

HEALTH DECLARATION CARD 健康宣言卡	
A Separate Health Declaration Card must be completed for each passenger, including children. (必须为每位乘客(包括儿童)完成单独的健康申报卡。)	
• Please answer in ENGLISH and print it capital letters like "PHILIPPINES" in each box provided 请用英语回答,并在每个提供的框中以大写字母打印PHILIPPINES。	
• Mark your answer like this "✓" in the answer box [] 在答案框中标记您的答案,如"✓" []	
Thank you for your full cooperation 感谢您的充分合作	
Passport No. 护照号	
Family Name 姓	
First Name 名字	
Middle Name 中间名字	
Nationality 国籍	
Sex 性别	[] Male 男 [] Female 女
Birthdate (mm-dd-yyyy) 出生日期(月-日-年)	
Date Arrived (mm-dd-yyyy) 日期到达(月-日-年)	
	[] Passenger 乘客 [] Crew 船员
Flight No. 航班号	
Name of Hotel 酒店名称	
	(Street No. and Name of Street) (街道号和街道名称)
Residence 住宅	
Address 地址	(Municipality / City) (市/市)
(Philippines) (菲律宾)	(Province) (省)
	(Region) (地区)
Philippine Mobile No. 菲律宾手机号码	(+63)
Country(ies) worked, visited and transited in the last 30 days : 国家工作在30天内访问和过境	
Have you been sick in the past 30 days ? 你过去30天生病了? [] Yes 是 [] No 没有	
DECLARATION:	
The information I have given is true, correct and complete. I understand failure to answer any questions may have serious consequences. (Article 171 and 172 of the Revised Penal Code of the Philippines)	
	Signature of Passenger / Crew 乘客/船员签名

我所提供的信息是真实的,纠正和完整的,我明白未能回答任何问题可能会造成严重后果。(菲律宾修订的刑法典第171和172)

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This portion is to be accomplished by the Quarantine Medical Officer (QMO) only:

Notation:

Signed:

Name and signature of QMO-on-Duty
Date: ___ - ___ - ____ Time: ___ hrs

This portion is to be accomplished by the Quarantine Medical Officer (QMO) only:

Notation:

Signed:

Name and signature of QMO-on-Duty
Date: ___ - ___ - ____ Time: ___ hrs

Department of Health
BUREAU OF QUARANTINE



25th and A.C. Delgado Sts . Port Area, Manila, 1018, Philippines

Department of Health
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