（引导图请参考下一页）

（参考：大连机场国内线启动了”行李提速“项目，**首件行李旅客平均等候时间4分钟，末件行李旅客平均等候时间8分钟**）

高铁来连

大连站→大连机场，乘车所要时间30-40分左右

大连北站→大连机场，乘车所要时间30分左右

大连国际机场 >	
为切实提升服务品质	
缩短行李提取等待时间	
优化旅客乘机体验	
真正解放旅客的双手	
近日	
大连机场启动了“行李提速”项目	
通过对航班进行数据测算、优化人员排班	
压缩行李大厅设备存放区域、	
提升保障人员信息化水平等方式	
大大减少了旅客提取行李的等待时间	
截止目前	
大连机场所保障行李已达到	
“首件行李旅客平均等候时间4分钟、	
末件行李旅客平均等候时间8分钟”的超高	
标准	
远超“首件10分钟、末件40分钟”的行业	
标准	
今后，在大连机场提取托运行李	
再也不用担心行李等待时间过长啦！	



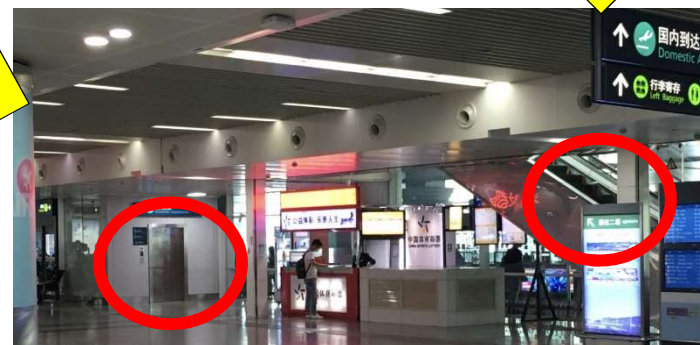
大连机场国内→国际 引导图



2楼正面是国内值机柜台
请前往左手边方向③



国内线到达后、可乘直梯或扶梯上到2楼②



步行
只需
10分钟



DLC机场出发时需准备资料 1

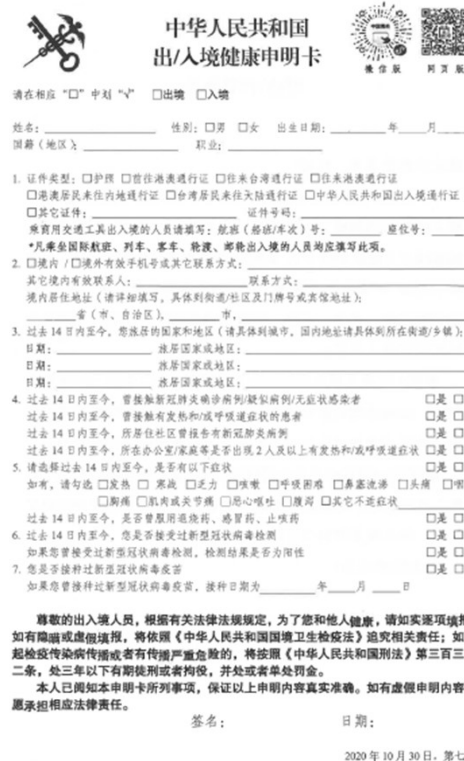


◆大连机场出境大厅入口处，需填写【中华人民共和国出/入境健康申明卡】

填写方式

1) 现场纸质填写，入口处备有空白表格，
*填写所需时间大概10分钟

2) 电子版→【海关旅客指尖服务】→点击填写【出/入境卫生健康申报】
*出发前24小时内有效，填写需花一定时间，建议提前完成填写。



中华人民共和国
出/入境健康申明卡

请在相应“□”中划“√” 出境 入境

姓名: _____ 性别: 男 女 出生日期: _____年____月____日
国籍(地区): _____ 职业: _____

1. 证件类型: 护照 前往港澳通行证 往来台湾通行证 往来港澳通行证
港澳居民来往内地通行证 台湾居民来往大陆通行证 中华人民共和国出入境通行证
其它证件: _____ 证件号码: _____
乘用交通工具出入境的人员请填写: 航班(船次/车次)号: _____ 座位号: _____
*凡乘坐国际航班、列车、客车、轮渡、邮轮出入境的人员均应填写此项。

2. 境内 / 境外有效手机号码或其它联系方式: _____
其它境内有效联系人: _____ 联系方式: _____
境内居住地址(请详细填写, 具体到街道/社区及门牌号或其详细地址):
_____省(市、自治区), _____市, _____

3. 过去14日内至今, 您旅居过国家和地区(请具体到城市, 国内地址请具体到所在街道/乡镇):
日期: _____ 旅居国家或地区: _____
日期: _____ 旅居国家或地区: _____
日期: _____ 旅居国家或地区: _____

4. 过去14日内至今, 曾接触新冠肺炎确诊病例/疑似病例/无症状感染者 是 否
过去14日内至今, 曾接触有发热和/或呼吸道症状的患者 是 否
过去14日内至今, 所居住社区曾报告有新冠肺炎病例 是 否
过去14日内至今, 所在办公室/家庭等是否出现2人以上有发热和/或呼吸道症状 是 否

5. 请选择过去14日内至今, 是否有以下症状 是 否
如有, 请勾选 发热 寒战 乏力 咳嗽 呼吸困难 鼻塞流涕 头痛 咽痛
胸痛 肌肉或关节痛 恶心呕吐 腹泻 其它不适症状

过去14日内至今, 是否曾服用退烧药、感冒药、止咳药 是 否

6. 过去14日内至今, 您是否接受过新型冠状病毒检测 是 否
如果您曾接受过新型冠状病毒检测, 检测结果是否为阳性 是 否

7. 您是否接种过新型冠状病毒疫苗 是 否
如果您曾接种过新型冠状病毒疫苗, 接种日期为 _____年____月____日

尊敬的出入境人员, 根据有关法律法规规定, 为了您和他人健康, 请如实逐项填报, 如有隐瞒或虚报填报, 将依照《中华人民共和国国境卫生检疫法》追究相关法律责任; 如引起检疫传染病传播或者有传播严重危险的, 将按照《中华人民共和国刑法》第三百三十二条, 处三年以下有期徒刑或者拘役, 并处或者单处罚金。
本人已阅知本申明卡所列事项, 保证以上申明内容真实准确。如有虚报申明内容, 愿承担相应法律责任。

签名: _____ 日期: _____
2020年10月30日, 第七版

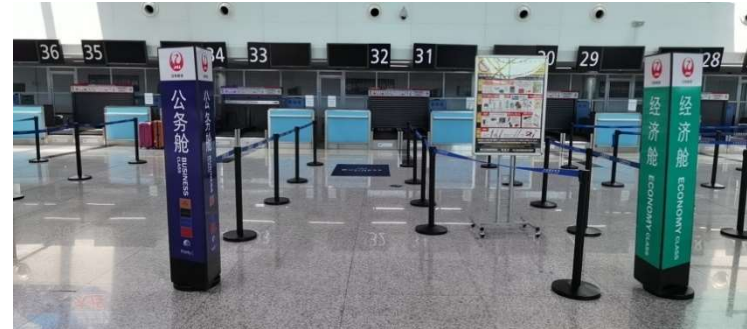


DLC机场出发时需准备资料 2



◆在办理乘机手续柜台，确认以下资料：

- ①72小时以内的核酸检测呈阴性的证明。康复证明文件。
*相关要求请参照美国大使馆，CDC官方网站
- ②确认有效签证
- ③契约书签字，在成田机场登机口提交。



ATTACHMENT A
PASSENGER DISCLOSURE AND ATTESTATION
TO THE UNITED STATES OF AMERICA

All airlines or other aircraft operators covered by the Order must provide the following disclosure to their passengers and collect the attestation prior to embarkation.

AIRLINE AND AIRCRAFT OPERATOR DISCLOSURE REQUIREMENT:

As required by United States federal law, all airlines or other aircraft operators must confirm either a negative COVID-19 test result or recovery from COVID-19 and clearance to travel and collect a passenger attestation on behalf of the U.S. Centers for Disease Control and Prevention (CDC) for certain passengers on aircraft departing from a foreign country and arriving in the United States.

Each individual 2 years of age or older must provide a separate attestation. Unless otherwise permitted by law, a parent or other authorized individual should attest on behalf of a passenger aged 2 to 17 years. An individual may attest on behalf of another passenger for whom the individual is authorized to submit the required information (for example, immediate family member(s), legal guardian, or travel agent), if that person is unable to attest on his or her own behalf (e.g., because of physical or mental impairment).

The information provided must be accurate and complete to the best of the individual's knowledge.

Under United States federal law, each passenger must provide this attestation. Failure to provide this attestation, or submitting false or misleading information, could result in delay of travel, denial of boarding, denial of boarding on future travel, or put the passenger or other individuals at risk of harm, including serious bodily injury or death. Any passenger who fails to comply with these requirements may be subject to criminal penalties under, among others, 42 U.S.C. § 271 and 42 C.F.R. § 71.2, in conjunction with 18 U.S.C. §§ 3559 and 3571. Willfully providing false or misleading information may lead to criminal fines and imprisonment under, among others, 18 U.S.C. § 1001. Providing this information can help protect you, your friends and family, your communities, and the United States. CDC appreciates your cooperation.

PASSENGER ATTESTATION REQUIREMENT:

I [name of passenger or authorized representative] have read the disclosure pertaining to my obligation to obtain a negative pre-departure test result for COVID-19 or to having recovered from COVID-19 after previous SARS-CoV-2 infection and being cleared to travel in order to board an aircraft departing from a foreign country and arriving in the United States.

Check one of the options that applies:

I attest that I have received a negative pre-departure test result for COVID-19. The test was a viral test that was conducted on a specimen collected from me during the 3 calendar days preceding the flight's departure.

I attest that I have recovered from COVID-19 in the last 3 months (90 days), or the time period specified in current CDC guidance, after having previously tested positive for SARS-CoV-2 and have been cleared for travel by a licensed healthcare provider or public health official.

On behalf of [_____], I attest that such person has received a negative pre-departure test result for COVID-19. The test was a viral test that was conducted on a specimen collected from that person during the 3 calendar days preceding the flight's departure.

On behalf of [_____], I attest that such person has recovered from COVID-19 in the last 3 months (90 days), or the time period specified in current CDC guidance, after having previously tested positive for SARS-CoV-2 and has been cleared for travel by a licensed healthcare provider or public health official.

_____ Date

Privacy Act Statement

The United States Centers for Disease Control and Prevention (CDC) requires airlines and other aircraft operators to collect this information pursuant to 42 C.F.R. §§ 71.29 and 71.31(b), as authorized by 42 U.S.C. § 264. Providing this information is mandatory for all passengers arriving by aircraft into the United States. Failure to provide this information may prevent you from boarding the plane. Additionally, passengers will be required to attest to providing complete and accurate information, and failure to do so may lead to other consequences, including criminal penalties. CDC will use this information to help prevent the introduction, transmission, and spread of communicable diseases by performing contact tracing investigations and notifying exposed individuals and public health authorities, and for health education, treatment, prophylaxis, or other appropriate public health interventions, including the implementation of travel restrictions.

The Privacy Act of 1974, 5 U.S.C. § 552a, governs the collection and use of this information. The information maintained by CDC will be covered by CDC's System of Records No. 09-20-0171, Quarantine- and Traveler-Related Activities, Including Records for Contact Tracing Investigation and Notification under 42 C.F.R. Parts 70 and 71. See 72 Fed. Reg. 70867 (Dec. 13, 2007), at

amended by 76 Fed. Reg. 4485 (Jan. 25, 2011) and 83 Fed. Reg. 6591 (Feb. 14, 2018). CDC will only disclose information from the system outside the CDC and the U.S. Department of Health and Human Services as the Privacy Act permits, including in accordance with the routine uses published for this system in the Federal Register, and as authorized by law. Such lawful purposes may include, but are not limited to, sharing identifiable information with state and local public health departments, and other cooperating authorities. CDC and cooperating authorities will retain, use, delete, or otherwise destroy the designated information in accordance with federal law and the System of Records Notice (SORN) set forth above. You may contact the system manager at dsmpolicyoffice@cdc.gov or by mailing Policy Office, Division of Global Migration and Quarantine, Centers for Disease Control and Prevention, 1600 Clifton Road NE, NE H16-4, Atlanta, GA 30329, if you have questions about CDC's use of your data.



成田机场转机（东京 → 美国）



成田机场转机环境便利，国际转国际线的**最低转机时间仅需1个小时。**

- ◇ **便利性**：对于转机旅客在成田机场可以优先下机。
- ◇ **用时少**：安全检查之后可前往登机口飞往美国。

JAL在值机柜台的措施

地面工作人员佩戴口罩
在柜台前按装了透明隔板
配备消毒液
定期消毒打扫

JAL在安检处的措施

工作人员佩戴口罩和手套
配备消毒液
摄像头测温



日航是日本首家荣获由 SimpliFlying 提供支持的 APEX 健康安全钻石认证的航空公司。

日航荣获由 SKYTRAX 授予的 5 星级 COVID-19 航空公司安全评级。



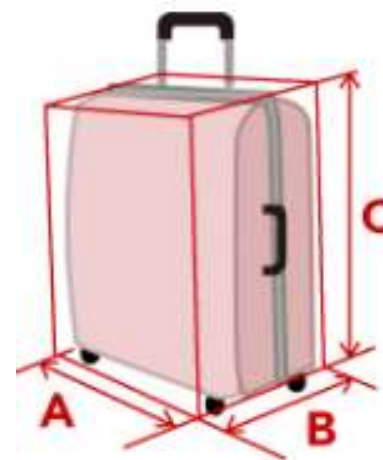
日本航空免费托运行李规则



转机航班需要持联程机票，JL/AA航班的行李可直挂

搭乘舱位	标准
头等舱	3件 32 千克/件
商务舱	3件 32 千克/件
豪华经济舱	2件 23 千克/件
经济舱	2件 23 千克/件

行李三边总和
(长 + 宽 + 高)
A + B + C ≦ 203 厘米
*包括轮子和手柄



免费为搭乘日航国际线乘客提供保障

JAL Covid-19 Cover





世界正在改變。

日本航空全力守護旅客安全·安心出遊。

您的安心·我們盡心。



JAL Covid-19 Cover

日本航空與安聯旅遊(Allianz Travel)攜手合作，為旅遊期間新冠病毒測試呈陽性的旅客提供免費保障，涵蓋涵蓋醫療、檢查及隔離檢疫的費用。

JAL Covid-19 Cover Assistance 24小時支援熱線覆蓋全球，隨時為有冠狀病毒感染憂慮的日航旅客提供協助。

適用於所有2021年7月1日至2021年9月30日 出發之航班



United One Taking safety and security to the next level.

All customers on
JAL international flights are eligible for
JAL Covid-19 Cover
which provides complimentary
support in case of COVID-19 infection

 <p>最高可達 €150,000</p> <h3>醫療費用</h3> <p>治療冠狀病毒病的醫療開支保障 每次適用期間最高達 150,000 歐元。²</p>	 <p>最高可達 €1,400</p> <h3>檢疫隔離費用</h3> <p>隔離檢疫費用的保障 每人每日100歐元，最多14天。³</p>	 <p>最高可達 €1,500</p> <h3>醫療遣返</h3> <p>當醫生診斷為必要的情況下， 送返原居地的相關費用 每人最高達1,500歐元。</p>
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¹ 乘坐日本航空營運的國際線航班(航班號碼)的旅客適用，由其他航空公司聯營的代號共享航班恕不適用。

² 保障有效期由您首程適用航班的出發日起的31天內，或您返回原居地的當日，以較早日期為準。保障將於返回原居地後失效(原居地為您過去365天內曾於該地逗留至少180天)。

³ 若您被判定須在指定場所接受隔離檢疫，而您的旅行同伴經醫生判定亦須接受隔離檢疫時，則該名旅行同伴的隔離住宿費用亦可被涵蓋於保障範圍內。關於「旅行同伴(travel companion)」的定義請詳參JAL Covid-19 Cover Guide說明。

* 由您首程出發的日本航空國際線航班開始均已自動獲得免費保障，無需另外申請。

* 如果您的新型冠狀病毒檢測結果為陽性時，請立即致電JAL Covid-19 Cover Assistance服務熱線，相關醫療費用將由日本航空直接支付醫院、醫學中心或其他醫療機構，任何旅客自行支付的費用，事後將不獲償還保障。任何JAL Covid-19 Cover適用範圍以外的費用恕不獲保障或退費。

* 有關保障項目和詳細的條款及細則，請致電 JAL Covid-19 Cover Assistance或參閱官網。

JAL Covid-19 Cover Assistance

從日本撥打
0120-429-256

從日本以外地區撥打
800-961-797



<https://social.jal.co.jp/9Tb>

合作夥伴



向所有使用国际航线的客人提供出国时的新型冠状病毒感染症的免费补偿和支持

日本航空与安联保险合作，补偿旅行中新型冠状病毒感染症被判定为阳性时所需的医疗费、检查费、隔离费用。

- 日本国内首次提供以日本航空公司的国际航线为对象的新型冠状病毒感染症的ASS服务。
- 设置24小时对应的咨询窗口，从世界任何地方都可以随时咨询。

适用时间 2020年12月23日 ~ 2021年9月30日

适用航班 : JAL国际航班

*代码共享航班不适用

保障范围 旅行期间确诊阳性时提供一系列补偿（旅客自行支付费用不在补偿费用范围内）

保障有效期间 第1航段（JAL国际线）搭乘日起31天（※返回居住国当天起保障服务失效）

24小时咨询电话

日本国内0120-429-256

中国北方10800-813-2963 中国南方10800-481-3211



谢谢大家的聆听!

American Airlines 

 JAPAN AIRLINES