新冠疫苗接种声明书 Letter of Commitment on COVID-19 Vaccination

声明人姓名 Name:	,	性别 Gender	·:,
出生日期 Date of birth:	_年 Year_	月 Mont	th∃ Date,
护照号 Passport No.:	,		
电话 Telephone:	,电邮	Email:	
声明内容 Statement:	k≢ 払⋼ ╶ ╌		
1. 本人已接种新冠疫苗,接种详情		1 4 11	C 11
I have received COVID-19 vaccinate			
① 疫苗品牌名称 Vaccine bi ② 接种机构名称 Name of v			
③ 接种机构地址(国家、			
vaccination institution (country, pro			
vaccination institution (country, pro	/ vince/stat	e, eny, street,	building number).
④ 接种机构联系方式(电	话、电子	子邮件) Con	tact information c
vaccination institution (telephone, e			
⑤ 疫苗接种剂次及接种日	期(请货	选择并填写)	Doses and date of
vaccination (please select one and fi			
□一剂次 One dose			
接种日期 Date of vaccination:	:年	E Year月 N	Month ☐ Date
□二剂次 Two doses			
第一剂接种日期			
Date of vaccination for first do 第二剂接种日期	se:	年 Year月	Month ☐ Date
Date of vaccination for second	dose:	_年 Year	∃ Month⊟ Dat
2. 本人所附疫苗接种凭证(接种-I hereby declare that the attached other forms of certification) is true a	vaccinatio	on certificate	
本人保证以上所有内容真实,并原但不限于因虚报、瞒报导致被限制 I hereby declare that the information legal responsibilities arising thereformed to China, punishment by law, or false disclosures.	制去中国 n provided from, inclu	旅行或被追穿 d above is true iding but not	冗法律责任等后果 e, and I shall bear a limited to restricte
	声明	人签名 Signati	ure:
		Year 月1	
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