

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



QR Code for e-Declaration

		of the boxes with " $$ ")
Name:		Gender: □Male □Female. MonthDay Occupation:
Date of birth:	Year	MonthDay Occupation:
Nationality (region	ı):	City of residence:
Nationality (region): City of residence:		
Flight (ship/trai	n) No.:	Seat No.:
Port of exit/enti	y:	Destination:
2. Chinese mobile number and other contact information:		
☐ Overseas mobile number and other contact information:		
Contact persons in China and their phone numbers:		
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)		
If you come (return) to China on (from) a business trip, please specify the inviting person		
(organization)		and the host person (organization) uring the past 14 days? (Please specify the provinces/autonomous
regions/municipalities and cities, including Hong Kong, Macao and Taiwan regions)		
If you have visited other countries and regions during the past 14 days, please specify:		
4. Have you had direct contact with confirmed/suspected/symptomless cases of COVID-19 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 now, or have you had in the past 14 days, the following symptoms? ☐ Yes ☐ No  If yes, please tick your symptoms with "√" ☐ Fever ☐ Chills ☐ Dry cough ☐ Expectoration		
☐Arthralgia ☐Conjunctival Have you taker	☐Shortness of breat congestion ☐Nause any medications for	Sore throat  Headache  Fatigue  Dizziness  Muscle pain th  Difficulty breathing  Chest tightness  Chest pain ea  Vomiting  Diarrhea  Stomachache  Others  rever, cold or cough during the past 14 days?  Yes  No uring the past 14 days, is the result positive?  Yes  No
Dear Passengers, according to relevant laws and regulations, for your health and that of others, please fill out this <i>Exit/Entry Health Declaration Form</i> truthfully. If you conceal or falsely declare the information, you will be held accountable according to the <i>Frontier Health and Quarantine Law of the People's Republic of China</i> , and if the spread of quarantinable communicable diseases or a serious danger of spreading them is thereby caused, you shall be sentenced to not more than three years of fixed-term imprisonment or criminal detention, and may in addition or exclusively be sentenced to a fine, according to Article 332 of the <i>Criminal Law of the People's Republic of China</i> .		
I hereby certify that all the above information is true and correct. I will take the lega responsibility in case of false declaration.		
Signature:		Date:

## **Notice**

## Dear Passengers,

To effectively contain the spread of COVID-19 and protect your health and that of others, according to the *Frontier Health and Quarantine Law of the People's Republic of China*, you are requested to fill out the Exit/Entry Health Declaration Form to declare your health conditions and travel history truthfully. If you have been to, either for a visit or transit, any hard-hit countries or regions during the past 14 days, or if you are showing such symptoms as fever, fatigue, dry cough, difficulty breathing, etc., please report to the crew members immediately.

According to Article 332 of the *Criminal Law of the People's Republic of China*, anyone who conceals or falsely declares the information, causing the spread of quarantinable communicable diseases or a serious danger of spreading them, shall be sentenced to not more than three years of fixed-term imprisonment, criminal detention or other criminal punishment.

You can complete health declaration either by hand writing or on the WeChat applet. When you arrive, please give your Health Declaration Form to customs officers, and cooperate with them in health quarantine procedures.

Thank you for your cooperation.