Health Declaration Form

I (Full name: declare that I have had none of the follo preceding the date on this Health Declarate	, Passport number:) hereby owing situations in the 14 days immediately tion Form:
 Being confirmed or suspected of COVID-19 infection by any medical institution; Running a fever at or above 37.3°C or showing respiratory symptoms; Coming into contact with confirmed or suspected COVID-19 cases; Coming into contact with patients with a fever or respiratory symptoms; Staying in a community or hotel reporting confirmed or suspected COVID-19 cases; At least two persons in my office or family running a fever or showing respiratory 	
symptoms; 7. Taking medicine for fever or cold; 8. Visiting public spaces like hospitals, t	theaters, restaurants and leisure facilities or
taking part in group activities without taking protective measures like wearing a mask.	
I declare the truthfulness and veracity of the statements above and the COVID-19 negative certificate I have provided. If any of the above-mentioned situations happens to me before leaving for China, I shall cancel the trip.	
I acknowledge and accept the responsibilities under this Declaration pursuant to the relevant laws and regulations of the People's Republic of China should I conceal any health condition that might cause the spread of quarantinable infectious diseases or give rise to serious risks of such spread.	
Signature:	Date:/(Day/Month/Year)
To be completed by consular officers of the Chinese Embassy or Consulate:	
The Chinese Embassy/Consulate has examined the COVID-19 negative certificate (No. , Issuance date://) provided by the declarant. Used for the sole purpose of pre-boarding screening by airlines, this health declaration form is valid until/	
Seal:	Date:/(Day/Month/Year)