



中华人民共和国

出/入境健康申明卡

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，如有隐瞒或虚假填报，将依法追究相关责任。

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）和常驻城市： 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：

航班(船班/车次)号： 座位号： 出/入境口岸： 出入境目的地：

2. 境内 / 境外有效手机号或其它联系方式：

其它境内有效联系人及联系方式：

此后 14 日内的住址（请详细填写，境内住址请具体到街道、社区及门牌号或宾馆地址）：

3. 过去 14 日内，您在中国旅行或居住的省（自治区、直辖市）和/或港澳台地区（请具体到城市，如没有可填写“无”）：

过去 14 日内，您旅行或居住的国家和地区：

4. 过去 14 日内，您是否曾接触新冠肺炎病例 是 否

过去 14 日内，您是否曾接触有发热和/或呼吸道症状的患者 是 否

过去 14 日内，您所居住社区是否曾报告有新冠肺炎病例 是 否

过去 14 日内，您所在办公室/家庭等是否出现 2 人及以上有发热和/或呼吸道症状 是 否

5. 您是否有以下症状 是 否 如勾选“是”，请选择 发热 乏力 干咳 咳痰

头痛 咽痛 气促 呼吸困难 胸闷 结膜充血 腹泻 其它症状

过去 72 小时内，是否服用退烧药、感冒药 是 否

6. 过去 14 日内，您是否曾接受新型冠状病毒检测 是 否

如勾选“是”，则检测结果为 阳性 阴性 结果未知

本人已阅知本申明卡所列事项，并保证以上申明内容真实准确。

旅客签名：

日期：



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: