



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

**Dear Passengers, for your health and that of others, please fill out this *Exit/Entry Health Declaration Form* truthfully. If you conceal or falsely declare the information, you will be held accountable according to the *Frontier Health and Quarantine Law of the People's Republic of China*.**

**Exit**

**Entry**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender:  Male  Female

Date of Birth: □□□□ year □□ month □□ day

Nationality and City of Residence: \_\_\_\_\_

1. Passport No.: \_\_\_\_\_

Flight (Ship/Train/Vehicle) No.: \_\_\_\_\_ Seat No.: \_\_\_\_\_

Destination: \_\_\_\_\_

2. Contact Number During Your Stay in China: \_\_\_\_\_

3. Have you been to **Hubei Province**, China in the past 14 days?  No  Yes

Have you had direct contact with patients from **Hubei Province**, China who had such symptoms as fever, fatigue, coughing, among others, in the past 14 days?

No  Yes

4. Do you have one or more of the following symptoms?  No  Yes

Fever  Fatigue  Coughing  other symptoms \_\_\_\_\_

**I hereby certify that the above information is true and correct.**

Signature

Date