Health Clearance

Name: _____ Sex: _____ Passport No.: _____ Temp: _____

Type: ☐Employee ☐Student ☐Marriage ☐other_____Marital history: ☐YES ☐NO

Company/School: _____phone number(China): _____

Address(in China): _____

In past one months, which countries you have stayed?Please list: _____

Last date of enter into China: _____Port of entry: _____

1. In past four weeks, did you have following symptoms? ☐Yes ☐No

If yes, please tick:☐Rash(☐Palms of hands and soles of feet ☐face,mouth and throat ☐groin and genital areas ☐anus ☐other parts)☐fever(☐high fever ☐periodic/intermittent fever ☐other) ☐sore throat ☐headache ☐muscle aches ☐back pain ☐chest and abdominal pain ☐arthralgia pain ☐low energy ☐swollen lymph nodes ☐nausea ☐vomiting ☐face,neck and chest flushing ☐diarrhea ☐cough

2. Past History [To be completed with" √ "]

	Yes	No		Yes	No		Yes	No
AIDS/HIV			Relapsing fever			Malaria		
STDs			Hepatitis			Polio		
Tuberculosis			Epilepsia			Typhoid		
Leprosy			Kidney disease			Influenza		
Mental disease			Cardiac disease			Pregnancy (present)		
Plague			Narcotic taking			Operation		
Cholera			Drug addiction			Others		
Yellow fever			Drug/food allergy					

I declare that the information I have provided above is true and correct. I understand incorrect or answer to any questions may have serious consequences.

Signature: _____ Date: _____

Informed Consent For Sampling

According to the requirements of relevant documents issued by the Customs of the People's Republic of China on preventing the import of infectious diseases(such as monkey pox, dengue fever, malaria and chikungunya,etc.)from overseas, we are going to take your☐throat swab samples ☐blood samples ☐other samples for related lab tests. Your personal information will be kept strictly confidential. And the test is free of charge. If you have read, understood and agree above information, and would like to help us take samples, please sign below. Thanks for your help.

Signature: _____ Date: _____