Health Declaration Form

I (Full name:	, Passport number:) hereby
declare that I have had none of the followed	, Passport number:) hereby owing situations in the 14 days immediately
preceding the date on this Health Declara	ation Form:
providing in the same of the s	
 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; 	
6. At least two persons in my office or f	family running a fever or showing respiratory
symptoms;	
7. Taking medicine for fever or cold;	
8. Visiting public spaces like hospitals, 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//	
G-1.	Date: / / (Day/Month/Year)