

HEALTH DECLARATION FORM 健康状态调查表

(뒤쪽)

Name(姓名)	Sex (性别) <input type="checkbox"/> Male(男) <input type="checkbox"/> Female(女)
Nationality (国籍)	Date of Birth (出生日期)
Passport No. (护照号码)	Date of Arrival (到达日期)
Ship • Flight • Train • Car No. (船舶 • 航空 • 火车 • 汽车)	Seat No. (座位号码)

Address in Korea(韩国联系地址) ※ Please write full address(请填写详细地址)

Mobile Phone No.手机号码(或韩国联系方式)

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)
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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,请在症状前的括号内划"√".)

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

If you marked any of the above symptoms, please mark all of the following that apply.勾选上述"症状标记栏"时,请在下列项目的相应括号内划"√".

<input type="checkbox"/> Any medication taken for symptoms? (服用相关症状的治疗药物)	<input type="checkbox"/> Any local hospital visits? (访问当地医院)	<input type="checkbox"/> Any contact with animals? (接触动物)
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If none of the following symptoms apply, please mark the "No Symptoms" box.若无相关症状,请在"无症状前"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款。

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