

**来馆办证人员信息登记表**  
**Registration Form of Visitor**

<b>姓名 Name</b>		<b>性别 Sex</b>	
<b>出生日期 DOB</b>		<b>国籍 Nationality</b>	
<b>联系方式 Contact</b>	<b>手机 Cellphone</b>		
	<b>电子邮箱 E-mail</b>		
<b>详细住址 Address</b>			
<b>1、身体是否有不适症状？</b> <b>Do you have any health problems?</b>			<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
<b>2、过去 14 天内是否有新冠肺炎流行区域旅行史？</b> <b>Have you traveled to areas affected by the coronavirus in the last 14 days?</b>			<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
<b>3、过去 14 天内是否与确诊患者或疑似人员有过接触？</b> <b>Have you had contact with suspected or confirmed COVID-19 patients in the last 14 days?</b>			<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
<b>体温 Temperature</b>	°C	<b>时间 Time</b>	

\*体温由工作人员测量后填写

The temperature is measured and filled in by the staff

如对上述任何一个问题选择“是”请详细说明：

**If you select Yes to any questions from 1-3, please give details:**

1、如填“是”请描述症状/If yes, please indicate symptoms:

- 咳嗽 Cough                      发烧 Fever  
乏力 Fatigue                      呼吸困难 Shortness of breath  
其他 Otros:

2、如填“是”，请详述旅行史（时间、地点）/ If yes, please indicate your travel history (dates, location):

3、如填“是”，请填写/ If yes, fill in the following information:

(一) 接触时间、时长、地点/Contact time and duration and place:

(二) 接触人员信息/ Information of contact person:

- 确诊 confirmed case      疑似 suspicious case
1. 姓名/ Name:
  2. 性别/Sex: :
  3. 与您的关系/ Relation:
  4. 联系方式/ Contact information:

我承诺，以上情况属实。如有隐瞒，愿承担相应责任。

**I confirm that the information provided is true. In case of omitting or hiding information, I will take full responsibility for my responses.**

签名 **Signature:**

日期 **Date:**