

HEALTH DECLARATION FORM

健康申报书

VISA APPLICANT'S PARTICULARS 签证申请人

NAME:

姓名:

TELEPHONE NUMBER:

联系电话:

PASSPORT NUMBER:

护照号:

SCREENING QUESTIONNAIRE 筛查调查表

1. Have you been admitted in a hospital in the past thirty (30) days? Yes/No

你是否在近 30 天中有过住院记录, 如果有, 请具体给予说明原因?

If Yes, please specify the reason for your admission.....

2. Do you have any of the following flu like symptoms?

你是否有下列流感症状?

- Fever 发烧 Yes/No
Cough 咳嗽 Yes/No
Sore Throat 咽喉痛 Yes/No
Running Nose 流鼻涕 Yes/No
Breathlessness 呼吸急促 Yes/No
Other, please specify 如有其它症状, 请详细说明

3. Have you/your travelling party travelled through or to any of the following areas in the last 30 days? 你是否在近 30 天中有下列地区旅行史?

- Hubei Province (Wuhan/ Ezhou/ Huanggang/ Xiantao/ Zhijiang/Chibi/ Qianjiang) Yes/No
湖北省(武汉/鄂州/黄冈/仙桃/芷江/赤壁/钱江)
Other Province(s)/City(ies) within China Yes/No
中国的其它省市地区
Europe Yes/No
欧洲地区
South Korea/Japan Yes/No
韩国/日本国

4. 5. Have you come in close contact with any of the following confirmed cases of infectious diseases in the last 14 days? 在过去 14 天中你是否曾与下列确诊传染病病人有密切接触?

- COVID-19 新冠肺炎 Yes/No
Bird Flu 禽流感 Yes/No
MERS-CoV 中东呼吸综合症 Yes/No

DECLARATION: I hereby declare that all the information provided are true and accurate and there is no concealment or false information. I would be liable to the laws of Ghana should this declaration be deemed untruthful.

声明: 我声明上述所提供的信息均真实准确无隐瞒和虚假信息。遵照加纳法律, 我将承担提供虚假信息法律责任。

Signature of Applicant:

Date:

申请人签字:

日期: