

Health Declaration Form

To protect your health, public health officers need you to complete this form. Your information would help public health officers to contact you if you were exposed to a communicable disease. It is important to fill out this form completely and accurately. Your information is intended to be held in accordance with applicable laws and used only for public health purposes.

First Name:

名

Surname:

姓

Nationality:

国籍

Gender:

性别

Emirates ID/Passport No.:

阿联酋身份证/护照号码

Date of Flight:

航班日期

Flight Number:

航班号

Seat Number:

座位号

Airport of

Departure: 离境机场

Final Destination:

最终目的地

Contact Number:

联系电话

Second Contact

Number:

Address in the UAE

Emirate of

residence: 在阿联酋地址

Area and street:

区和街道

Hotel name or

villa/flat number:

酒店名称或别墅/住宅号码

第二联系电话

1. Have you been diagnosed as COVID-19 (Novel Coronavirus) patient? if yes when:.....
您是否已被诊断为COVID-19 (新型冠状病毒)患者? 如果是, 什么时候
2. Did you, in the past 14 days, come in close contact with someone who has been diagnosed with COVID-19? Yes/No
在过去的14天里, 您是否与被诊断出COVID-19的人保持密切联系? 是/否
3. Have you had any fever or respiratory symptoms "coughing, sneezing, trouble breathing" in the past 3 days? Yes/No
在过去3天中, 您是否有发烧或呼吸道症状: 咳嗽, 打喷嚏, 呼吸困难? 是/否
4. Do you have health insurance valid in the UAE? Yes/No
您在阿联酋有效的健康保险吗? 是/否
5. Have you travelled to any other country in last 14 days? If yes please specify.....
您过去14天有没有去过其他国家? 如果是, 请说明

"I hereby declare that I am fit to travel and confirm that I have filled the information required accurately and I have carefully considered the statements made above and that to the best of my knowledge are complete, correct and that I have not withheld any relevant medical information or made any misleading statements. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

NAME:

姓名

SIGNATURE:

签名

DATE:

日期

إقرار وتعهد بالالتزام بإجراءات الحجر الصحي

أنا الموقع أدناه أتعهد بأنه تم إبلاغي بالإجراءات الصحية والنصائح الطبية الواجب اتباعها، وأني أدرك المخاطر التي من الممكن أن تلحق بالمجتمع في حال عدم التزامي، لذا حرصاً على الصحة العامة وتجنب المساءلة القانونية أتعهد بعدم مغادرة الحجر الصحي مع مراعاة تجنب مخالطة الآخرين قدر الإمكان حتى نهاية الإجراءات الصحية المطلوبة وفترة الحجر الصحي لمدة 14 يوماً اعتباراً من التاريخ المحدد من قبل الجهة الصحية وذلك إقراراً مني بأنه تم إخطاري بما ذكر أعلاه و تجنباً للمساءلة القانونية في حال عدم التزامي بإجراءات الحجر الصحي.

الاسم:	رقم الجواز/ الهوية الوطنية:
رقم الهاتف المتحرك:	رقم الهاتف الثابت:
رقم أحد الأقارب أو الكفيل:	البريد الإلكتروني:
التوقيع:	التاريخ: / /

Undertaking to implement and adhere to the quarantine procedure

I undertake / declare that I was notified about the health procedures and the medical advices that I should follow, and that I am aware of the risks that could happen to the community in case I am not committed to those procedures, for the sake of public health and to avoid the legal accountability I hereby declare that I will not leave the quarantine and I will not get in contact with others until the required health measures are met. The duration of the quarantine is 14 days starting from the date identified by health authority

This is my acknowledgment that I have been notified of the above mentioned, and that failure to adhere to the procedure will subject me to legal action.

Name: 姓名	Passport / ID No: 护照/身份证号码
Mobile number: 手机号码	Home number: 家庭电话
Number of friend/sponsor/next of kin: 朋友/担保人/近亲的数量	
Email address: 邮箱	Signature: 签名
Date: / / 日期	



To protect your health, public health officers need you to complete this form. Your information would help public health officers to contact you if you were exposed to a communicable disease. It is important to fill out this form completely and accurately. Your information is intended to be held in accordance with applicable laws and used only for public health purposes.

WRITE CLEARLY AND IN BLOCK LETTERS

PERSONAL DATA

First Name: _____ 名	Surname: _____ 姓
Nationality: _____ 国籍	Gender: _____ 性别
DOB: _____ 出生日期	Emirates ID/Passport: _____ 阿联酋身份证/护照
Flight Number: _____ 航班号	Seat Number: _____ 座位号
Depart From: _____ 出发地	Final Destination: _____ 最终目的地
Contact Number: _____ 联系电话	

EMPLOYMENT DATA

Job Category: _____ 工作类别	Employer/place of work: _____ 雇主/工作地点
Employer address and contact details: _____ 雇主地址和联系方式	

ACCOMODATION DATA

Address in the United Arab Emirates: _____
在阿联酋的地址

Do you live in:
你住在

Villa 别墅
 Flat 住宅
 Hotel 酒店
 Apartment 公寓
 Shared Accommodation 共用住所
 Staff Accommodation 员工住宿

If shared accommodation, how many people are living in the same accommodation?
如果是共用住所，那么多少人住在同一个住所中

If required, are you able to self-isolate?
如果需要，您是否可以自我隔离？

Yes 是
 No 否

If YES, please specify: _____

如果是的，请明确说明

Do you have a separate toilet?
请问您有单独的厕所吗？

Yes
 No

If self isolation is required, can you fund your stay in isolation? (minimum \$50 per day)
如果需要自我隔离，您能为您的隔离住宿提供资金吗？（每天至少\$50）

Yes
 No

If NO, please specify: _____

如果不是，请明确说明



MEDICAL DATA

Do you have any of the following flu like symptoms:

您是否有以下流感样症状：

- Fever 发热
 Cough 咳嗽
 Sore Throat 咽喉痛
 Runny Nose 流鼻涕
 Shortness of Breath 气促

Others, please specify:

其他的，请明确说明

Do you have a chronic medical condition such as diabetes, hypertension, cancer, immune compromising disorder?

您是否患有慢性疾病，例如糖尿病，高血压，癌症，免疫功能低下？

Yes No

If YES, please specify:

如果是，请明确说明

Are you currently on any medication?

您目前正在服药吗？

Yes No

If YES, please specify:

如果是，请明确说明

Do you have anyone living with you who is above 60 years of age?

您有没有与您一起生活的60岁以上的人？

Yes No

Do you have anyone living with you who is suffering from low immunity or chronic disease (diabetes, hypertension, cancer, etc.)

您是否与任何与您同住的人患有免疫力低下或慢性疾病（糖尿病，高血压，癌症等）

Yes No

If YES, please specify:

如果是，请明确说明

Do you have health insurance?

你有健康保险吗？

Yes No

AGREEMENT

I understand that this form will be used for public health matters, and I confirm that I have filled the information required accurately

Name: _____

姓名

Signature: _____

签名

Date: _____

日期