



HEALTH DECLARATION FORM ON ENTRY/EXIT

Entry-Exit Inspection and Quarantine of the P.R. China

Notice: For your and others' health, please fill in the form truly and completely.

False information of intent will be followed with legal consequences.

Name _____ Sex: Male Female

Date of Birth _____ Nationality/Region _____

Passport No. _____ Flight No. _____

The contact address and telephone number _____

1. Have you had close contact with poultry or bird in the past 7 days?
Yes No

2. Have you had close contact with patients or suspects suffering from Avian Influenza in the past 7 days? Yes No

3. Please mark the symptoms and diseases you have with "√" in the corresponding "□"

- Fever Snivel Cough Sore throat
- Headache Diarrhoea Vomiting Breath Difficulty
- Venereal disease AIDS/HIV Psychosis
- Active pulmonary tuberculosis

I declare all the information given in this form are true and correct.

Signature: _____ Date: _____

Temperature(for quarantine official only): _____ °C



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Notice: For your and others' health, please fill in the form truly and completely.

False information of intent will be followed with legal consequences.

Name _____ Sex: Male Female

Date of Birth _____ Nationality/Region _____

Passport No. _____ Flight No. _____

1. Please list the countries (towns) where you stayed within 14 days before arrival _____

2. Please describe your contact telephone number and address in China within 14 days after arrival _____

3. Please mark the symptom you have with "√" in the corresponding "□"
 Fever Cough Breath Difficulty Vomiting Diarrhoea

4. Please mark the illness you have with "√" in the corresponding "□"
 Psychiatric disorder STD Leprosy
 Open pulmonary tuberculosis AIDS (Inc. HIV carrier)

I declare all the information given in this form are true and correct.

Signature of passenger: _____ Date: _____

Temperature (for quarantine official only): _____ °C