※ Please fill in all blanks and mark "■" the applicable boxes. (请填写所有栏，OMR标识请在括号中划"■")

+102+ **HEALTH DECLARATION FORM 健康状态调查表** +102+

(第四)

		Seat No. (座位号码)
Name (姓名)		
Sex (性别)	☐ Male(男) ☐ Female(女)	
Nationality (国籍)		
Date of Birth (出生日期)		
Passport No. (护照号码)		
Mobile Phone No. (手机号码)		
Date of Arrival (到达日期)		
Ship · Flight · Train · Car No.(船舶、航空、火车、汽车号码)		
Address in Korea (韩国联系地址) ※ Please write full address (请填写详细地址)	☐ Transferring to (换乘)	

A	0	0
B	1	1
C	2	2
D	3	3
E	4	4
F	5	5
G	6	6
H	7	7
J	8	8
K	9	9

Please list all countries you have visited within 21 days prior to arrival.
请填写过去二十一天之内停留过的国家。

1) 2) 3) 4)

Please mark any of the following symptoms you currently have or have experienced in the last 21 days.
(过去二十一天之内或现在如有以下症状，请在症状前划"■")

☐ Fever (发烧)	☐ Chills (发冷)	☐ Headache (头痛)	☐ Sore throat (咽喉痛)	☐ Runny nose (鼻涕)
☐ Cough (咳嗽)	☐ Shortness of breath (呼吸困难)	☐ Vomiting (呕吐)	☐ Abdominal pain or Diarrhea (腹痛、腹泻)	☐ Rash (出疹)
☐ Jaundice (黄疸)	☐ Loss of consciousness (意识模糊)	☐ Bloody mucus (粘膜出血) *Eyes, nose, mouth, etc (眼睛、鼻子、嘴等)	☐ Other symptoms(其他) ( )	

If you marked any of the above symptoms, please mark all of the following that apply

☐ Any medication taken for symptoms? (服用相关症状的治疗药物)	☐ Any local hospital visits? (访问当地医院)	☐ Any contact with animals? (接触动物)

If none of the following symptoms apply, please mark the "No Symptoms" box.
若无相关症状，请在相应栏前划"■"。 ☐ No Symptoms (无症状)

Pursuant to Articles 12 and 39 of the Quarantine Act, making any false statements concerning your health or failing to fill out this Declaration Form is a criminal offense punishable by one year of imprisonment or less or a fine of up to 10,000,000 KRW.
回避或虚假填写本调查表时，依据「检疫法」第十二条及第三十九条规定，可被判一年以下的徒刑或一千万韩元以下的罚金。

I confirm that the information provided above is true and correct.
填写人确认上述健康状态调查表所填内容属实。

Date (日期) (MM/DD/YYYY)
Completed by (签字) (Signature)

Director of the National Quarantine Station
Ministry of Health and Welfare
国立检疫所长 敬启

148mm × 210mm[裁剪尺](90g/㎡)