附件2 Attachment 2

防疫信息申报表

**Health Information Questionnaire**

填表日期/Date：

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 人员姓名  Name of Visitor | |  | 单位及职务Organization and Position |  |
| 采访活动  Conference name for interview | |  | 手机号Cellphone Number |  |
| 本人近14天情况  In the past 14 days, have you | | 身体是否有异常症状had any symptoms of illness? | |  |
| 是否有境外旅行史，如有，注明具体国家、城市及旅行时间/been outside the Chinese mainland? If yes, specify the city, country (region) and dates of travel. | |  |
| 是否有国内其他省市旅行史，如有，注明城市（具体到市、县、区）、旅行时间及城市风险等级/been to another province or city in China? If yes, specify the place, dates of travel, and its risk level. | |  |
| 是否与疑似、确诊病人接触或同乘交通工具/been in contact or the same transport vehicle with a suspected or confirmed COVID-19 patient? | |  |
| 是否同境外及国内高中风险地区人员有直接接触/been in direct contact with any person coming from overseas or high or medium-risk regions in China? | |  |
| 本人认为需要说明的其他相关情况/had other experience that you deem necessary to declare? If yes, specify. | |  |
| 共同居住家属是否存在上述情况/Does any of your relatives living with you have any of the above experience? | | | |  |
| 媒体所在单位负责人审核/Confirmation （Signature）by the chief of your organization |  | | | |