

HEALTH DECLARATION FORM ON ENTRY/EXIT

Entry-Exit Inspection and Quarantine of the P.R.China

According to the FRONTIER HEALTH AND QUARANTINE LAW OF THE PEOPLE'S REPUBLIC OF CHINA, for your and others' health, please fill in the form truly and completely. False information of intent will be followed with legal consequences.

Name _____ Sex: ☐ Male ☐ Female
Date of Birth _____ Nationality/Region _____
Passport No. _____ The destination _____
Flight(boat/ train/bus)No. _____ Seat No. _____

1. The itinerary of the next 7 days in China _____

Vehicle of your next trip, Flight(boat/ train/bus)No. _____ Date _____

Contact address of the next 7 days in China. _____

Contact telephone number (Residential or Business or Mobile or Hotel) _____

Contact information for the person who will best know where you are for the next 7 days, in case of emergency or to provide critical health information to you, please provide the name of a close personal contact or a work contact. This must NOT be you.

Name _____ Telephone No. _____

2. If you leave China in 7 days, please fill in the Departure Date ____ / ____ (mm/dd)

The destination country _____, Flight(boat/ train/bus)No. _____

3. Please describe the countries and cities(towns) where you stayed within the last 7 days?

4. Have you had close contact with patients of flu or person with flu-like symptoms within the last 7 days? Yes ☐ No ☐

5. If you have the symptoms and diseases Please mark with “√” in the corresponding “☐”

☐ Fever ☐ Cough ☐ Sore throat ☐ Muscle and joint pain ☐ Stuffy nose

☐ Headache ☐ Diarrhoea ☐ Vomiting ☐ Runny nose ☐ Breath difficulty ☐ Fatigue

☐ Other symptoms _____

I declare that all the information given in this form is true and correct.

Signature of passenger _____ Date: _____

Temperature (for quarantine official only): _____ °C

Signature of quarantine official : _____