

\* 14. Have you been injected with COVID-19 vaccine:  
您是否接种过新型冠状病毒疫苗:

Yes 是  No 否

\* If yes, please specify the date when you were fully vaccinated:  
如是, 且已完成全程接种  
完成全程接种的日期:

\* If you haven't been fully vaccinated, please specify:  
如您未完成全程接种:

\* The date of the first dose:

第一剂次接种日期:

\* The date of the second dose:

第二剂次接种日期:

\* The date of the third dose:

第三剂次接种日期:

### III Select A Binding Method 请选择绑定方式

\* Way of verification 验证方式:

Mobile number in Mainland China 大陆地区手机号  Email 邮箱

\* Mobile number 手机号码:



\* SMS verification code 短信验证码:

### IV Fill In The Captcha 请填写校验码

\* Captcha 校验码:

Please bind to your mobile number or email  
请绑定手机或邮箱后获取

I hereby certify that all the above information is true and correct. I will take the legal responsibility in case of false declaration.

本人已阅知本申明卡所列事项, 保证以上申明内容真实准确。如有虚假申明内容, 愿承担相应法律责任。

\* 10. Have you had the following symptoms during the past 14 days:  
请选择过去14日内至今，是否有以下症状：

Yes 是  No 否

If yes, please tick your symptoms with“√”:  
如有，请勾选：

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Fever发热                             | <input type="checkbox"/> Chills寒战                     | <input type="checkbox"/> Fatigue乏力                          |
| <input type="checkbox"/> Cough咳嗽                             | <input type="checkbox"/> Difficulty breathing呼吸<br>困难 | <input type="checkbox"/> Stuffy nose or running<br>nose鼻塞流涕 |
| <input type="checkbox"/> Headache头痛                          | <input type="checkbox"/> Sore throat咽痛                | <input type="checkbox"/> Chest pain胸痛                       |
| <input type="checkbox"/> Muscle pain or joint pain<br>肌肉或关节痛 | <input type="checkbox"/> Nausea and vomiting恶<br>心呕吐  | <input type="checkbox"/> Diarrhea腹泻                         |
| <input type="checkbox"/> Others其它不适症状                        |   |   |

\* 11. Have you taken any medications for fever, cold or cough during the past 14 days:  
过去14日内至今，是否曾服用退烧药、感冒药、止咳药：

Yes 是  No 否

\* 12. Have you tested for COVID-19 during the past 14 days:  
过去14日内至今，您是否接受过新型冠状病毒检测：

Yes 是  No 否

\* If yes, is the result positive:  
如果您曾接受过新型冠状病毒检测，检测结果是否为阳性：

Yes 是  No 否

\* 13. Have you been infected with COVID-19?:  
您是否曾患过新冠肺炎？：

Yes 是  No 否

\* If yes, have you tested positive for COVID-19 after recovery?:  
如是，治愈后是否出现过核酸检测结果阳性：

Yes 是  No 否

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Yes 是  No 否

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如您未完成全程接种：

\* The date of the first dose:

第一剂次接种日期：