



Self-declaration Form 自我声明表

To protect your health, public health officers need you to complete this form. Your information will help public health officers to contact you if you were exposed to a communicable disease. It is important to fill out this form completely and accurately. Your information is intended to be held in accordance with applicable laws and used only for public health purposes.

为了保障您的健康，公共卫生官员需要您填写此表格。万一您接触到传染性疾病，您的信息将有助于公共卫生部门与您取得联系。请务必完整准确地填写此表格。您的信息将按照适用的法律进行保存，并仅用于公共卫生目的。

Thank you for helping us to protect your health.

感谢您为保障自身健康给予我们帮助。

Self-declaration form 自我声明表	Flight details 航班信息	
<p>1) Have you been in People's Republic of China during the last 14 days? <input type="checkbox"/>Yes <input type="checkbox"/>No If yes date of entry: Date of departure: 1) 过去 14 天内您是否到过中华人民共和国? <input type="checkbox"/>是 <input type="checkbox"/>否 如果是，入境日期为： 离境日期为：</p>	Airline: 航空公司:	Flight No. 航班号
<p>2) Did you come in contact with a case with respiratory illness during the last 14 days? <input type="checkbox"/>Yes <input type="checkbox"/>No If yes, Date of contact</p> <p>2) 过去 14 天内您是否接触过患有呼吸道疾病的患者? <input type="checkbox"/>是 <input type="checkbox"/>否 如果是，接触日期为.....</p>	Seat No. 座位号	Coming from: 出发地:
<p>3) Are you currently suffering from any symptoms listed below? <input type="checkbox"/>Fever <input type="checkbox"/>Cough <input type="checkbox"/>Shortness of breath <input type="checkbox"/>Sore throat <input type="checkbox"/>Muscle pain <input type="checkbox"/>Headache <input type="checkbox"/>Others, specify: If yes, Date symptoms started: </p> <p>3) 您近期是否出现以下任何症状?</p>	Date of arrival: 到达日期:	
	Traveler details: 旅客详细信息	
	Name: 姓名:	Nationality: 国籍:
	Passport No. 护照号码:	Age: 年龄:
	Gender: 性别:	
	Purpose of the trip : 旅行目的	
	<input type="checkbox"/> Resident in the UAE <input type="checkbox"/> Tourist visit <input type="checkbox"/> Business visit <input type="checkbox"/> Transit to <input type="checkbox"/> 在阿联酋居住 <input type="checkbox"/> 旅游 <input type="checkbox"/> 商务旅行 <input type="checkbox"/> 中转至.....	
	Address in UAE: 阿联酋地址	
Place of work: 工作地址:	Residence address: 居住地址:	



<input type="checkbox"/> 发烧 <input type="checkbox"/> 咳嗽 <input type="checkbox"/> 呼吸急促 <input type="checkbox"/> 喉咙痛 <input type="checkbox"/> 肌肉疼痛 <input type="checkbox"/> 头疼 <input type="checkbox"/> 其他，请说明： 如果是，开始出现症状的日期为：.....	Employer name: 工作单位名称:	Emirate: 酋长国: Building name: 建筑名称: Flat/villa No: 公寓/别墅门牌号:
	Mobile number: 手机号码: Home number: 家庭电话:	Email address: 电子邮箱地址:
	Address in Home Country if in Transit: 如为中转，则在原籍国的地址是:	
	Place of work: 工作地址: Employer name: 工作单位名称:	Residence address: 居住地址:
	Mobile number: 手机号码: Home number: 家庭电话:	Email address: 电子邮箱地址:

For official use:

To be collected by the aircraft cabin crew

If the answer is yes to Q2 & Q3 refer the passenger to the health clinic for further assessment

以下信息供工作人员使用:

请机组人员收集此表格。

如第 2 题和第 3 题的答案为“是”，则请乘客到医务室作进一步评估。