

# HEALTH DECLARATION FORM 健康状态调查表

(뒤쪽)

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)	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"√".)

[ ] 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) <small>* Eyes, nose, mouth, etc (眼睛·鼻子·嘴等)</small>	[ ] 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"√".

[ ] 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)
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If none of the following symptoms apply, please mark the “No Symptoms” box. [ ] No Symptoms (无症状)  
若无相关症状,请在“无症状前”划"√".

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 敬启