

Letter of commitment for personal health declaration

个人健康申报承诺书

Name 姓名		ID numbers / Passport numbers 身份证号/护照号		
Epidemiological history 流行病学史	Within the past 7 days, have you experienced fever, dry cough, malaise, decreased sense of smell and taste, nasal congestion, runny nose, sore throat, conjunctivitis, myalgia, and diarrhea? 过去 7 日内, 是否出现发热、干咳、乏力、嗅觉味觉减退、鼻塞、流涕、咽痛、结膜炎、肌痛和腹泻等症状?		是 <input type="checkbox"/>	否 <input type="checkbox"/>
	Within the past 7 days, have you been quarantined or been quarantined at your place of residence and have not had a nucleic acid test? 过去 7 日内, 你是否有在居住地被隔离或曾被隔离且未做核酸检测?		是 <input type="checkbox"/>	否 <input type="checkbox"/>
	Within the past 7 days, have you come from or visited medium-risk and high-risk areas or counties (cities, districts, banners) 过去 7 日内, 你是否来自或到过国内疫情中高风险地区所在设区市(或直辖市的区、县)?		是 <input type="checkbox"/>	否 <input type="checkbox"/>
	Within the past 10 days, do you have a history of travel outside your country (territory) or to a high-risk area in the outbreak? 过去 10 日内, 你是否有国(境)外或国内疫情中高风险地区旅居史?		是 <input type="checkbox"/>	否 <input type="checkbox"/>
	Within the past 10 days, have you had a history of contact with a confirmed case of COVID-19, a suspected case, or asymptomatic patient? 过去 10 日内, 你是否与新冠肺炎确诊病例、疑似病例或已发现无症状感染者有接触史?		是 <input type="checkbox"/>	否 <input type="checkbox"/>
	Do you or have you ever been a confirmed case of asymptomatic patient? 你是否为或曾经为新冠肺炎确诊病例、无症状感染者?		是 <input type="checkbox"/>	否 <input type="checkbox"/>
	Is any of the above mentioned among the persons and family members living with you? 与你共同居住人员和家庭成员中是否有上述情况?		是 <input type="checkbox"/>	否 <input type="checkbox"/>
Personal Commitment 个人承诺	<p>I hereby solemnly promise that all information (proof) filled in and presented on site is true, accurate, complete and valid, and I voluntarily assume the relevant responsibilities and accept the corresponding treatment due to inaccurate promises. I will strictly abide by the epidemic prevention regulations and obey the on-site staff management and epidemic prevention and control work arrangements.</p> <p>本人在此郑重承诺: 填报、现场出示的所有信息(证明)均真实、准确、完整、有效, 自愿承担因不实承诺应承担的相关责任、接受相应处理。严格遵守防疫规定, 服从现场工作人员管理及疫情防控工作安排。</p> <p>个人签名: _____</p> <p style="text-align: right;">_____ 年 月 日</p>			