防疫信息申报表

*Health Information Form*

填表日期Date:

|  |  |
| --- | --- |
| 媒体机构名称Media Organization |  |
| 人员姓名Name |  |
| 记者类型（文字/摄影/摄像/其他,请注明）Type(text/photo/camera/other,please specify) |  |
| 记者证件号码Press Card # |  |
| 手机号Cell# |  |
| 有无发烧、咳嗽、乏力等症状Any symptoms of fever, cough, weakness? |  |
| 近14天内，是否有国内其他城市旅行史？如有，注明城市、旅行时间及城市风险等级In the past 14 days, have you travelled to other cities of China? If yes, please specify the city and date of travel and the COVID-19 risk level of the city. |  |
| 近14天内，是否有国外旅行史？如有，注明国家及旅行时间In the past 14 days, have you travelled to other countries? If yes, specify the country and date of travel. |  |
| 与确诊病人、疑似人员接触或同乘交通工具情况Any contact with those confirmed or suspected with COVID-19 in public transportation? |  |
| 共同居住的家属是否存在上述情况Does any of your relatives living with you have any of the above experience? |  |
| 本人认为需要说明的其他相关情况Do you have other experience that you deem necessary to declare? If yes, please specify. |  |
| 本人签字Signature |  |