



中华人民共和国出入境检验检疫  
Entry-Exit Inspection and Quarantine of the P.R.China

出/入境健康申明卡

Health Declaration Form On Entry/Exit

根据有关法律法规规定，为了您和他人的健康，请如实逐项填报，如有隐瞒或虚假填报，将依据有关法律法规追究相关责任。

According to the relevant laws and regulations, for the health of you and others, please fill in the form truly and completely. False information may cause legal consequences.

姓 Surname: \_\_\_\_\_ 名 Name: \_\_\_\_\_ 性别 Sex:  男 Male  女 Female  
 出生日期 Date of Birth: \_\_\_\_\_ 年 yy \_\_\_\_\_ 月 mm 国籍/地区 Nationality/Region: \_\_\_\_\_  
 护照/回乡证/港澳证/身份证号码 车次/船次/航班号  
 Passport/Identity Card No.: \_\_\_\_\_ Vehicle/Ship/Flight No.: \_\_\_\_\_  
 车厢号/车牌号 座位号  
 Train section NO./Car plate No.: \_\_\_\_\_ Seat No.: \_\_\_\_\_

1. 请列出在过去 7 日内，你到过的国家/地区和城市  
Please list the countries/regions and cities that you visited in the past 7 days \_\_\_\_\_
2. 在过去 7 日内，您是否与流感或流感样症状的患者有过密切接触？  
Have you had close contact with patients of flu or person with flu-like symptoms within the last 7 days?  
 是 Yes  否 No
3. 如有以下症状，请在症状前加上    
Please put a  before the symptom if you have any  

<input type="checkbox"/> 发热 Fever	<input type="checkbox"/> 咳嗽 Cough	<input type="checkbox"/> 嗓子痛 Sore throat
<input type="checkbox"/> 肌肉痛和关节痛 Muscle and joint pain	<input type="checkbox"/> 鼻塞 Stuffy nose	<input type="checkbox"/> 头痛 Headache
<input type="checkbox"/> 腹泻 Diarrhoea	<input type="checkbox"/> 呕吐 Vomiting	<input type="checkbox"/> 流鼻涕 Runny nose
<input type="checkbox"/> 呼吸困难 Breath difficulty	<input type="checkbox"/> 乏力 Fatigue	

未来 7 日的行程 Itinerary for the next 7 days:

继续旅行乘坐的航班（船、车次）及座号 日期  
 Next Flight(ship/train/bus) and Seat No.: \_\_\_\_\_ Date: \_\_\_\_\_  
 联络方法 Contact information:  
 有线/无线电话 及电邮地址  
 Tel. No. (cord/cordless): \_\_\_\_\_ and Email: \_\_\_\_\_  
 未来 7 日的联络地址 Contact address for the next 7 days:

我已阅知本申报表所列事项，并保证以上申报内容正确属实。

I hereby declare that all the information given above is true and correct.

日期 Date: \_\_\_\_\_ 旅客签名 Signature: \_\_\_\_\_

体温(检疫官员/职员填写)

Temperature(Quarantine official/staff only): \_\_\_\_\_ °C